

ADCS Discussion Paper

BUILDING A COUNTRY THAT WORKS FOR ALL CHILDREN POST COVID-19

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The Association of Directors of Children's Services Ltd



Building a country that works for all children post Covid-19

Executive summary

All communities and every aspect of children's services have been affected by Covid-19, however, experiences have varied greatly, and for some, this period will have been exceedingly difficult and traumatic. The purpose of this short discussion paper is three-fold: to put children, young people and their lived experiences of Covid-19 front and centre in national recovery planning; to articulate what is needed to restore the public support services they rely on; and, to capture the positives and gains made during a very complex national, and indeed, global emergency.

It is clear that the pandemic, ensuing lockdown and enduring social distancing measures have simultaneously exposed and heightened the impact of stark disparities between disadvantaged children and their more affluent peers, from ill-health and poor-quality housing to children's access to technology and therefore opportunities to learn at home. Without urgent action, Covid-19 will cast a long shadow over the children, young people and families who rely on the support of schools, the health and social care system and the voluntary sector for many years to come.

The Prime Minister's recently announced [vision for recovery](#) included a clear commitment to tackling this country's 'great unresolved challenges.' Investments in infrastructure and housing are welcome but ADCS members believe that this moment represents a once in a lifetime opportunity to be bold and tackle head on the inequalities and the structural barriers many children and families face, particularly those from the most deprived areas and from black, Asian and minority ethnic (BAME) groups, and bring about meaningful and lasting change. Children's life chances and all of our futures depend on it.

Although children have been less affected by the virus in terms of infection and mortality rates, ADCS members share concerns about increased exposure to 'hidden harms' as well as lost learning and the impact of social distancing on children and young people's development and on their mental and emotional health and wellbeing. The vulnerability of specific cohorts, including care leavers, young carers, children and young people in conflict with the law and families with no recourse to public funds, has been heightened during this period. That said, the level of resilience that many families have demonstrated has been remarkable as are moves to provide mutual aid across communities.

Covid-19 disrupted professionals' relationships with children and families and the longer-term impact on the voluntary and charitable sector, is unknown. The sustainability of the early years and childcare sector is of growing concern. It is important to recognise the heightened risk of the workforce experiencing trauma, burnout and fatigue during this period as well as the flexibility and creativity on show; changes to practice that would have taken months or even years to realise have become the norm in a matter of weeks. Opportunities for fundamental and lasting change are emerging. The universal impact of this experience has galvanised the work of public services and the strengthening of civic society could provide an impetus for a new way of working with communities. The shared responsibility of safeguarding has been underlined.

Some parts of the system have largely paused or slowed down in recent months e.g. mental health referrals and non-urgent hearings in both the family and magistrate courts, which could be storing up significant risks for the future. Covid-19 has disrupted the education and schooling of all children and young people, even those who have continued to attend school in person have had a far from normal experience. Before the pandemic, most local authorities were faced with growing levels of need in their communities and year-on-year funding reductions. Implementing new ways of working, reconfiguring services to meet evolving social distancing requirements and offering emergency support to the most

vulnerable residents has resulted in significant additional costs. ADCS members are concerned that when our peak of activity arrives later this year, there will be no emergency funding left.

Locally, the provision of services for children and families relies upon a whole range of partners while multiple government departments, agencies and bodies have oversight of children and family-related policies nationally. As we move into the recovery phase, there are myriad strategic and practical considerations as well as risks requiring careful co-ordination and ongoing dialogue. The absence of a single national forum to discuss what Covid-19 means for children, young people and their families continues to be keenly felt. ADCS members believe a rapid review of the response to the first phase of the pandemic is required in order to improve preparedness for future waves and spikes of infection. The experiences of practitioners and of children and families must be part of this process.

The vital importance of public health and the value of prevention and early intervention have been underlined during this crisis. Covid-19 has also triggered an important public debate about health inequalities, deprivation and ethnicity. Real change must follow. The recovery phase offers the government an opportunity to further its 'levelling up' agenda, ADCS therefore supports the principle recommendation in [*Health inequality in England: The Marmot Review 10 years on*](#) (The Health Foundation, 2020), namely the initiation of an ambitious, world leading health inequalities strategy. Making wellbeing rather than straightforward economic performance the central goal of policy will create a better society with better health and greater health equity.

Building a country that works for all children post Covid-19

1. Introduction

The purpose of this short discussion paper is to put children and young people and their lived experiences of Covid-19 front and centre in national recovery planning whilst articulating what is needed to restore and re-set the public support services they rely on. It also seeks to capture the positives and gains made during a very complex national and global emergency and sets out the Association's early thinking on the strategic risks that need addressing in order to ensure children are safe, cared for, succeed in learning and thrive.

It is clear that the pandemic, ensuing lockdown and enduring social distancing measures have simultaneously exposed and heightened the impact of stark disparities between disadvantaged children and their more affluent peers. These continuing and emerging needs include poverty, poor-quality housing, ill-health and insecure work as well as children's access to technology and therefore opportunities to learn at home; safe spaces for play; enough food; and, private transport to allow for social distancing during essential travel.

Without action, Covid-19 will cast a long shadow over the children, young people and families who rely on the support of schools, the health and social care system and the voluntary sector for many years to come. A series of immediate and longer-term asks of government are therefore set out, below, along with an urgent recommendation for change. Given the rapidly evolving nature of the pandemic, this paper is not intended to be exhaustive. Further contributions to this national debate are planned later in the year via the utilisation of qualitative and quantitative insights gathered as part of the seventh phase of ADCS' [Safeguarding Pressures](#) research.

2. Context and scene setting

All communities and every aspect of children's services have been affected by Covid-19, however, the experiences of children and their families have varied greatly, and for some, this period will have been exceedingly difficult and traumatic. Although children have been less affected by the virus in terms of infection and mortality rates, ADCS members share concerns about increased exposure to 'hidden harms' as well as lost learning and the impact of social distancing on children and young people's development and on their mental and emotional health and wellbeing.

Speaking at the end of June, the Prime Minister set out his government's [vision for recovery](#), which included a clear commitment to tackling this country's 'great unresolved challenges.' In 2017, ADCS published '[A country that works for all children](#)', calling for renewed focus on, and investment, in children, families and local communities in order to address deep rooted inequalities and improve outcomes. Local authorities (LAs) are determined to continue to strive for sustained improvements to children's life chances but dramatic and sustained reductions in funding over the last decade continue to impede progress. Covid-19 could further imperil hard won progress on a number of fronts.

The investments in infrastructure, housing, education and health services pledged by the Prime Minister are welcome but ADCS members believe that this moment represents a once in a lifetime opportunity to be bold and tackle head on the inequalities and the structural barriers many children and families face, particularly those from the most deprived areas and from black, Asian and minority ethnic (BAME) groups, and bring about meaningful and lasting change. Children's life chances and all of our futures quite literally depend on it.

3. Summary of potential impacts of Covid-19 on children, young people and families

3.1. Negative impacts to be safeguarded or protected against

Children and young people have sacrificed months of their **education** on behalf of the safety and wellbeing of society. Disrupted access to early education may lead to developmental delays in the youngest children and impact on their readiness for school. The loss of routine may be particularly challenging for some children with special educational needs as will the transition back into formal learning. Other learners may be disengaged by remote learning options and demotivated as a result, requiring significant support to re-integrate back into a more normalised timetable and school day. Transition challenges within and at the end of every key stage are likely to be heightened by disruptions to learning and to settling in and taster sessions. The cancellation of formal exams may yet disrupt young people's further study or work plans, most notably for those already at risk of becoming 'NEET' (not in education, employment or training). Whilst pupils of all ages have missed out on significant milestones and memories, such as prom, graduation and other celebration events, plus trips and visits, some children and young people will have experienced some deep, and possibly profound, losses requiring longer term help and support.

Although Covid-19 appears to pose a lower risk of infection to children and young people, the detrimental secondary impacts of the pandemic on their **mental health and emotional wellbeing** are beginning to emerge, particularly amongst younger children and children with special educational needs and disabilities. Multiple surveys undertaken in lockdown have highlighted increased fear, anxiety and loneliness amongst children and young people at a far higher rate than the general population. The pandemic has given rise to new challenges, from bereavement, concerns about employment prospects and worsening family finances to family members, such as grandparents, catching the virus, with the latter being particularly pertinent for BAME children or those with disabilities and other underlying health conditions. On top of this the loss of routine, inability to access coping strategies and heightened household stressors may worsen existing conditions, such as: eating disorders, OCD and anxiety. The suspension of face-to-face counselling disproportionately impacts on children and young people with communication difficulties as well as those without the means to access online advice or a safe space to talk openly at home. Ongoing social distancing measures may exacerbate grief-related trauma as families are unable to mourn together or attend funerals. Maternity services have also been stripped back, risking heightened trauma for new parents who have been unable to draw on wider family support due to restrictions.

In terms of secondary impacts on **physical health**, [A&E presentations](#) fell by more than half in April, the lowest since records began. Restricted access to community health services e.g. GPs and dentists, plus the cancellation of routine appointments and procedures means that very young children may miss out on immunisations, children may see existing conditions worsen and new conditions may go undiagnosed. Limited access to food and a lack of safe outdoor spaces for children to play could also give rise to developmental concerns.

The ongoing disruption to safeguarding mechanisms e.g. regular contact with schools, colleges and GPs, and worsening economic conditions increases the risk of harm for children of all ages. Referrals to **children's social care** fell sharply as we entered lockdown, this was largely due to the closure of schools and health services prioritising focus and staffing resource on acute frontline responses (indicating that many more children may be living with abuse over a prolonged timescale without support or intervention). This period of prolonged confinement has resulted in heightened family tensions and made it even more difficult for adults to take positive action and exit abusive situations; [Refuge](#) recently reported a ten-fold increase in visits to its National Domestic Abuse Helpline website. Referrals to children's social care are now accelerating, and we are beginning to see a cohort of newly vulnerable

families that we have not previously worked with who are experiencing domestic abuse, neglect and financial hardship. The incidence of homelessness and harmful behaviours amongst young men have risen sharply too. As children spend more time immersed in the digital world to escape loneliness, anxiety or household tension, the risks of online bullying, grooming and exploitation increases. Reduced parental supervision due to the demands of home working heightens this risk as does the loss of positive relationships outside of the immediate family e.g. peers, teachers, youth workers.

Additionally, the **vulnerability of specific cohorts of children and families** has been heightened during this period:

- Over four million children were **living in poverty** before the pandemic. A recent [Food Foundation](#) survey showed that five million people living in UK households with children under 18 have experienced food insecurity since March while a recent [IPPR report](#) suggested over a million people, including an additional 200,000 children, face poverty at the end of this year as a result of the economic fallout caused by the pandemic. ADCS members across the country report daily increases in applications for free school meals
- **Children in care's** face-to-face contact with birth families has been interrupted. Moving on placements may have been disrupted or delayed during this period and options severely limited too, this is also the case for children being discharged from hospital placements
- **Care leavers** may feel more isolated during lockdown due to disruption to their work or studies and limited access to public transport and therefore their support networks
- The provision of services for children with **special educational needs and disabilities** have been significantly disrupted by school closures, reduced availability of health services and the impact of social distancing; without the support usually offered by school and access to respite services, the families of children with complex needs and disabilities are under sustained pressure
- **Children and young people in conflict with the law** are an extremely vulnerable group; heightened competition between organised crime groups has led to escalating violence. Court disruption has resulted in young people spending longer on remand, some of whom may turn 18 before their case is heard, and those in a custodial setting continue to be confined to their rooms for longer, meaning opportunities to socialise, learn and see their families remains limited
- **Young carers** are missing out on the routine and respite that school provided, support groups have been disrupted during this period and friends, family and other key workers may not be able to make face-to-face visits due to shielding restrictions
- **Families with no recourse to public funds (NRPF)** cannot access the furlough scheme or benefits, they risk falling into severe poverty and may be at increased risk of exploitation e.g. modern slavery, trafficking etc, as other sources of informal support, such as church groups, local charities or community groups, have largely ceased to operate during this period.

3.2. **Positive impacts to be promoted and sustained in recovery and beyond**

Many families have enjoyed spending quality time together during lockdown, including children living in residential and foster care placements, strengthening their relationships and developing shared interests or new skills. This time has instilled a greater appreciation of the work of teachers and early years professionals along with a new understanding about the importance of the home learning environment amongst many parents and carers. For some children, being away from school has been a welcome break from exam pressures and/or inflexible school behaviour policies. Some vulnerable children and children of key workers who have continued to attend school regularly have enjoyed the benefits of smaller class sizes and the increased support this brings. A greater openness and willingness to talk about mental health, about death, grief and loss is emerging. The level of resilience that many families have demonstrated has been remarkable as are moves to provide mutual aid

and support between parent groups and across communities, for example. More young people are volunteering and have sought to contribute positively to community responses to Covid-19 by making practical offers of help and support to neighbours, for example.

Hidden homelessness has been uncovered during lockdown, particularly amongst sofa surfing adolescents, the numbers of children in care going missing has fallen in a number of areas and there has been an increase in placement stability too. Social distancing has made criminal activity in the community more visible, helping agencies to identify young people involved in 'county lines' activities, lockdown has acted as a 'teachable moment' by breaking the hold criminal gangs have over some young people. For some children in care, the use of virtual contact arrangements has offered the welcome opportunity to bridge the gap between their foster or care home and the family home.

4. Summary of potential impacts of the pandemic on the children's workforce and practice

4.1. Negative impacts to be safeguarded or protected against

The pandemic has disrupted professionals' **relationships with children and families** e.g. youth workers, health visitors and family support workers. The longer-term impact on the voluntary and charitable sector, who work around statutory services or are contracted by LAs to deliver services, is unknown. Social distancing measures and a lack of reliable access to PPE supplies curbed home visits, reducing the line of sight into household composition, but these are now resuming with the most vulnerable children and families and those assessed largely via virtual means during lockdown prioritised for a face-to-face visit.

The swift transition to lockdown necessitated the widespread use of new and **different ways of working**. Using electronic communications, such as Skype and WhatsApp, as a means of 'visiting' children in need or in care may not be as effective if there isn't a safe, quiet space to talk openly at home or if families do not have access to the right technology to engage. Where there is no existing relationship with children and families, frontline workers report remote methods of contact are less impactful, meaning progress may be limited. In schools, teachers have had to rethink and adapt accepted methods of formal assessment at pace, and design and deliver lessons online without a recognised framework to work within.

In terms of the **impacts on the workforce**, it's important to recognise the increased risk of experiencing trauma either professionally or personally as a result of the pandemic, particularly frontline NHS staff, colleagues in adult social care and children's services staff with underlying health conditions or from BAME backgrounds. The risk of burnout and fatigue across the totality of the children's workforce cannot be underestimated. Some, such as social workers, foster carers, teachers and residential children's home staff, have been operating under extraordinary circumstances for a sustained period. Staff have not been taking annual leave as they usually would have, this has implications for both personal and organisational resilience. Senior leaders in LAs, as well as headteachers in schools and leaders in other essential support services, are absorbing a lot of emotional stress experienced by their workforce. Many leaders, particularly in education settings, have found themselves caught between very complex and frequently competing priorities giving rise to discord. It is important to note that working from home does not suit everyone and this period may have been very difficult for key workers who have caring responsibilities or for younger workers who may live in shared accommodation, for example. Due to the swift transition to home working, staff availability in LA children's services has remained relatively stable but the roll-out of the national test, track, trace and isolate system may introduce levels of volatility not yet seen during the pandemic.

4.2. **Positive impacts to be promoted and sustained**

The flexibility, creativity and sheer determination of the children's workforce has been clearly demonstrated in recent weeks and months. Changes to **practice** that would have taken months or even years to realise have become the norm in a matter of weeks, such as the transition to remote hearings in the family courts, the use of virtual antenatal classes and the provision of virtual youth outreach activities. In many areas of children's services, these lighter touch approaches have served to break down barriers plus the provision of practical support e.g. food parcels and phone credit are welcomed as an act of care, resulting in stronger relationships, better engagement and richer insights. Retaining these new ways of working and others e.g. virtual IRO visits and virtual GP appointments, will release valuable capacity into the system plus, tech solutions, such as parenting apps, can drastically increase the impact and reach of limited resources. The rollout of video contact in some youth custody settings has been a positive development and should be retained going forward given the dispersed nature of the secure estate and the challenges we know some families face in regularly travelling long distances for visits. Many of the children and families we are working with report a positive benefit from fewer professionals visiting them as well as greater levels of consistency and continuity from those they are in virtual contact with. There is a very real risk of disengagement if we're unable to retain these new ways of working with children and families going forward; governance, regulation and inspection should not crowd out innovation.

Throughout the pandemic, the **wider children's workforce**, which often goes unrecognised by many, has come to the fore; their help and practical support has sustained many children, young people and their families through the last few months. Numerous examples can be cited from early years professionals supporting parents to provide positive home learning experiences to residential children's home staff nurturing new skills and interests amongst the children and young people they care for or even leaving their own families and moving onsite for weeks at a time. From pastoral staff in schools making doorstep safe and well visits whilst delivering food parcels, to detached youth workers supporting adolescents who are struggling with concerns about their future.

A renewed 'common purpose' has galvanised **partnership working** in many areas, even within LAs working relationships have been strengthened, particularly with public health colleagues. More broadly, information sharing has improved, responses from other agencies are quicker and more generous and there is a greater awareness of hidden harms, the impact of adverse childhood experiences (ACEs) and that safeguarding is everybody's responsibility. Multi-agency participation in safeguarding hubs has been strengthened and some areas report increased engagement from some health professionals e.g. paediatricians are more likely to join child protection conferences than usual as it is now widely possible to do so via remote access. Closer working between LAs, many academy trusts and regional school commissioners during this period offers a solid foundation for formalising future working relationships. We have similarly forged closer working alliances with the voluntary and community sector and seen role generosity across children's services e.g. the secondment of Ofsted inspectors into LAs to support local responses. Many education settings have taken a central role in supporting their local communities by working directly with the most vulnerable families and have developed strengthened partnerships with local health services, charities and LAs. The dialogues across these partners have improved and fostered a new appreciation of each other's work and value.

Skills audits have identified individuals with potential and enabled redeployment or secondment opportunities. A more flexible **workforce development** offer has been expedited, virtual training seminars reach larger groups and require a smaller time commitment. The widespread use of remote working could radically reshape the traditional office environment and new initiatives e.g. 'Social Work Together' campaign as well as the increased profile of key workers during the pandemic may result in greater interest in working

in children's services amongst new graduates and career changers (a similar pattern was evidenced after the 2008 recession).

5. System-level impacts of the pandemic

5.1. Negative impacts to be safeguarded or protected against

At a **national policy** level, there has long been an absence of a single, unified voice across government advocating for the interests of children and families, this has been keenly felt during the pandemic. At least half a dozen departments are involved and without a single conversation or forum to discuss what Covid-19 means for children, young people and their families and the impact it is having on the services they rely on, ADCS is concerned that new and existing challenges will rapidly escalate.

Some parts of the system have been **disrupted**, largely paused or slowed down e.g. mental health referrals, non-urgent hearings in both the family and magistrate courts and routine inspection, which could be storing up significant risks for the future. The ongoing impact of social distancing on our work with children and families, differences in infection rates within and between regions and the use of localised lockdowns to contain new outbreaks adds further complexity to current and future responses to the pandemic, increasing the likelihood that risks in different areas will peak at different times.

The pandemic has disrupted the **education** and schooling of all children and young people, even those who have continued to attend school in person have had a far from normal experience. This experience has also underlined the vulnerability and indeed viability of a fragmented early years sector giving rise to concerns about placement sufficiency going forward. In June, the Prime Minister announced a £1 billion [catch up plan](#) to address the impacts of lost learning, however, this funding is not earmarked for use in further education or early years settings. The lack of access to provision during lockdown means a further widening of the attainment gap may be occurring and that children's development is being significantly compromised. Once all, or at least most, pupils return to school, making up lost learning will understandably become the priority, leaving a gap in practical support e.g. food parcels, and potentially placing yet more pressure onto the support services as some children and families (and schools) struggle to re-adjust.

We are still working through with local school leaders the practicalities of fully re-opening all **schools** to all pupils in September in line with recent government guidance and await further details on plans to mitigate the social, emotional and educational fall out of Covid-19. Our experience of the first two phases of the wider opening of schools underlines the need for flexibility and twin track planning for formalising hybrid learning options given the use of local lockdowns and the widely predicted second wave of the pandemic. If parents and carers, particularly those communities at heightened risk from a local spike, such as BAME communities, are not confident in either the national test and trace infrastructure or local arrangements then we risk a sharp increase in the numbers of learners being educated at home, ADCS has previously [raised concerns](#) about the lack of checks and balances here.

Before the pandemic, most public services were faced with growing levels of need in the community and year-on-year **funding** reductions. In 2019, the [Local Government Association](#) estimated that children's social care was facing a £3.1 billion funding gap by 2024/25 based on pre-Covid-19 levels of demand and activity (this doesn't encompass the cost of meeting the needs of children and families who have become newly vulnerable as a result of Covid-19, or escalating levels of needs amongst those we're already working with). Implementing new ways of working, reconfiguring services to meet evolving social distancing requirements and offering emergency support to the most vulnerable residents has resulted in significant additional costs. The annual home-to-school transport bill in England pre-Covid-19 was in excess of £1 billion, the operational and financial capacity to provide socially

distanced travel options is still being assessed but is likely to be a very significant cost pressure.

On top of this, LAs' ability to generate **income** has plummeted, savings targets for 2020/21 remain unmet and the ad-hoc and un-ringfenced nature of additional emergency funding for local government continues to pit children's services against adult social care and other vital public services and makes it difficult to plan comprehensively. [Government data](#) show that only 8% of the first £3.2 billion of additional funding to support the Covid-19 response has been spent on children's services. ADCS members are concerned that there is a risk that when our peak of activity arrives, in children's social care this will most likely be towards the end of this calendar year, there will be no additional funding left and this will create real and significant funding pressures, both in-year and into 2021/22 too.

5.2. **Positive impacts to be promoted and sustained**

This crisis has shone a light on existing fragilities in the system, but it has presented opportunities for **fundamental and lasting change** in our work with children, young people and families. The universal impact of this experience has unified communities and galvanised the work of public services, opening up the possibility of a common core of training and integrated working competencies in order to embed trauma-informed practices, particularly in the largest universal service, the school system, this includes academies, early years settings, FE colleges and sixth forms. The strengthening of civic society could provide an impetus for a sustained, new way of working with communities. The shared responsibility of safeguarding has been underlined and the pandemic has reinvigorated the relationship between the LA and all local schools, reinforcing the importance of place.

Covid-19 has triggered an important public debate about health inequalities, deprivation and ethnicity. Real change must follow. The recovery phase offers the government an opportunity to further its 'levelling up' agenda; there is a strong relationship between household income, housing quality and educational performance, coordinated action on child poverty cannot wait. Further, the vital importance of public health and the value of prevention and early intervention have been underlined during this crisis. We need to address and stem the risks and challenges families have faced during the pandemic and prevent them from escalating further.

6. **Concluding remarks**

Locally, the provision of services for children and families relies upon a whole range of partners, including police, health, schools, charities, business and community groups, while multiple government departments, agencies and bodies have oversight of children and family-related policies nationally. As we move into the recovery phase, there are myriad strategic and practical considerations as well as risks requiring careful co-ordination, ongoing dialogue and a shared understanding of bottlenecks in the system so that contingencies or mitigations can be put in place e.g. the opening of temporary court buildings or swift co-ordinated responses to future localised outbreaks, etc.

A rapid review of the response to the first phase of the pandemic e.g. the development of guidance, distribution of resources, such as PPE, free school meals vouchers or IT equipment for vulnerable learners, and approaches to blended learning, is required in order to improve preparedness for future waves and spikes of infection (both locally and nationally). During this period a series of regulations have been relaxed by the government, not all have been used but there may be beneficial practices that could usefully be retained in the longer term. The ability to do virtual visits and convene meetings of virtual panels could be desirable to retain going forward, for example.

The experiences of practitioners and of children and families must be central to this process and their views should inform reviews and changes to policy that are already in train, from the SEND and care reviews to the oversight of elective home education and the implementation of the NHS Long Term Plan. The focus on hidden harms and the increased public awareness of domestic abuse must inform the progress of the Domestic Abuse Bill; domestic abuse remains the most prevalent factor in children's social care assessments. Greater protections for victims of all ages would ensure there is a positive, long lasting legacy from this extraordinary experience.

7. An urgent recommendation for change

At this stage in the pandemic we cannot confidently state what longer term policy changes and adaptations to practice are required, however, there should be no delay in levelling up the inequalities Covid-19 has laid bare. ADCS therefore supports the principle recommendation in [Health inequality in England: The Marmot Review 10 years on](#) (The Health Foundation, 2020), namely:

“Our main recommendation is to the Prime Minister – to initiate an ambitious and world-leading health inequalities strategy and lead a Cabinet-level cross-departmental committee charged with its development and implementation. We suggest that the new strategy is highly visible to the public and that clear targets are set... Making wellbeing rather than straightforward economic performance the central goal of policy will create a better society with better health and greater health equity.”

A series of specific recommendations in relation to addressing the inequalities children face were put forward by Sir Michael in his comprehensive review, these include: increasing levels of spending on the early years and ensuring the allocation of funding is proportionately higher for more deprived areas, reducing levels of child poverty to 10 percent – level with the lowest rates in Europe - and putting equity at the heart of national decisions about education policy and funding. ADCS whole-heartedly supports these recommendations and stands ready to assist in achieving these aims in order to build a country that works for all children post-Covid-19.

8. Re-setting children's services

Although the NHS has passed its peak of demand, it is only now beginning to arrive in children's services. We do not know how long it will last nor whether the levels of risk and need in our communities as a result of Covid-19 will remain at a persistent and heightened level going forward. The normalisation of children's services post-Covid-19 will not be a smooth linear process and there will be a long tail of impact. As we begin to move beyond an immediate crisis response to Covid-19 towards the recovery phase, ADCS members believe there are several things the Department for Education must do in terms of supporting children and families and re-setting and restoring public services:

- The Department for Education must urgently articulate the impact of Covid-19 on childhood across government and lead the response to addressing the inequalities either caused or exacerbated by the pandemic. A cross-government forum is essential in this aim
- The government must move quickly to capture the lessons from its response to the first phase of the pandemic in order to inform planning for the next phase of lockdown easements and, crucially, the putative second wave. Supporting the most vulnerable children and families should be a key line of inquiry and local partners, particularly LAs and schools, must be meaningfully involved in this process
- It should articulate the relationship between family and state with departments across government in a coordinated and seamless way so that families are placed at the heart of decision-making

- It must lead in the re-setting of the role of schools to seek a more even balance between education and wellbeing via a comprehensive assessment of the needs of communities and children and young people themselves alongside that of the economy in resetting the curriculum, assessment, testing and accountability frameworks to ensure that levelling-up is accelerated
- The Department must lead the charge for securing sufficient resources for children, young people and families in the forthcoming spending review. This must be equitable, sustainable and prioritise investment in early intervention and preventative services
- We need urgent, strategic action to reprofile investment in children and families across government. Supporting the most vulnerable children and families must be the priority, the first step could be the rolling out nationally of initiatives, programmes and projects funded by various government departments that have been positively evaluated and demonstrate improved outcomes for children, and crucially, are effective at controlling escalating costs
- Where there is promising evidence of impact then the innovative and/or novel approaches developed in response to the pandemic should be retained, particularly where the preferences of the children and families we work with are better met and new capacity is released into the system.

9. Longer term policy implications and changes

ADCS members are clear that local government's job is to lead and manage the risks inherent in local systems but that central government has a responsibility to ensure statutory duties towards children, young people and families can be met. The resetting and restoring of children's services will be complex and there can be no quick fixes. The Covid-19 health crisis has revealed and indeed exacerbated a series of existing issues and challenges children and families face requiring a holistic and co-ordinated policy response.

These issues and challenges include, but are not limited to, a shortage of provision for children and young people with SEND; a shortage of placement options for children in our care; the impact of welfare reforms on childhoods and on life chances; sustained increases to school exclusions; and, insufficient access to children's mental health services. The absence of a coherent cross-government early year's strategy, growing difficulties in meeting statutory entitlements to free home-to-school transport, plus concerns that the gaps in policy for family support will widen further as funding for the 'Troubled Families Programme' ends in March 2021.

A long-term funding and investment strategy for local government, for children's services and for schools is needed along with a commitment to resource preventative or 'early help' services sustainably. Further education and early years funding, including a review of how childcare investment is prioritised, requires attention as does the level of funding attached to, and the eligibility for, pupil premium and pupil premium plus. ADCS would also welcome discussions about policy co-ordination and the re-profiling of resources from across the multitude of government departments with responsibilities for different aspects of children's lives, with future investment focused upon achieving a coherent preventative approach to improving children's outcomes. This must become the golden thread running through government policy in order to build a country that works for all children post-Coivid-19.

The Association of Directors of Children's Services Ltd (ADCS)

ADCS is the national leadership association in England for statutory directors of children's services and their senior management teams



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