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NHS
Cheshire and Merseyside

Harnessing system working to deliver better outcomes for children and young people

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Contents

Acknowledgements

This report has been prepared collaboratively by Cheshire and Merseyside health and care system partners and Deloitte, for the NHS Cheshire and Merseyside Integrated Care Board. The Cheshire and Merseyside Children and Young People's Sub Committee has overseen the development of this report and provided key inputs, along with the following key contributors:

- NHS Cheshire and Merseyside ICB
- Cheshire and Merseyside Health and Care Partnership
- Representatives from the Cheshire and Merseyside NHS Director of Finance network
- Cheshire and Merseyside VCSE network
- Cheshire and Merseyside Youth Board Representatives
- Public and Population Health Representatives
- Healthwatch Representatives
- DCS network, including representatives from the following councils:
  - Cheshire East Council
  - Cheshire West and Chester
  - Halton Borough Council
  - Knowsley Council
  - Liverpool City Council
  - Sefton Council
  - St Helens Borough Council
  - Warrington Borough Council
  - Wirral Council
- NHS England

As this work progresses it is important that health and care system partners, and partners from the wider system, are involved in the next steps.

Executive Summary

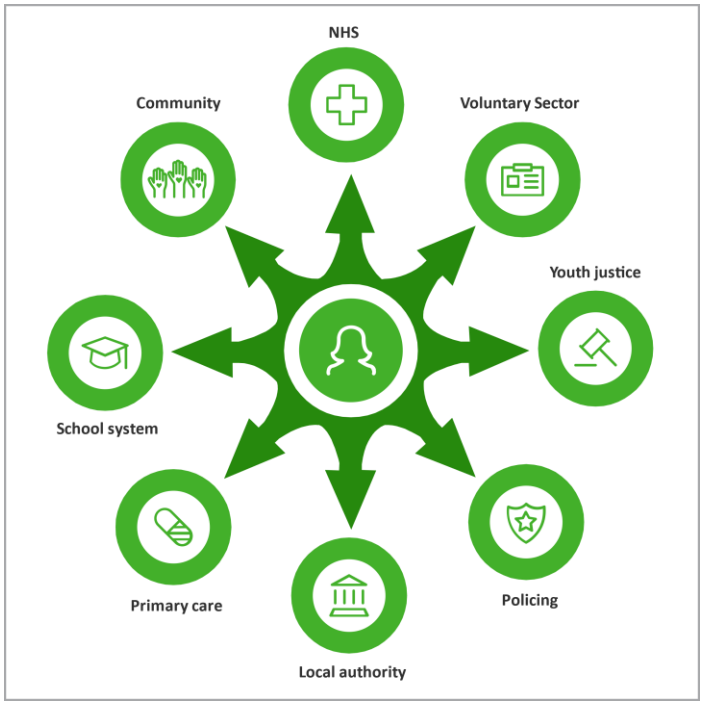
Outcomes for UK children have worsened over the last 10 years, with a slightly worse than average trend seen for children and young people across Cheshire and Merseyside.

Across the UK, almost **3,000 reception aged children** are classified as **overweight or obese**[1] and **10,500 children** did not reach the **expected level of development** at the end of Reception[2]. Additionally, **poor mental health** is on the rise: **3,104 per 100k** children and young people were accessing mental health services, in the UK, in February 2024 compared to **1,912 per 100k** in April 2019[3]. Across Cheshire and Merseyside, **14.7% of children** lived in **absolute poverty** and **26% of children** were living in **poverty** in 2019/20[4].

The picture is poor, and it is poorer still for those children and young people who enter the care system. The number of children in the care system is rising nationally; 8 out of 9 Places in Cheshire and Merseyside had a higher rate of looked after children in 2022 than the UK average[5]. Care leavers are almost **twice as likely** to have **poor health by adulthood** than their non-care experienced counterparts[6]. **Children in need and children who are looked after** by local authorities in England demonstrate **lower levels of educational attainment**, with only around 30-37% achieving the expected standard of reading, writing, and mathematics at Key Stage 2, against 60% of all pupils[7]. According to a 2023 report published by HMI Prisons, **66% of young people in youth custody have experienced local authority care**[8], despite children in care accounting for less than 1% of all children in England.

National expenditure on children's social care has skyrocketed over the last 10 years, reaching £11.1bn in 2021/22[9]; this only takes account of the direct expenditure by local authorities, but the costs of managing the poor outcomes set out above are felt across the system. Many children both in the care system and on the edge of it will come into contact with their local authority, policing, youth justice, NHS services, primary care, educational bodies and the voluntary sector. Across all of these organisations**, we are paying increasingly more to deliver increasingly less for our children and young people**.

Figure 1: Key Organisational Touchpoints for Children and Young People



[1] National Child Measurement Programme, England, 2022/23 School Year - NHS England Digital

[2] Child and Maternal Health - Data - OHID (phe.org.uk)

[3] NHS Futures CYP MH Access Report

[4] Children in low income families: local area statistics - GOV.UK (www.gov.uk)

[5] Statistics: looked-after children - GOV.UK (www.gov.uk)

[6] https://thepromise.scot/resources/2023/promise-oversight-board-report-two.pdf

[7] Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

[8] https://hmiprisons.justiceinspectorates.gov.uk/hmipris_reports

[9] Performance Tracker 2023: Children's social care | Institute for Government

This report explores how the current Cheshire and Merseyside system could work differently to help deliver better outcomes for children and young people. To do this, we have focused on children 'edging towards care'; that is, those who do not yet meet the threshold for formal edge of care services, but those who present several risk factors that, if escalated, mean they are likely to end up with such a service.

Due to funding cuts at national level, localised expenditure on preventative services has necessarily dropped. As of 2018, England spent half of its entire children's services budget on the 73,000 children in the care system[10], with the remaining 50% left to be spent on 11.7million children. Between 2010-20, **investment in early intervention** support by councils in England **halved** from **£3.8bn** to **£1.9bn**[11] and a similar story has been seen in health services with many CAMHS Tier 2 services being decommissioned. In Cheshire and Merseyside on average 19% of children and young people are waiting 12+ weeks for first contact with a mental health service[12]. The reduction in expenditure and focus on these lower level / preventative services has led to escalating needs, requiring more critical, and expensive, remediation.

Whilst this is well-known by those working within the system, this has not translated into materially different practice for most. People across Cheshire and Merseyside expressed the reasons behind this as being because **organisations currently work in siloes, with differing incentives and risk appetites**, as well as different levels of technological maturity - the extent to which technology is used and effective within organisations allowing them to act nimbly, wisely and collaboratively. Moreover, wider regulatory conditions and performance assurance drives siloed behaviours, resulting in a protectionist culture that makes it difficult to effectively collaborate towards a shared goal. However, **organisations do not exist in a vacuum and challenges in one area may be a symptom of issues in another.** Formal and informal system ways of working have not been established and trust in system working has not yet been built to embed this way of working. This lack of trust is reinforced by difficulty in identifying where is best to invest for the highest return. Alongside this, the influence of national political agendas puts pressure on systems to generate value in the short-term, meaning teams don't have the time and space to drive the longer-term prevention agenda. These challenges work in synergy and strengthen one another.

There are examples, nationally and internationally, of successful applications of multi-agency and systemic approaches, that have improved outcomes. Research has identified 5 key design principles for the Cheshire and Merseyside system to embed:

1. Delivering Early Intervention – Early childhood is recognised as a critical age for development and influencing life prospects. Early intervention provides an opportunity to mitigate the family risk factors, such as substance abuse and mental health, that impact early childhood, and can lead to abuse and neglect.
2. Incorporating Lived Experience of children and young people – It is valuable to incorporate the voices of children and young people into the services that affect their lives, giving a critical voice to a demographic that often lacks one, emboldening them to take control of their own lives and helping to build trust with the institutions that serve them.
3. Supporting Community-Based Interventions – Community assets serve as an alternative and economically viable approach to public service delivery; they also have a better understanding of the needs and challenges faced by those living there and are well-placed to provide support in a holistic way.
4. Utilising Evidence-Led Approaches – Being able to demonstrate the tangible impact of interventions is critical as it enhances credibility and fosters best practice. Evidence-led approaches also lay the foundations for shared KPIs that organisations can use to align activity and interventions.
5. Fostering Networked Work – A coordinated approach is necessary to tackle the complex and multi-faceted nature of challenges faced by vulnerable children and young people; through establishing joint solutions organisations can enhance the impact of their activity and avoid young people slipping through the cracks.

Incorporating these design principles requires a systemic approach; **the shift towards system working can be achieved through shifting the way in which the people, finance, and information, that make up the system, are organised and deployed.**

[10] Public-Spending-on-Children-in-England-CCO-JUNE-2018.pdf (childrenscommissioner.gov.uk)

[11] More children at risk as councils forced to halve spending on early support | Barnardo's (barnardos.org.uk)

[12] Futures Collaboration Portal – CYP Dashboard

People refers to the capabilities within the organisation, as well as how they are structured for delivery. It also includes the culture of the organisation, which is a key system condition that can enable and disable the people component from working effectively. **Finance** captures the funding, and budgets available to the organisations and the financial policies, procedures, and practices within which it must operate. Finally, **information** includes the data that the organisation gathers and has access to, as well as the processes and mechanisms to ensure data quality, availability, and accessibility.

It is important to balance all three components equally so that no single one drives decision-making or activity.

For example, if finance is more influential, then increased budgetary pressures may drive a protectionist culture and lead to siloed working. One of the recommendations for achieving this is to **coalesce organisations around a set of shared outcomes and to develop a shared outcomes framework around which to measure delivery.** Culturally the outcomes framework will encourage organisations to work towards the same end-goal. Financially, this can be enabled through establishing cross-organisational 'virtual budgets' (whereby organisations commit a % of their budget to deliver system goals), and by building in incremental metrics to track the impact of interventions. Incremental metrics also help to challenge the in-year outcomes focus that often arises in the public sector; these allow organisations to work across a life cycle and focus on longer-term interventions, whilst still operating within an appropriately rigorous reporting and monitoring environment.

It is critical for organisations to develop a holistic view of young people and pursue interventions that generate a holistic impact across the life course. Establishing cross-organisational governance structures that centre on outcomes and impact for children would encourage this; and will be further enabled by developing a shared evidence-base that organisations can access and contribute to, to make informed decisions and feed the shared outcomes framework. Enhancing interoperability will increase transparency, promote networked working, and enable evidence-based decision-making to reflect real world impact.

System working is complex, and converting theory into practice is challenging; however, **the case studies explored in the report evidence its potential for imparting tangible and impactful change.** Building out an agile programme of work, focused on specific test cohorts within each of C&M' 9 'places', would be a good place to start. This would allow teams to begin setting up the mechanisms that enable system working in practice, such as budget allocation, benefits tracking, and managing risks. Demonstrating the success of this approach will help to build trust in system working overtime, and establish the framework from which to iterate, improve, and expand.

Introduction

Over the ten years between 2010/11 and 2020/21, funding cuts at a national level have led to investment in early intervention support by councils in England halving from £3.8bn to £1.9bn[13].

Inequality has been exacerbated in this time, with total system spending on **services for children and young people** falling by **£241m** in the most deprived local authorities but increasing by **£228m** in the least deprived local authorities[14]. In the health landscape, just **6.1%** of total health expenditure across all healthcare providers in 2020 was **spent on preventive care**.

The lack of early intervention and support for children leaves many at higher risk of **neglect**, **exploitation, mental ill-health,** and the need for more expensive intervention in later life. **80% of all local authority spending on children went on late intervention services in 2020/21**. This picture is also reflected in health services, with CAMHS Tier 2 (delivery of early intervention support) being decommissioned in many areas, meaning that children and young people cannot access CAMHS support until their needs are at a more critical point. These services are more likely to be **reacting to harm**, as opposed to investing in preventative action, which leads to more positive health and life outcomes and costs less in the long term. There is also now an expectation of the NHS to contribute further to addressing health inequalities.

The answer to these challenges lies in greater collaboration and integration, but despite us making progress, we haven't been able to embed this consistently across Cheshire and Merseyside.

What is it that stops us? And how can we effectively address these blockers?

Between late 2023 and into 2024, work was undertaken to explore these questions, using an example cohort of children 'edging towards care'; that is, children and young people unlikely to be yet in receipt of formal 'edge of care' services. 'Edging towards Care' is not an official categorisation for formal service provision within Cheshire and Merseyside, however it is important to have a shared understanding of the key indicators which this cohort may be experiencing:

- Children and Young People on a Child Protection Plan
- Children and Young People on a Child in Need Plan
- Children and Young People with high school absenteeism
- Children and Young People experiencing homelessness
- Children and Young People known to domestic abuse services
- Children and Young People known to substance abuse services

Additionally, the following indicators which, if combined can signal a child at risk of edging towards care include:

- Children and Young People on an Education, Health and Care Plan
- Children and Young People from deprived wards
- Children and Young People who aren't school ready

The indicators above are not exhaustive, they represent some of the typical characteristics of this cohort. Awareness of these indicators is important, while also looking for other signs a child or young person might be edging towards care.

We co-selected this cohort to enable us to develop the economic story seen across the system in relation to these children and young people and to demonstrate the economic impact on the system of continuing to operate as we do.

This work was not intended to identify the 'ideal' solution, but rather identify how a system can build on its collective strengths to overcome common blockers.

We used the valuable time and space with system leaders to determine what tangible actions can be collectively taken that could tackle some of the challenges that have historically hindered system working e.g., different cultures and different organisational and budgetary priorities.

The intention is to set out ways of thinking and working that can be readily implemented across a complicated system; whilst children and young people edging towards care is the sample cohort, these approaches can also be considered in relation to all important and vulnerable cohorts in the system.

The aim of this work is to:

- **Promote alternative thinking,** preventative and strategic, about how we embed a system-led approach across the whole of life, using a children and young people cohort as a first, prototype cohort; and supporting this cohort earlier and with different financial mechanisms.

[13] More children at risk as councils forced to halve spending on early support | Barnardo's (barnardos.org.uk)

[14] https://www.barnardos.org.uk/research/stopping-spiral-children-young-peoples-services-spending-2010-11-2020-21

- Develop the components of this new system-led approach that will enable us to:
  - Create trust
  - Unlock funding to invest in system prevention for children and young people
  - Leverage our powers as an ICB to deliver greater impact
- Lay the foundations for a programme to improve outcomes for children and young people and form strategic commissioning and planning of alternative approaches to earlier intervention and support.

1. Why do we need to change?

Despite being the sixth largest economy in the world and second largest economy in Europe, in recent years the UK has seen a deterioration in overall outcomes for children and young people.

Below is a summary of some of the key drivers behind poor outcomes for the UK's children and young people, which could contribute towards children and young people edging towards care.

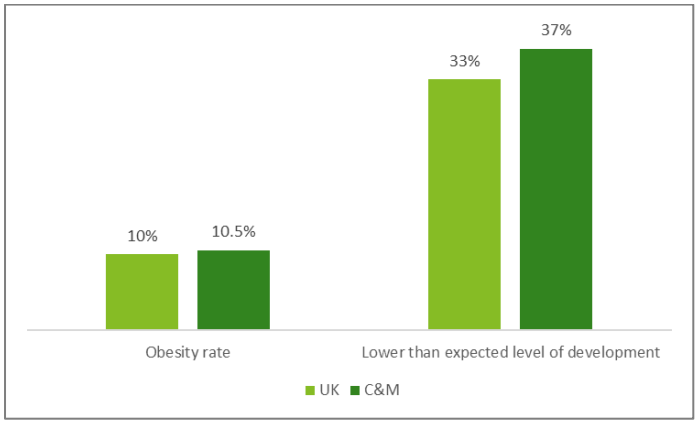
Physical health

Childhood tooth decay is a growing issue across Europe; according to a 2018 WHO report, between 20% and 90% of 6-year-old children have dental caries, and at age 12, an average of 0.5–3.5 permanent teeth are affected by this disease[15]. This is most prevalent or severe among underprivileged and disadvantaged population groups. Furthermore, dental cavities are a frequent cause of school absenteeism with the majority of children having treatment missing as least 2 school days with some children being absent for up to 15 days[16]. In England, **23.7%** of 5-year-olds (c. **154,000 children** based on 2022 ONS population estimates) had visually obvious tooth decay; this number is higher again in the **North West of England, with 30% of children likely to have experienced dental decay by the age of 5**[17].

Asthma is also a growing concern for children and young people in Cheshire and Merseyside, with children's **hospital admissions for asthma** at 113 per 100k compared to the England average of **106 per 100k**[18]. In Cheshire and Merseyside, more school days are lost to asthma than any other long-term condition[19].

Furthermore, as of 2022, the **childhood obesity** rate of (5–9-year-olds) in the UK was **11.5%,** compared to 4.1% in France, 8.5 % in Germany, and 7.0% in Switzerland[20]. This accounts for over **450,000 5–9-year-olds**, when extrapolating based on 2022 ONS population estimates. The picture is slightly worse in Cheshire and Merseyside, with **10.57% of reception aged children classified as overweight or obese, amounting to almost 3,000 children,** compared with 9.2% nationally[21]. Furthermore, data shows these **outcomes get worse for children as they move through school**, with **24.53% of Year 6 aged children in Cheshire and Merseyside classified as overweight or obese.**

Figure 2: Poor Outcomes Experienced by 5 y/o in the UK vs Cheshire & Merseyside



Data source: Obesity rate[16] and Expected Level of Development[27]

Mental health

In 2018, the share of 15-year-olds who experienced feeling low more than once a week was 41% for girls and 23% for boys in England, only exceeded by Italy and Romania[22] with European comparators. This trend continues into adulthood; as of 2022, **the UK has the highest mental and behavioural disorder mortality rate for adults across Europe – standing at 85.0 per 100,000 inhabitants**, significantly higher than the next on the list, Germany, with 71.3 deaths per 100,000[23].

Nationally, half of all mental health problems have been established by the age of 14, and **1 in 5 children and young people (aged 8-25) has a probable mental health disorder** [24]. The problem is only worsening in Cheshire and Merseyside where 3,104 per 100k children and young people were accessing mental health services in February 2024 compared to 1,912 per 100k in April 2019[25].

[15] https://iris.who.int/bitstream/handle/10665/345149/WHO-EURO-2018-3298-43057-60255-eng.pdf
[16] National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)
[17] National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)
[18] Public health profiles - OHID (phe.org.uk)
[19] Public health profiles - OHID (phe.org.uk)
[20] Prevalence of obesity among children and adolescents, BMI > +2 standard deviations above the median (crude estimate) (%) (who.int)
[21] National Child Measurement Programme, England, 2022/23 School Year - NHS England Digital
[22] https://www.statista.com/statistics/1126264/teenagers-experiencing-feeling-low-in-europe/
[23] https://www.angelinipharma.com/our-responsibility/headway-a-new-roadmap-in-mental-health/
[24] NHS England » One in five children and young people had a probable mental disorder in 2023
[25] NHS Futures CYP MH Access Report

Education and employment

In Cheshire and Merseyside, 4,700 children (18.1%) did not achieve a good level of development at their 2 to 2.5 years development review (2022/23)[26], and around **10,500 children** (37.2%) **did not reach a good level of development** at the end of Reception[27].

Between April and June 2024 over half a million young people aged 16 to 24 were unemployed in the UK, equating to a youth unemployment rate of 13.4% and an increase from 2023 figures[28]. Despite the UK being the second largest economy in Europe, this youth unemployment rate is higher than that seen in Germany, Netherlands, Ireland, and Austria who all saw rates below 10.5%[29].

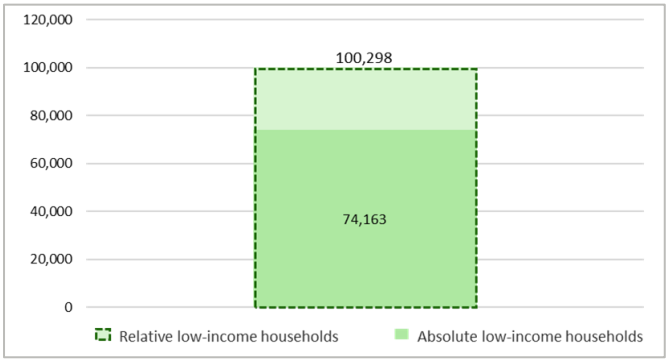
In 6 of 9 places within Cheshire and Merseyside, children have poorer communication skills at end of Reception than expected England levels[1].

Accommodation

Child homelessness in the UK is on the rise, with London councils recording 81,000 homeless children in the capital, equating to 1 in every 23 children[30]. According to the charity Shelter, in 2023 **139,000 children** were homeless in temporary accommodation in England, a 14% rise from the previous year[31].

Across Cheshire and Merseyside, a total of **100,298 children lived in relative low-income households** in 2023 (this accounted for up 32.3% in some local authorities), with between 11.0% and 24.8% living in absolute low income[32]. Relative low income is defined as a family in low income Before Housing Costs (BHC), whilst absolute income takes this value in comparison to incomes in 2011. Food poverty and insecurity has increased across Cheshire and Merseyside and are expected to rise further due to the cost-of-living crisis[33].

Figure 4: Number of Children Experiencing Poverty in Cheshire & Merseyside[32]



Despite the relative economic strength of the UK, children and young people living within it experience worsening physical and mental health, are less able to engage in education and employment settings, and experience greater housing instability than at any point in the last 20 years.

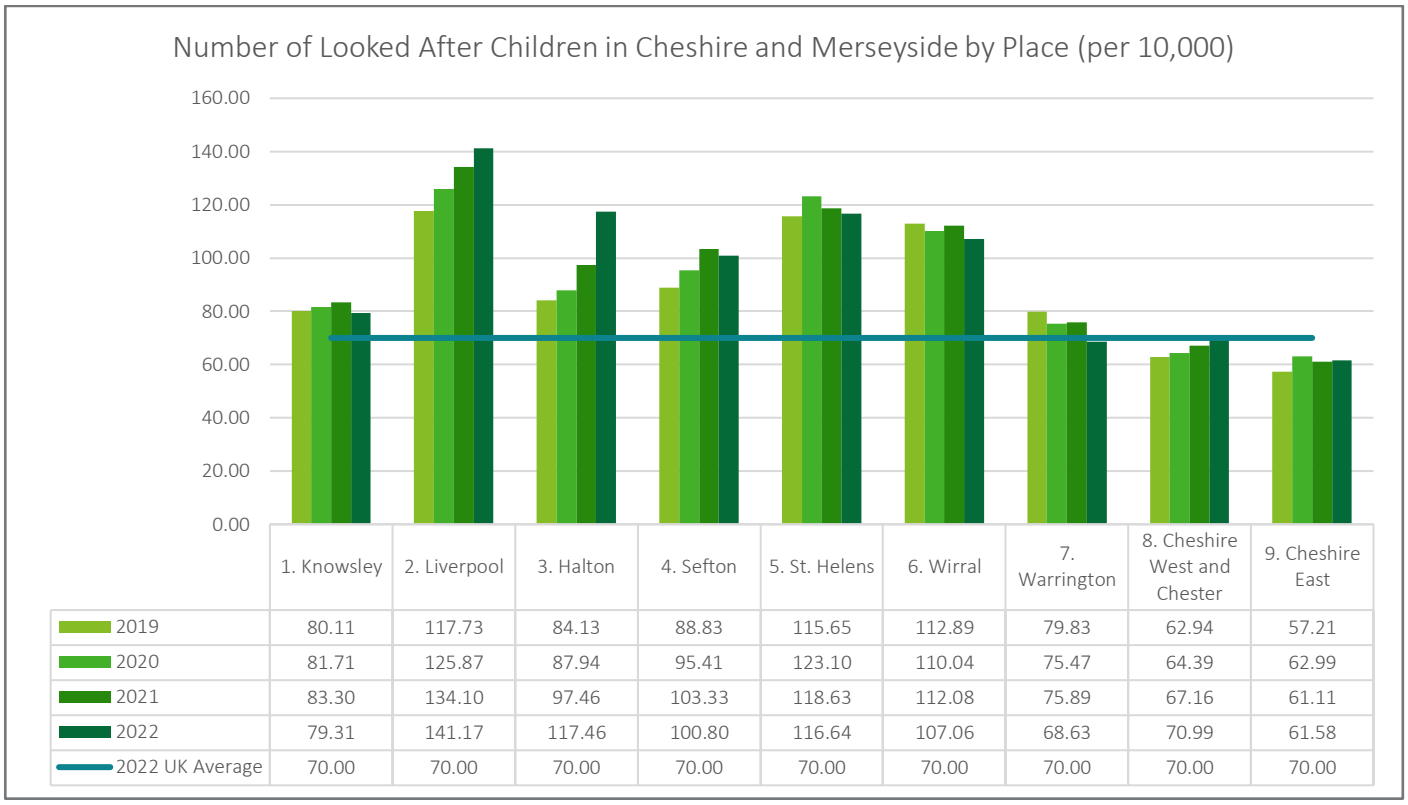
[26] Child and Maternal Health - Data - OHID (phe.org.uk)
[27] Child and Maternal Health - Data - OHID (phe.org.uk)
[28] Youth unemployment statistics - House of Commons Library (parliament.uk)
[29] https://www.statista.com/statistics/613670/youth-unemployment-rates-in-europe/
[30] Boroughs warn at least one child in every London classroom is homeless | London Councils
[31] Record 139,000 children in temporary accommodation – up 7,400 in three months - Shelter England
[32] Children in low income families: local area statistics - GOV.UK (www.gov.uk)
[33] Statistics: looked-after children - GOV.UK (www.gov.uk)

Children edging towards care

In 2023, 33,000 children in England entered the formal care system, where local authorities assumed a statutory parental responsibility for them. **This represents a 6% increase from 2022 and a 14% increase from 2013**[34].

As shown in Figure 5, Cheshire and Merseyside has experienced a larger than national average increase in children and young people becoming looked after over the last few years. **8 out of 9 places in Cheshire and Merseyside had a higher rate of looked after children in 2022 than the UK**. average[35]. The most significant rises were seen in Halton, from 84.13 looked after children per 10,000 in 2019 to 117.46 in 2022, and in Liverpool, which has seen a steady incline over the last 4 years, to 141.17 per 10,000 children in 2022[36].

Figure 5: Number of Looked After Children in Cheshire and Merseyside by Place (per 10,000)[37]



	1. Knowsley	2. Liverpool	3. Halton	4. Sefton	5. St. Helens	6. Wirral	7. Warrington	8. Cheshire West and Chester	9. Cheshire East
2019	80.11	117.73	84.13	88.83	115.65	112.89	79.83	62.94	57.21
2020	81.71	125.87	87.94	95.41	123.10	110.04	75.47	64.39	62.99
2021	83.30	134.10	97.46	103.33	118.63	112.08	75.89	67.16	61.11
2022	79.31	141.17	117.46	100.80	116.64	107.06	68.63	70.99	61.58
2022 UK Average	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00

[34] Children looked after in England including adoptions, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

[35] Statistics: looked-after children - GOV.UK (www.gov.uk)

[36] Statistics: looked-after children - GOV.UK (www.gov.uk)

[37] Statistics: looked-after children - GOV.UK (www.gov.uk)

Physical and mental health

Whilst the UK's children generally have experienced worsening physical health, evidence suggests children in the care system are even more affected. Alma Economics found that **32% of care leavers** who were in residential care had **limiting long-term illnesses**, compared to about 8% of individuals who have not been in care[38]. Further, according to a 2022 review by the Scottish Government**,** care leavers are almost **twice more likely** to have **poor health by adulthood** than their non-care experienced counterparts[39].

The Independent Review of Children's Social Care also found that, for teenagers, mental health was the most prevalent factor at assessment, with a large uptick in 'child alcohol and drug misuse, child sexual exploitation, trafficking, gangs, missing children, socially unacceptable behaviour and self-harm' from the age of 12[40]. These experiences will continue to have a negative impact on a young person's mental health, and could lead to placement instability, which can increase vulnerability and worsen mental health.

Mental health outcomes are also highly unequal, with geographic, demographic, and socioeconomic factors resulting in difference levels of prevalence, access to, experience and quality of care and support. For example, people with mental health problems can experience significant barriers to accessing appropriate accommodation including stigma, discrimination, and poverty, exacerbating outcomes[41].

The government has reported that half of all children in care meet the criteria for a possible mental health disorder, compared to 1 in 5 children when looking at the general population.

Education and employment

Alongside a national picture of decreasing school attainment within the general UK child population, the outcomes for children within the care system are worse again.

Children in need and children who are looked after by local authorities in England demonstrate lower levels of educational attainment, with only around 30-37% achieving the expected standard of reading, writing, and mathematics at Key Stage 2, against 60% of all pupils[42]. This trend continues into later years, with children who have been looked after for less than 12 months having had the lowest Attainment 8 score since 2015/16 compared with the all-pupil average cohort[43].

Absences, exclusions, and suspensions, which all serve as a barrier to educational progression, are also higher for looked after children; particularly those looked after for less than 12 months, who had an **absence rate of 16.2%,** more than double the all-pupil average[44].

It must also be recognised that **these statistics are likely to partly reflect the Adverse Childhood Experiences (ACEs) that many children in care will have faced, as well as higher SEN rates across this demographic**; with 58.1% of children in care for at least 12 months having SEN support, or a statement or Education Health and Care plan (EHCP), compared to 17.1% of all-pupils[45].

[38] The-social-cost-of-adverse-outcomes-of-children-who-need-a-social-worker-Alma-Economics.pdf (nationalarchives.gov.uk)

[39] https://thepromise.scot/resources/2023/promise-oversight-board-report-two.pdf

[40] Independent review of children's social care - final report (publishing.service.gov.uk)

[41] Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

[42] Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

[43] Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

[44] Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

[45] Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

Youth justice

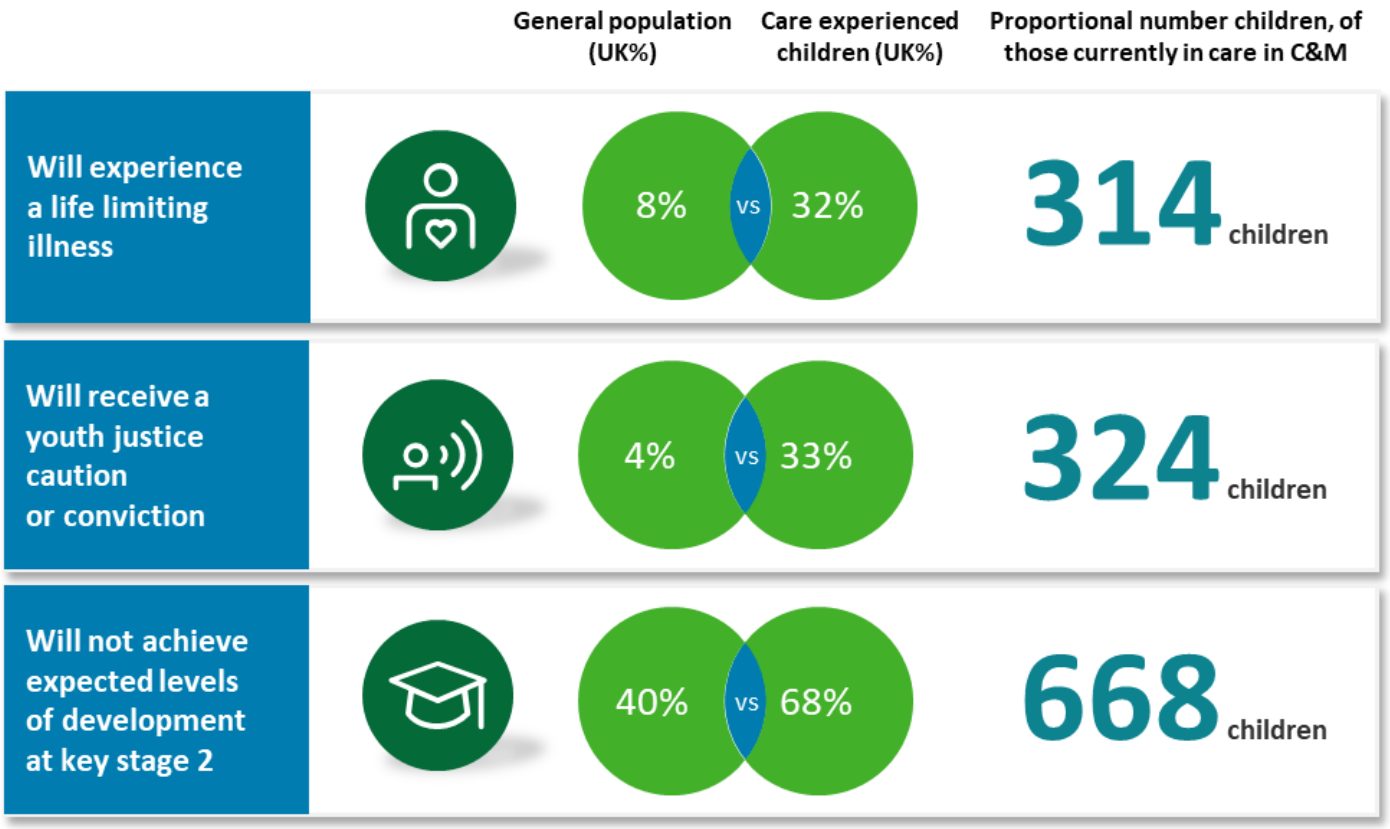
Children in care are significantly over reported within the youth justice system and more likely to be involved in crime in later life.

According to a 2023 report published by HMI Prisons, **66% of young people in youth custody have experienced local authority care**[46], despite children in care accounting for less than 1% of all children in England.

Further, a 2023 report by the Ministry of Justice looking at data on 2.3 million children born between 1996-1999 revealed that "1 in 3 care-experienced children… received a youth justice caution or conviction between the ages of 10 and 17 compared to 4% of those without care"[47]. **The report also highlighted stark inequalities in the system, with all ethnic minority groups experiencing higher rates of contact with the youth justice system.** Roughly **half** of all care-experienced Gypsy/Roma children and **42%** Mixed White and Black Caribbean care-experienced children were involved with youth justice, against **34%** White British care-experienced children[48].

Alongside a national picture of worsening outcomes for all UK children, the overall life chances of children who enter the care system drop even more dramatically.

Figure 6: Worsened Outcomes for Care Experienced Children in Cheshire and Merseyside



Sources: Life limiting illness[49], Youth justice caution[47], Expected Levels of Development[50]

[46] https://hmiprisons.justiceinspectorates.gov.uk/hmipris_reports
[47] Policy-briefing-Katie-Hunter.pdf (adruk.org)
[48] Children-in-Care-Report-2024-ONLINE.pdf (healthequitynorth.co.uk)
[49] The-social-cost-of-adverse-outcomes-of-children-who-need-a-social-worker-Alma-Economics.pdf (nationalarchives.gov.uk)
[50] Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

The financial and personal cost of the current care system

The current care system incurs both direct economic costs e.g., the costs involved in accommodation for children within the care system as well as indirect economic costs incurred to wider society because of typically poorer life outcomes that young people experience e.g., longer-term pressure on mental health services.

Direct costs: local authority expenditure on the care system

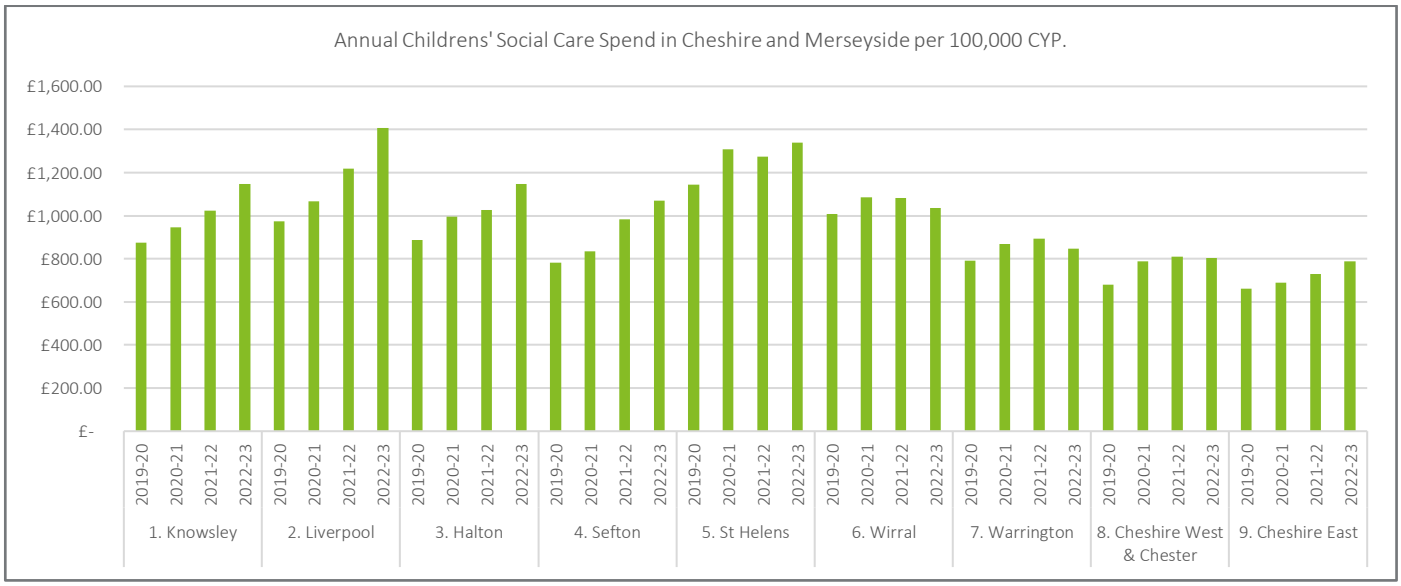
As of March 2023, the number of looked after children in the UK had increased by 2.1% from the previous year to reach 83,840[51]. Assuming a 'do nothing' scenario and 2% increase year-on-year, **by 2030 there will be over 97,000 children in care**.

The expenditure on children's social care has skyrocketed. **Local authorities spent £11.1 billion on children's social care in 2021/22**, a 41% rise in real terms compared to 2009/10[52]. With government funding falling in real terms over the same period and provider costs rising, in 2022/23 local authorities across England had a 16% overspend on **children's social care placements**, with total spend approximating **£4.7bn**[53]. This is expected to increase in 2023/24 to **£5.4bn**[54].

As per Graph 2, in Cheshire and Merseyside 6 out of 9 Places have seen an increase in annual social care spend per 100,000 children and young people[55]

As the number of children entering the care system increases, alongside increasingly complex needs to support and increasingly expensive costs of provision to manage, it is clear that **public spend on care is rising at an unsustainable rate**.

Figure 7: Annual Childrens' Social Care Spend in Cheshire and Merseyside per 100,000 children and young people[56]



[51] Children looked after in England including adoptions, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)
[52] Performance Tracker 2023: Children's social care | Institute for Government
[53] High-cost children's social care placements survey | Local Government Association
[54] High-cost children's social care placements survey | Local Government Association
[55] https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing
[56] https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing

Indirect costs: the impact of poor life outcomes

Aside from the direct costs of supporting care placements, there are indirect costs incurred by society because children in care experience worse outcomes with regards to educational attainment, employment, and experience of relationships, contributing to the cycle of children in care having their children taken into care.

As previously outlined, children and young people who have been in care experience worse outcomes with regards to mental and physical health. This puts significant **pressure on the NHS and its community services**, with services to care leavers including supporting with substance abuse, mental health and emotional problems, and typically poorer physical health outcomes, as well as a higher incidence of unintended pregnancies; the total annual national cost of this to the NHS was quantified as **£502m per year** in 2021[57].

The average employment rate for non-care-experienced adults is 76%; but only 48% for care-experienced adults[58]. Based on this it could be predicted that of the cohort of young people forecast to be in care in 2030 (based on above calculations for a 'do nothing' scenario), over 46,000 might be unemployed. Alma Economics identifies the lifetime cost of **loss in productivity** per child in care is £290,000[59], comprised of "loss in earnings, increased absenteeism and early retirement due to adverse outcomes like mental health problems and substance misuse, as well as early mortality"[60]. Assuming a life expectancy of 81, the cohort of children in care in 2030 will represent over **£348m per year** in productivity loss to the UK. This is likely an underestimate because the productive life of an individual is shorter than their total life expectancy.

Care experienced children and young people have a higher likelihood of contact with the police service and criminal justice system, and this incurs a cost to society, alongside the personal cost to the care experienced child and their family. It has been calculated that **£650m** is spent per year on **police incidents** involving missing children in care, and on the annual cost of **care leavers who are in prison**[61].

Overall, Alma Economics estimates the **total lifetime social cost per looked after child** to be around **£1.2m**[62], this includes the services discussed above as well as expenditure by central and local government on children's social care and education.

Assuming the same 'do nothing' scenario as previously, the UK could therefore be paying up to £116.7bn over the lifetime of the over 97,000 children projected to be in the care system by 2030.

This cost is further compounded by the intergenerational impact – one in three care-experienced adults go on to have a child removed into statutory care.

Across the UK, the care system is set up to cost increasingly more and deliver increasingly less.

The drivers of the current care system

Whilst we have seen costs rising for children within the care system, i.e., for those with the highest needs, **total public spending on children has fallen in real terms by 10% since 2010/11**[63]. Our research and interviews have suggested the impact of these cuts have been felt particularly strongly in prevention and early intervention services, which do not have statutory responsibilities attached, and thus have been reduced to enable budgets and activity to be redirected to acute need. As a result, **England spends half of its entire children's services budget on 73,000 children in the care system, with the remaining 50% left to be spent on 11.7million children** (as of 2018)[64].

62% of looked after children are in care because of neglect or abuse[65]; often these are linked to domestic violence in the home, parental mental health struggles, and substance abuse, alongside other socioeconomic issues, which can exist as part of intergenerational cycles.

The immense pressures exerted on the current system resources are a key driver behind the reduction in preventative touchpoints at which children and young people could be identified as 'edging towards care'.

Local Authorities and ICBs have many, often conflicting, pulls on their limited resources. For example, there is a key balance to strike between spending on children and young people and increasing demand for Adult Social Care. This can impact Local

[57] Delivering better outcomes for children in care (pwc.co.uk)
[58] The-social-cost-of-adverse-outcomes-of-children-who-need-a-social-worker-Alma-Economics.pdf (nationalarchives.gov.uk)
[59] The-social-cost-of-adverse-outcomes-of-children-who-need-a-social-worker-Alma-Economics.pdf (nationalarchives.gov.uk)
[60] The-social-cost-of-adverse-outcomes-of-children-who-need-a-social-worker-Alma-Economics.pdf (nationalarchives.gov.uk)
[61] Delivering better outcomes for children in care (pwc.co.uk)
[62] The-social-cost-of-adverse-outcomes-of-children-who-need-a-social-worker-Alma-Economics.pdf (nationalarchives.gov.uk)
[63] Public-Spending-on-Children-in-England-CCO-JUNE-2018.pdf (childrenscommissioner.gov.uk)
[64] Public-Spending-on-Children-in-England-CCO-JUNE-2018.pdf (childrenscommissioner.gov.uk)
[65] COYL-Heads-Up-Report-July-2022.pdf (thecommissiononyounglives.co.uk)

Authorities' abilities to divert additional funding towards children's prevention. However, there is a clear business case for preventative action in this area, improving both costs to government and quality of life for children and young people.

As of 2022/23 data, the proportion of New Birth Visits completed within 14 days was 79.9%[66], down from 87.7% in 2017/18[67]. In 2022/23, **83,000 fewer reviews were given to 2- to 2.5-year-olds compared to 2017/18**[68]. Further, **the number of face-to-face GP appointments have fallen** since the COVID pandemic with 20.9m face-to-face appointments taking place in England in March 2019[69], against 19.5m in March 2024[70]. Similarly, the **level of pupil absences has increased**, from 4.8% in 2017/18 to 7.6% in 2021/22, and this difference is starker for specific cohorts, such as children in need, whose absence rate increase by 5.2% in the same years to 16.3%[71]. In addition, **in Cheshire and Merseyside** the number of children reported as being in **elective home education increased** from 3,150 in 2021/22 to 4,240 in 2022/23[72], whilst **6,790 children in Cheshire and Merseyside were reported as children missing education** (CME) - children of compulsory school age not registered pupils and not receiving suitable education otherwise than at school, in 2021/22 [73].

These **in-person touch points serve as critical junctures for identifying causes for concern within the home environment** and their reduction means it is much harder for professionals to identify problems before they fully develop.

The picture in Cheshire and Merseyside

As part of the research for this paper, focus groups and interviews were held with a wide range of stakeholders from across the Cheshire and Merseyside system. The same question was raised: **if we know that better system working can positively impact outcomes for the children in care cohort, what has prevented us from putting this into action?**

The following sets out a brief summary of what we heard.

1. **Organisations that support, and influence the outcomes of, children and young people, whether directly or indirectly, are currently working in siloes.**

   From the housing agencies, educational bodies, and community organisations that shape the environment within which children and young people grow up, to the youth justice system, social services, and NHS; there is a lack of consistent communication and no single view of the system.

   This makes it challenging to build a whole picture of the context a young person finds themselves in and to provide support in a holistic and tailored way.

   On a micro level, this issue also exists within organisations, with departments struggling to 'speak to one another' effectively. Lack of communication and collaboration across and within organisations can serve to reinforce differing incentives and risk appetites, creating further distance between organisations and teams, and making it difficult to align on action that would adequately support children and young people. However, each service area experiences challenges, and these challenges don't exist in a vacuum; an issue in one area may be a symptom of an issue in another.

   Enhancing communication and collaboration between agencies and developing a single system view could help to unlock solutions that cannot be influenced by one service area alone.

   Technology is a key enabler of this, allowing organisations to log, track, and share data and information is critical for maintaining a holistic system view and cross-team communication. However, there is limited and often outdated technology in some parts of the system and any knew data sharing mechanisms would need robust information sharing agreements to protect sensitive personal information.

[66] Health visitor service delivery metrics: annual data April 2022 to March 2023 - GOV.UK (www.gov.uk)
[67] Health visitor service delivery metrics: 2017 to 2018 - GOV.UK (www.gov.uk)
[68] Health visitor service delivery metrics: annual data April 2022 to March 2023 - GOV.UK (www.gov.uk), Health visitor service delivery metrics: 2017 to 2018 - GOV.UK (www.gov.uk)
[69] https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/march-2019
[70] https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/march-2024
[71] CBP-9710.pdf (parliament.uk)
[72] Elective home education, Academic year 2023/24 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)
[73] Children missing education, Academic year 2023/24 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

Although interoperability and data security considerations need to be made, it is important that systems invest in the technology that would support cross-system collaboration and information sharing.

2. **Formal and informal ways of working across the system do not enable collaboration.**

Formal and informal ways of working also serve as a key challenge to enhancing collaboration across agencies. The ways of working and governance that would underpin and enable system working are still forming.

This means that teams often do not feel empowered to engage across the system, do not have the adequate tools and permissions to do so and organisational policies between councils, NHS and places do not always align.

Organisational structures have been determined by historical political, economic, and social factors and have not been designed to deliver outcomes, rather the outcomes have come about despite the design. This enhances the fragmentation of services and is not conducive to supporting children and young people and tackling the root cause.

Beyond the more formal structures, there is also a cultural challenge that needs to be tackled. Trust has not yet been built in the power of system working; thus, there is a tendency for teams to retreat into their own organisations or departments, focusing on their own budgets and performance but this is unhelpful and drives behaviours which are not conducive in the pursuit of better outcomes.

A bigger cultural shift needs to take place that promotes and nurtures cross-agency relationships and gives time for trust building. The ultimate goal is for the system to view itself as one and work collaboratively to achieve its mission of supporting children and young people.

3. **Wider regulatory conditions and performance assurance drive behaviours and are seen as a further barrier to collaboration.**

Alongside working collaboratively, systems face challenges with regards to where they focus resources and how best to invest in children and young people. The wider regulatory conditions within which the system operates are not always conducive to investment in prevention, and organisations often face complex and conflicting regulatory demands. Performance assurance and inspections, although critical, are often focussed on measuring the activity inputs, or the symptom of the issue. This makes it difficult for departments and bodies to shift focus to the root cause as they are not judged on this, and their budgets do not depend on it.

4. **Decisions are made on a short-term basis without consistent leadership in place across the system to drive longer-term thinking.**

This is made worse by the lack of long-term, strategic investment. Teams are often focussed on 'putting out fires' and dealing with immediate issues, lacking the capacity to focus on medium to long-term solutions. Currently, systems are intervening to resolve rather than to prevent, with millions being spent on services which don't necessarily yield good outcomes. Focussing on the long-term is often made harder by the lack of continuity in leadership from within the system, as well as the influence of local and national political agendas which can cause disruption and short termism.

There seems to be a split between commissioners and providers and whilst anecdotally commissioners tend to have shorter tenures in post, this naturally shifts the agenda of the system towards acute response. Having greater consistency around the leadership and agenda of prevention services is key, for example by creating a cross-party mandate for the prevention agenda that is influenced less by political cycles. As well as enabling teams to have psychological distance from urgent issues, giving them the space to develop and drive the longer-term prevention agenda.

5. **It is not easy to identify what is working and what isn't in relation to preventative activity.**

Organisations have limited budgets, and often have to focus on the most urgent and pressing needs rather than being able to invest in prevention activities for the highest return. Alongside creating the space and conditions for prevention focus, it is critical to identify where exactly resources should be focused. Understanding system nuances is key, so that interventions can be developed within the context of the system; implementing a case study done elsewhere may not yield expected returns if it does not tackle the root cause of the issue in this specific context or place.

Currently, there is an inconsistent and often ineffective application of system improvement methods; that assume an established and set system context, when in reality the system is complex and adaptive. Return on investment from interventions needs to be understood with cross-agency interactions in mind, so that the impacts of an investment can be identified across the whole system. This is where a single, holistic system view would help as the operational or strategic changes that one organisation makes may see positive impacts elsewhere. If a system were able to evidence impact across the whole, confidence in system working would be enhanced and there would be more psychological safety around funding.

The challenges that Cheshire and Merseyside is experiencing are symbiotic; the current system is set up to drive a certain set of behaviours and activities which discourages long-term, preventative thinking.

2. What can we do to change?

As outlined in Chapter 1, the challenges faced by vulnerable children are multi-faceted and complex.

We know that their health and life outcomes are often determined by socio-economic factors outside of their control. Indeed, analysis by the Local Government Association indicated that the key challenges for children on the edge of care often include a combination of parenting conditions, financial situation, education, and the culture / community to which they belong[74].

For vulnerable children and young people facing a variety of complex challenges, no one organisation can make the necessary difference; an appropriate system response across Cheshire and Merseyside is required to tackle and reduce these risk factors.

In this section we identify the features of a successful system-wide approach through research into interventions involving multi-agency and systemic approaches which have successfully improved outcomes. Through our research into interventions, we have identified five key inter-related system-level design principles that, if adopted, could have a significant positive impact on children and young people across Cheshire and Merseyside, alongside reducing the financial burden on local authorities and health services / providers. These are:

Figure 8: Design principles for system working

There is no one-size-fits all approach for improving outcomes for children and young people on the edge of care. Each child faces a unique combination of socio-economic challenges, and this is precisely why a system-led approach bringing together partners across the ICS, and incorporating the below key design principles, is necessary to deliver better outcomes for all.

[74] On the edge of care: Keeping vulnerable young people safely in the community | Local Government Association

Design principle 1: early intervention

"From conception to two years of age, the first 1,000 days of life are becoming more well-recognised as important for the development of brain circuits that lead to linguistic, cognitive, and socio-emotional abilities, all of which are predictors of later-life labour market outcomes."[75]

A recent study in the National Library of Medicine demonstrated that "experiences throughout [early childhood], and even before birth, have a long-term impact on the health, education, and economic prospects of a child"[6]. **Early intervention presents a key opportunity to prevent family breakdown, reduce the likelihood of children entering the formal care system and improve the overall health and wellbeing of families.** Professionals working with children and young people have identified a 'trilogy of risk' for children and young people that increases their likelihood of abuse and neglect. This trilogy includes domestic abuse, mental ill health, and substance abuse; and ensuring relevant professionals are aware of these risk factors and can help identify and protect children and young people at risk of harm[76]. Furthermore, this trilogy of risk is often inter-generational and passed down from parents' own life experiences. A study on 'The Intergenerational Transmission of Substance Use and Problem Behaviour' demonstrated that parenting practices and substance abuse has a knock-on effect on children's behaviour and performance in school two generations down the line[77].

By proactively working with families to address issues early on, and build greater family resilience, services can protect children and young people's short and long term physical and emotional health and wellbeing, improving overall outcomes for families. Early intervention offers the chance to **mitigate the trilogy of risk, disrupt intergenerational cycles of trauma and create greater resilience to key challenges within families**, reducing the likelihood of children edging towards care. It is important to note that while these risk factors may not necessarily lead to abuse or neglect, early intervention and support for parents will decrease risk in most cases.

Case Study: The Pause Programme

The charity 'Pause' runs an 18-month programme designed to support women who have experienced, or are at risk of experiencing, the removal of a child or young person from their care[78]. The programme is intended to break the cycle of repeat removals of children and young people from the care of those who may suffer from addiction, abusive relationships, or financial difficulty by offering individually tailored intensive packages of support delivered by a dedicated practitioner to address their emotional, practical, and behavioural needs.

[75] Early Childhood Development and Social Determinants - PMC (nih.gov)

[76] The toxic trio: what social workers need to know (communitycare.co.uk)

[77] The Intergenerational Transmission of Substance Use and Problem Behavior: Impact on the Third Generation Child - PMC (nih.gov)

[78] Our Impact - Pause – Creating Space for Change

Outcomes:

- As a result of the programme on average there are **14 fewer children entering the care system** in each local authority with a Pause practice annually. Qualitative data also showed that, while many Pause women began their interventions with limited aspirations for the future, by the end, many had formulated new goals, and were taking steps toward their achievement. This included entering employment, education, or volunteering.
- **Economic Impact:** Analysis indicated that the full costs of delivering Pause are likely to be offset by savings to local authorities within 2 to 3 years, with estimated net cost **savings of between £1.2 million and £2.1 million per year** after the 18-month intervention period. Further, potential cost savings across the system, including in the NHS, from reductions in levels of domestic violence, harmful alcohol use, and Class A drug use were estimated to a total between £628,207 and £732,005[79].

What were the critical success factors?

- Early Intervention: The programme seeks to **address the environment that children will grow up** in by offering support to women to break the cycle around key risk factors. It is an example of *delivering early intervention* within the 1,000-day window and empowers women to bring up their children independently without the need for state care.
- Addresses cycles of repeat removals: Research suggests that 25% of women in care proceedings[80] are likely to go back to court within a 10-year period following their initial legal proceedings in England and Wales. This suggests that there is a recurring problem of repeated removals for certain vulnerable women. By using the evidence, to develop an intervention centred around **delivering early intervention, developing key practical family related support and breaking this cycle of repeat removals**, the programme can have an extensive effect on the number of children slipping into care.

Figure 9: The Impact of Pause

[79] Stat guidance template (publishing.service.gov.uk)

[80] Mothers in recurrent care proceedings: New evidence for England and Wales - Nuffield[80] Family Justice Observatory (nuffieldfjo.org.uk)

Design principle 2: lived experience of children and young people

"Nearly 1 in 5 young people said they felt excluded at some point because they were spoken down to, and nearly 1 in 5 felt excluded because their issues weren't understood correctly" – Survey results from the "Supporting young people Insight and Recommendations Report / August 2021" by Mind and Andthen".[81]

Lived experiences of children and young people are vital to improving outcomes of those on the edge of care and can **allow systems to gain valuable insight on "what works" from the perspective of those who have gone through the system**. Studies show that having "a voice in family matters is considered a protective factor from harm, and key to promoting children's wellbeing."[82] Therefore, it is essential that organisations do more to ensure that children and young people feel like their voice is being heard by their family, especially when it comes to major decisions that will affect their lives. By exploring and analysing lived experiences of children and young people on the edge of care, we can empower the family unit, building trust and rapport whilst enabling more positive outcomes across the board.

Involvement of children, young people and their families in the decision-making process builds trust between the child, their family, and system-services. A common challenge faced by interventions is the negative social stigma that families, children and young people may associate with formal service provision. This can be due to prior negative experiences and negative social stigma from media. Hence, **many families can reject interventions altogether**, not reaching out for help until it is too late. By listening to children and young people systems can build trust with those who may be hesitant to engage with support, enabling better engagement with interventions. Another benefit of this approach is that the interventions themselves can be tailored to match the specific needs of the child as in the example below.

Case study: 'Family Group Decision Making' (Scotland)

Children 1st is a Scottish charity that pioneered the Family Group Meeting (sometimes known as a Family Group Conference) to Scotland. [83] At the Family Group Meeting, the children, family, and social workers work together in order to make a safe 'family plan' going forward. This intervention is designed to meet the needs of children in difficult family situations such as substance use, domestic abuse, mental health, or family breakdown. The system is based on the principle that **children and young people should be involved in decisions that affect their lives**, and that their views and wishes should be given significant weight in decision-making. The conferences are designed to be **informal and child friendly to encourage children to share their lived experience**.

Outcomes:

- Children say that they "feel special" when families come together to help them.[84] It offers the chance for families to be able to help themselves by finding their own strengths and solutions to the problems they face. After a Family Group Meeting, families receive a family plan to put into action. There is then a review meeting in a few months in order to assess progress and make tweaks to the plan.

What were the critical success factors?

- Children and young people have agency: Children are empowered to make their own decisions and being involved in the decision-making process means they are more invested in the outcomes. **Incorporating the lived experience of children and young people** is crucial in empowering children to develop their voice and agency.
- Families are strengthened: By encouraging children and young people to express their worries to their family in a safe environment, families can work together to reach a solution that works for all parties involved. This means that the family itself is ultimately committed to improving outcomes for the child since they have agreed upon an action plan as a group.
- Safe and confidential: Conversations occur in private by trained professionals, encouraging greater transparency and a safe environment to raise concerns. The coordinator will also offer the child the chance to have a 'meetings-buddy' assist them throughout the process.
- Tailored approach: Proactively listening to the needs of each child and taking into account their preferences around their own care helped to improve buy-in from children and young people, ensuring where possible solutions matched their desired outcomes.

[81] yp-with-focus-on-trauma-scoping-research-report.pdf (mind.org.uk)

[82] Why having a voice is important to children who are involved in family support services - ScienceDirect

[83] fgc-a5-leaflet.pdf (children1st.org.uk)

[84] Family Group Decision Making | Children 1st

Design principle 3: Community-based

"At its core, the Community Paradigm is about a different understanding of power. It recognises that when your overarching goal is to prevent illness, crime, or personal crisis arising in the first place, then power needs to be shared with individuals and communities. Prevention can ultimately only be successful when those at risk of illness, crime or crisis take the necessary steps to prevent it themselves with the supportive influence of communities and networks around them."[85]

Community factors are key socio-economic factors that determine outcomes for families and children and young people. The community where a child grows up in can have a huge impact on their life outcomes.[86] Through their statutory duties, councils have a responsibility for housing, community safety, social care and education meaning they can have a strong influence on the environment in which people live.

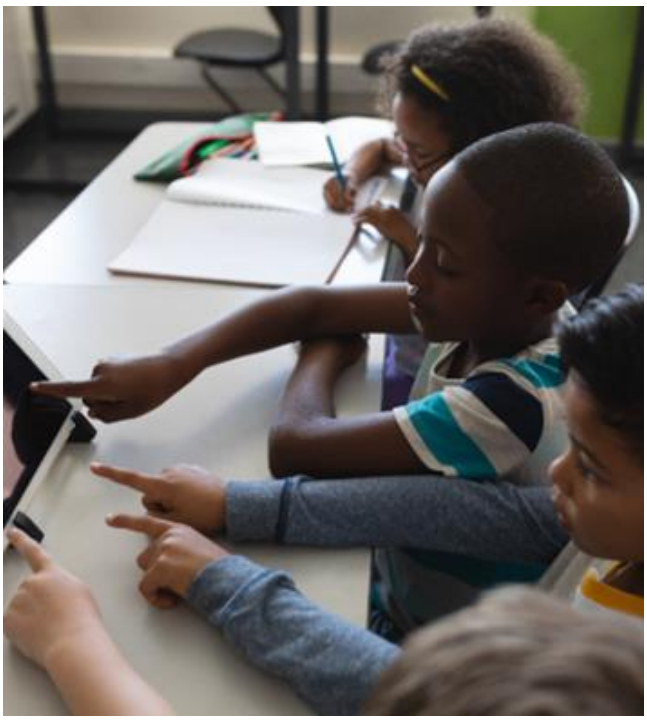
Participation in substance abuse, anti-social behaviours and gang violence can all stem from the community and environment to which a child is exposed. This is often why children and young people who leave care when they are older revert to previous behaviours after moving out of residential care. It is vital that children and their families have **positive role models within their community to model healthy behaviours** and provide ongoing support and guidance. Hence, community-based approaches are essential when it comes to improving outcomes for children and young people.

At a local level, VCSE have a unique platform to combat harmful behaviours in the community in a way that is holistic, impactful, and economically viable. Community-led interventions have a unique advantage in that they are deeply rooted in the local community and may have a **better understanding of the specific needs and challenges faced by the families living there**. This leads to better tailoring of solutions to meet needs in a way that formal public services may not be able to. Additionally, since local charities are often closer to families, less time is spent travelling to access services.

Travel distance is an often-overlooked barrier for families seeking intervention, especially for this cohort (bearing in mind cost and 'trilogy of risk' factors which may limit parents and caregivers' ability to drive[87]). Needs of communities vary and VCSE's often directly address these challenges and cultural sensitives whilst having a greater impact. The nature of community-based interventions builds trust with families and allows them to engage in a way traditional support services wouldn't be able to do so.

Community-based approaches are also vital for taking some of the financial burden away from local authorities; local authorities can embolden charities through means of funding, advocacy, commissioning, or partnership working.

The holistic approach that community-based interventions offer is a unique way to supporting families and children and young people that differs from traditional service provision. The community itself is also a huge determinant in modelling positive behaviours for children and young people. For these reasons, community-based interventions are effective at addressing underlying issues such as addiction and family break-down. The following case-study is an example of this in action.



[85] The-Community-Paradigm_New-Local-2.pdf (newlocal.org.uk)
[86] Working out what makes a good community where young children can thrive (theconversation.com)
[87] Trends in households without access to a car - The Health Foundation

Case study: Home-Start

Home-Start is a community-based intervention programme found in numerous countries including the UK and the Netherlands.[88] In Home-Start, **trained volunteers visit or contact families with young children in need of support once or twice a week** to help them combat challenges with their family life and parenting. The support provided is free, confidential, and non-judgmental.

Outcomes:

- In the UK, **95%** of the parents involved in the interventions report to Home-Start that their children's emotional and physical **health and well-being has improved**.[89]
- A study showed that positive changes in maternal and child functioning were found to be associated during the four-and-a-half-year window of the intervention. Data also suggested that these improvements likely continued after the intervention had concluded.[90]

What are the critical success factors?

- Community based: This is cost-effective for the region and has the potential to relieve pressure off the public sector. The *community-based* nature also enables higher levels of accessibility for patients.
- Tailored approach: Home-Start promise that "the help we give each family is unique and depends entirely on their circumstances, requirements and what they want help with".[91] Adopting a *community-based approach* to interventions, allows Home-Start to deliver support that *incorporates the lived experiences of children and young people* and reflects and understands the nuances of their community, circumstances, experience and needs.

[88] Netherlands – Homestart Worldwide

[89] Home-visiting | Home-Start UK

[90] Long-term changes in parenting and child behaviour after the Home-Start family support program - ScienceDirect

[91] Home-visiting | Home-Start UK

Design principle 4: Evidence-led

"Evidence-based policymaking has two goals: to use what we already know from program evaluation to make policy decisions and to build more knowledge to better inform future decisions."[92]

The impact of upstream interventions can be unclear due to a lack of evidence and data. Ensuring the effectiveness of interventions is vital for ensuring a better systems-led approach to improving lives of children and young people and maximising scarce resources. **Being able to demonstrate a tangible difference in the outcomes of vulnerable children and young people through data** can help public services and the voluntary and community sector to secure funding for programmes that have been proven to work.

Evidence-led approaches are effective for numerous reasons, primarily because they **promote best practices which maximise the efficiency of interventions**. Also, some interventions may have their basis in a particular academic framework, which can lend even further credibility to their proposed methods. When interventions develop from an academic foundation, innovation is encouraged, and subsequent iterations of the approach are able to be developed further. This gives intervention programmes longevity and is critical for system collaboration as it establishes a strong evidence base on which to develop further policy across different organisations. **An evidence base lays the foundation for shared KPIs** across organisations which can **drive more aligned activities and interventions** and provide a metric to assess the economic impact of interventions as well as the impact on outcomes. By basing interventions in evidence and data we can set a basis for this collaborative approach.

The Beyond Programme in Cheshire and Merseyside has been able to demonstrate the success of its Diabetes NHSE Technology Pilot through the use of data, technology, and feedback surveys. These serve as an evidence-base, building confidence that the intervention has had a positive impact and encouraging continued rollout. The aim of the programme was to tackle Health Inequities by providing children experiencing the highest levels of deprivation with access to new diabetes related technology. Success has been demonstrated quantitatively, as a total of 184 patients were moved onto the technology over the course of the pilot, with 50% from the most deprived decile. Looking at this alongside qualitative indicators shows a holistic picture of success, with families involved in the pilot reporting significant improvements in their Quality of Life score.

Case study: The Incredible Years Programme

The Incredible Years Programme is a **research-based set of interventions designed to promote children's social development, reduce behavioural problems, and improve academic performance**. The programme is run for children, parents, and/or teachers. Across 12-14 sessions delivered by trained therapists, adults are taught to model positive behaviours such as active listening, problem-solving, and positive reinforcement, whist children are taught to imitate these behaviours and are rewarded for doing so.

The Incredible Years programme has been implemented in numerous places and contexts, including in Manchester where at least 20 per cent of the city's population of 34,000 under-fives is at risk of having or developing behavioural problems. Between September 2017 and August 2018, the Manchester University NHS Foundation Trust's Children and Parents Service (CAPS) delivered 75 Incredible Years parenting courses to 989 parents of children aged under four. [93]

Outcomes:

- Studies suggested that the programme was most effective at reducing harsh and inconsistent parenting. It also suggested that the programme **reduced ADHD symptoms in struggling children by 12%**.[94] Imperatively, a long-term study showed that the positive effects of the programme were still evident **three years after the programme ended**. The reduction of children in care associated with the programme's implementation was also shown to be **cost-effective.**
- From the interventions delivered by CAPs in Manchester, key outcomes included a **fall in the proportion of families at risk of neglect or abuse from 86 per cent before the intervention, to 56 per cent** afterwards. In addition, parents presenting signs of clinical depression fell from 68 per cent to 19 per cent and the proportion of parents with clinical stress fell from 72 per cent to 12 per cent. Children also benefited from the intervention in Manchester with the proportion of children with clinical behavioural problems falling from 69 to 32 per cent.[95].

What are the critical success factors?

- Evidence-led: The programme emerged from academia and uses social learning theory as a framework for positive and long-term impact on children's development. It has also

[92] https://www.urban.org/sites/default/files/publication/99739/principles_of_evidence-based_policymaking.pdf

[93] Children-and-Young-People-Now-CAPS-Article-September-2019.pdf (incredibleyears.com)

[94] WWCSC - EMMIE Summary 41 - Incredible Years Parenting Programme (whatworks-csc.org.uk)

[95] Children-and-Young-People-Now-CAPS-Article-September-2019.pdf (incredibleyears.com)

been validated by over 14 studies since its invention in 1980.[96]

- Early intervention: The programme is able to intervene early regarding behavioural challenges that may cause certain children to struggle academically such as ADHD.
- Tailored approach: The collaborative nature of the sessions makes them applicable for families from different socio-economic backgrounds.

Design principle 5: Networked approach

"It's a simple premise – people are trained to become Community Health Workers (CHWs). Crucially, they are integrated into primary care and linked with other statutory services – so they can refer to what is needed – from social groups to immunisation clinics, to housing providers"[97]

A networked approach is crucial for supporting children edging towards care. The multi-faceted nature of challenges faced by vulnerable children and young people necessitate a coordinated approach to prevent children and young people edging towards care falling through gaps between services. This approach **promotes greater accountability between agencies, supported by joint KPIs, to enable services to work towards the same outcomes**.

A networked approach to the challenges of children and young people **fosters a better environment for innovating and improving upon existing interventions**. There is a lot of best practice to share, and we can learn from past mistakes and avoid repeating interventions that haven't worked if different system actors collaborate together to establish joint solutions. By their nature, system-led approaches are regularly evaluated and updated based on new research, best practice, and data to ensure best-value across the system.

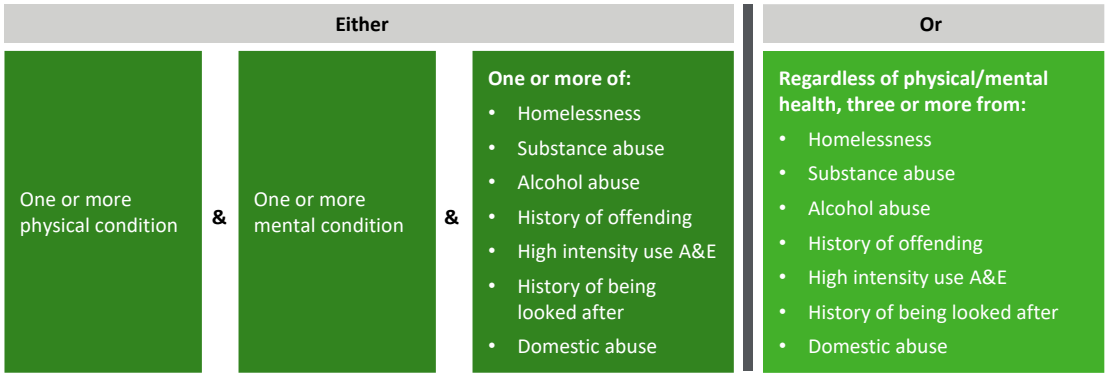
Case study from Cheshire and Merseyside: Complex Lives System P

System P is a **Predictive, Preventative and Precise approach to Population, Patient and Person health outcomes across Cheshire & Merseyside**.[98] It aims to address multiagency, multisector challenges impacting population health through collaborative working. The programme focuses on forming networks based on a common purpose to change outcomes for individuals and communities. It utilises the Bridges to Health segmentation methodology endorsed by NHS England to categorise the population based on health status, needs, and priorities. The initial phase of System P focuses on the Complex Lives and Frailty & Dementia segments, with insight packs available for all 9 Places in Cheshire & Merseyside for these areas.

How is it effective?

- The Complex Lives segment is an effective framework which aims to **address multiagency, multisector challenges impacting population health**. By utilising the Bridges to Health segmentation methodology, individuals are **categorised based on health status, needs, and priorities**.
- The Complex Lives segment includes individuals who share characteristics influencing their interaction with health and care services. This segment comprises 11,857 individuals (0.6% of the population) in the Cheshire & Merseyside ICS. They are **more likely to reside in areas of higher deprivation and have a higher utilisation of A&E services and emergency admissions** compared to the total population.
- The segment also has a higher prevalence of long-term health conditions and mental health contacts. The data provides valuable insights into the characteristics and healthcare needs of the Complex Lives segment, **enabling targeted interventions and improved service provision**.

Figure 10: Definitions of Complex Lives Cohorts



[96] WWCSC - EMMIE Summary 41 - Incredible Years Parenting Programme (whatworks-csc.org.uk)

[97] A Community-Powered NHS - New Local

[98] System P tackling health issues - Liverpool Health Partners

Critical Success Factors

- Multi-Agency: Complex Lives provides a framework that tackles the multi-faceted nature of vulnerable individuals, and more accurately reflects the lived experiences of children and young people. By **better diagnosing the challenges** that vulnerable people face, **interventions can be made to better suit their needs**. This provides a valuable framework for system working as it enables us to map various challenges onto the appropriate systems at play.

By building a system based on the principles of **early intervention, incorporating lived experience, supporting community-based initiatives, utilising evidence-led practices,** and **fostering networked approaches**, systems can have a significant positive impact on the lives of children and young people, ensure earlier intervention to prevent family breakdown and to start to better manage the financial and economic costs associated with rising numbers of looked after children. Intervening early can help to **break the intergenerational trauma that substance abuse and other harmful parenting practices can create**. By incorporating the lived experience of children and young people, we can give a voice to a demographic that often lacks one: **building trust and reducing the stigma** that may exist against public service institutions. by combining these metrics under a multi-agency approach, we can stop children and young people from slipping through the cracks, improving outcomes with them whilst improving the efficiency of the system as a whole.

3. How can we tackle the change?

As explored in chapter 2; to effectively unlock better outcomes for children and young people, new system approaches should be developed within the context of five key design principles:

Incorporating these design principles requires a systemic approach, where co-ordination and collaboration between the organisations and bodies that make up the system, is prioritised. This chapter explores how making this shift towards system working can be achieved in the context of providing services for children edging towards care in Cheshire and Merseyside. It includes an overview of some of the practical steps required to improve system working and set systems up for success, so they are able to effectively support and serve any other important or vulnerable cohorts in the future.

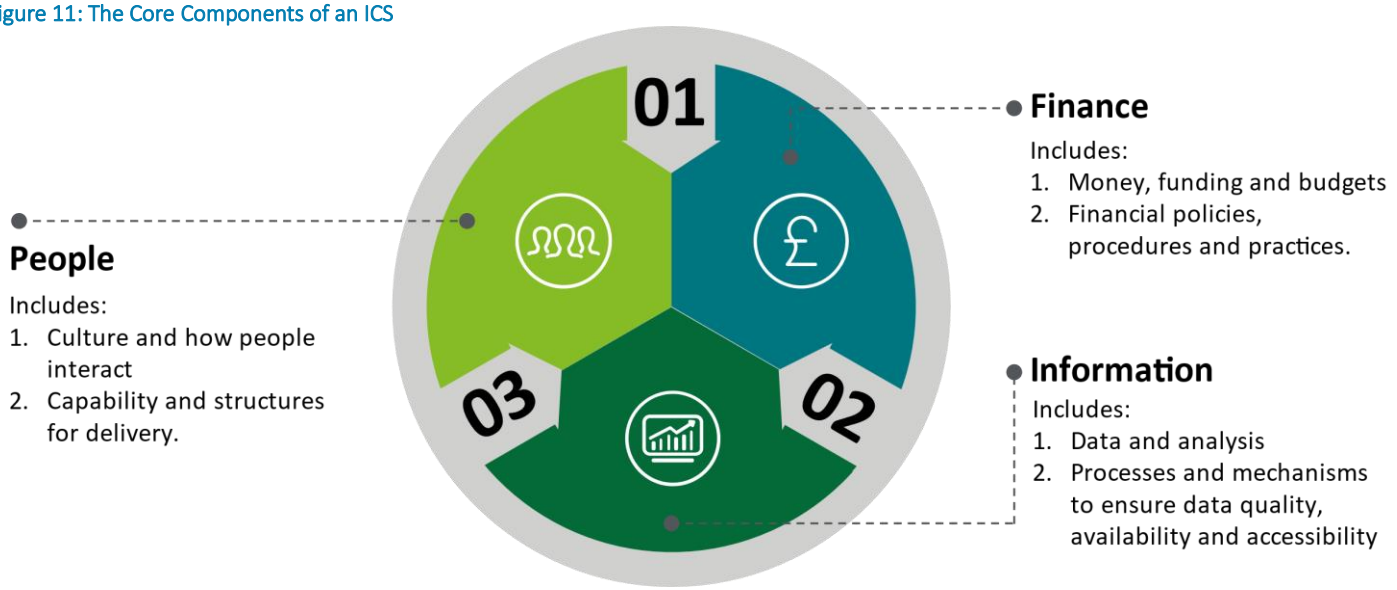
While every system is unique, they all contain a set of core components operating within and across them. In the case of an Integrated Care System (ICS), these can be the organisation and deployment of **people**, **finances,** and **information**. These core system components are the fundamental resources which are available to the ICS and can enable them to deliver outcomes.

How these core components are deployed is dependent on and governed by the conditions across the ICS as well as wider system governance.

Because these three things are so intrinsically linked, the design and implementation of new ways of working needs to be considered across all three to create the optimum system conditions for change.

The key objective for an Integrated Care System should be to find a balance across these 3 areas, where no single component drives decision-making or activity at the expense of others. In theory this should mean that the goals of people across a system are aligned, evidence-based, and are enabled by appropriate budget and resource. In practice, **we often see activity skewed by a disproportionate pull from one of these components** e.g., increased budgetary pressures within individual organisations can drive a protectionist culture as organisations seek to maintain financial grip and control. Although financial grip and control is targeted at driving out waste and poor practice, the unintended consequences may be a culture of reduced sharing of information, resource, and budgets, which in turn leads to more siloed working and ultimately a lack of networked approach to service provision.

Figure 11: The Core Components of an ICS



While system conditions are valuable levers for delivering sustainable system change, it is important to recognise that there are often limitations to how much these conditions can be altered. Within finance, certain conditions such as financial reporting lifecycles, which can limit the ability of ICSs and wider partners within the system, to set and deliver longer-term objectives and outcomes, are deeply engrained, influenced, and driven by wider systems and structures, including central government processes and regulations. As a result, it may not be possible to change these conditions at a local level. Given these constraints, we must **first understand the conditions and then find ways to work within these conditions**, considering the processes, functions or alternative conditions that can be **adapted, built, or optimised around them**, to achieve the desired outcomes.

In the next section, we will explore some tangible examples of the key considerations for C&M ICS across People, Finance, and Information. We will discuss the challenges posed to system working and some of the ways in which conditions can be optimised, to achieve better outcomes for children and young people edging towards care. It is important to note that this list is not exhaustive but is designed to provide examples and opportunities for a new way of thinking and working as a system.

People

In a system context, the people component includes the strategic alignment of system leaders and the activity undertaken by those within individual organisations. The culture within and across these organisations forms a key system condition that can either enable or prevent people from working effectively.

> ICS Call to Action: Build a culture in which all system actors at every levels are encouraged and enabled to make decisions, hold risk, resource teams and deliver services across organisational boundaries to improve outcomes for children and young people.

Below we set out some of the key steps for the ICS to take to address this call to action:

1. **Agree a set of shared outcomes for children and young people edging towards care across C&M's 9 Places which reflect and address the multifaceted experiences of children and young people within society and across the life course.**

   Currently individual organisations have set their own outcomes and measures for this cohort. As a result, system activity is not collectively focused on the same destination, which dilutes the overall impact for children and young people. Furthermore, **misaligned priorities result in misaligned outcomes** being worked towards, which can result in duplicative or contradictory interventions, support threshold discrepancies, and disjointed service provision with gaps in support.

   The development of a **shared outcomes framework** for this cohort across all partners in Cheshire and Merseyside would support the following:

   - Consistent language and understanding across all system actors.
   - Identification and use of appropriate data sets held by different organisations to support this understanding.
   - Service-planning across organisational boundaries in pursuit of common goals.

Figure 12: The Shared Outcomes Framework

The SHANARRI wheel forms part of Scotland's National Practice Model – Getting It Right For Every Child – which is a shared framework and approach to the **identification, assessment and analysis of a child or young person's wellbeing needs**. The SHANARRI wheel sets out 8 wellbeing indicators and provides a consistent way for practitioners to work with children, young people and their families to understand the child or young person's individual growth and development in the context of their rights, unique family circumstances and wider world, exploring strengths, resilience, adversities and vulnerabilities[99].

Figure 13: The SHHANARRI Wheel

2. **Establish cross-organisation governance structures, centred around children and young people, that act as a guardian of the five design principles for system change.**

   The right governance approach should **empower leaders and staff to take control and action as a collective**. It should support knowledge and best practice sharing, invest in a culture of continuous improvement and collaboration, and the implementation of evidence-based practices grounded in a holistic view of children and young people experiences. Key aspects of this governance should include:

   - Consideration as to the right fora and associated membership to contribute insight and support effective decision making; this should include **community actors and organisations** that sit beyond the realm of formal provision.
   - **Incorporate the voice of children and young people** into every level of governance. C&M is fortunate in that it has some developed and developing channels, and children and young people who are able to make effective contributions to challenge the current state and whose impact is being evaluated (e.g., Health Equity Collaborative). These assets should be leveraged and supported.
   - Establishing **feedback mechanisms** that enable the collection, analysis, and dissemination of data from across the life-course, to the right system structures, groups, and organisations.
   - Align appropriate elements of **organisational Risk Registers** so that they describe risks in a common manner and assign common weight.

3. **Develop a clear resource map across the ICS, detailing roles, responsibilities, and capabilities, aligned to the delivery of the shared outcomes framework.**

   Currently service delivery across the ICS is planned and delivered according to individual organisational parameters rather than system parameters. The shared outcomes framework setting out common system goals should be used to establish these system parameters that should in turn guide the planning of service delivery within organisations.

   As the diagram illustrates, an outcome will be demonstrated and tracked through several indicators, which themselves will be influenced by different activity across the system. Having a single shared outcome in mind can help to focus system activity, and guide the indicators and metrics used to monitor success.

   Using the approach set out in this model will allow the system to understand **what activity should be invested in, who will need to contribute to this,** and **what capabilities will be required to do so**. Alongside this, the ICS should undertake a comprehensive mapping of all system actors and organisations currently involved across the outcome pathway to create an 'as is' picture. This can be used to **inform the future resource map** and help **identify any gaps** that need to be addressed.
   Key organisation processes, for example Annual Planning & Priorities, Appraisal Systems and Information Reporting should be aligned in those matters that support delivery of the proposed framework.

4. **Invest in the development of system leadership capabilities across organisations.**

   System leadership enhances innovation, solution identification and delivery of sustainable outcomes. It needs

[99] National Practice Model - Getting it right for every child (GIRFEC) - gov.scot (www.gov.scot)

thought, planning and support to make it work well. There is a history of training and development in the field of system leadership that provide road maps and insights. There are also relationships across C&M that demonstrate good system working and/or good foundations.

Setting out to deliberately improve the quality and quantum of system leadership is a must. The ICB and HCP have this as a key objective. They must demonstrate how this is being done and/or what the future road map is.

Whilst it is important to drive system leadership at senior levels in organisations, more focus and resource must be given to **enabling front line leaders to benefit from the development and support**. For example, creating the opportunities and platforms to bond and collaborate as a single team, whereby representatives from different organisations can agree on common solutions together. **Embedding the voices of children and young people into this development and support is a must do**. Evidence based practice of innovations in incorporating the voice of the service user in activities such as training and development, recruitment, and appraisal, shows the way to affordable high impact interventions to support system working.

Finance

To address and unlock better outcomes for children and young people edging towards care, financial conditions must support cross-organisational collaboration in service provision, recognise system-wide benefits and impacts, incorporate, and enable long-term priorities and outcomes, and minimise duplication of processes.

> **ICS Call to Action:** Collaborate on financial planning activity and governance to deliver budgets and delegations that support delivery of a shared outcomes framework.

The yearly financial reporting lifecycle, which is set out in national processes and regulation, cannot be changed at a local level and is a key driver of short-term approaches across financial conditions. This yearly cycle often results in the prioritisation of investments that yield in-year financial benefit. This can lead to a **lack of multi-year funding required to effectively engage community assets, as well as a lack of investment in early interventions with longer payback periods** - two elements crucial to effectively improving outcomes for children and young people edging towards care. Additionally, the common issue where costs can be incurred in one organisation with benefits landing in another is often a barrier to collective ways of working, Although the reporting cycle cannot be changed, local systems do have the opportunity to **optimise financial conditions to support the delivery of desired outcomes**, by altering other structures and processes.

To be clear, this is not a recommendation for creating formal pooled budgets, as this is likely to be challenging and time-consuming with limited benefits in the short term. Instead, this is a recommendation to work differently within existing parameters so that managed delegations are allocated in a way that supports shared service priorities and provision, whilst also allowing services to discharge their financial duties appropriately.

Below we set out some key steps for the ICS to take to address this call to action:

1. **Using the shared outcomes framework to determine provision plans at an individual organisation level that support the creation of 'virtual budgets' to enable a system approach.**

   As part of service-planning activity, driven by the shared outcomes framework, the planned provision should also be costed for the duration of the plan. This will inform the multi-year "virtual budget" allocated to partnerships / teams/ lead organisations which support the delivery of agreed outcomes.

   Each organisation will continue to own and monitor the funding they allocated to "virtual budgets", in line with their statutory/regulatory/organisational reporting requirements.

2. **Build in metrics that track the incremental financial impact of interventions to support multi-year funding.**

   Alongside the above, the establishment of **rigorous reporting and monitoring**, at both organisational and system level, is essential. One of the challenges with the funding of early intervention is that, by its nature, the lifecycle of its delivery requires a longer-term focus than many organisations can commit to.

   Linked to the overall shared outcomes framework, the **development of interim indicators** will help to mitigate this challenge e.g., if an overall outcome is expected to be achieved within a 10-year period, what are the indicators we would expect to see within 2 years and again at 5 years to be assured the dial is shifting.

Organisational and system governance will need to be closely linked to ensure the **collective scrutiny** of these indicators; this should be used to **evaluate the ongoing impact of preventative work**, **inform ongoing budgetary commitments**, or, where necessary, to adjust these to better match need and effort. For example, in C&M there is an established scrutiny committee of elected members that could incorporate review of these indicators into their existing programme of work. Organisational **control mechanisms will also need to be reviewed** to ensure these enable the 'virtual budget' approach and not be prohibitive to undertaking a longer-term plan.

Information

A robust information baseline across the system, coupled with the right information-sharing protocols will promote networked working, enable evidence-based decision making, and reflect real-world impact and population experience.

ICS Call to Action: Ensure that data is structured, collected, and shared to better support collaborative decisions across organisations making and the delivery of coordinated services, grounded in a holistic view of children and young people experiences.

Below are some key steps for the ICS to take to address this call to action:

1. Review the existing data collected across organisations to build a cross-organisational view to understand the gaps in provision and effectiveness of current services / approaches. This could enable the system to identify opportunities to disinvest or reinvest in measures with the greatest impact.

   In the first instance, **understanding what information exists across the system** and using it to better understand the needs of cohorts across Cheshire and Merseyside is **essential to establishing a baseline**. This understanding should be strengths-based, rather than deficit-based, and look not just at metrics of need and outcomes, but also the assets that exist within communities, including work undertaken by VCSEs. A system view of needs, outcomes, assets, services will help **identify any gaps where need and provision does not align**. This information can also help to **prioritise the focus and resources of the system**, as teams can use data analysis to identify and build an evidence-based case for what services and issues should be solved for first. A cross-organisational working group with established leadership and the appropriate skills set to gather this intelligence will be required, ideally to be led by Insight Leads from Health, local authorities and VCSE, along with population health expertise.

2. Use a 'Decision Intelligence' based method for testing hypotheses and outcomes.

   With some outcomes likely to very longitudinal in nature, it will be necessary to **define more near-term leading indicators and intermediate effects to measure progress towards longitudinal goals.** Decision intelligence is an engineering discipline that helps 'analyse our understanding of the cause-and-effect chains that make actions lead to outcomes'. **Aligning on key data points** for measuring the depth and breadth of children and young people experience and ICS impact and data requirements for reporting impact will be **fundamental to demonstrate progress and build trust in the approach**.

3. Enable existing datasets to be interoperable across the system.

   The goal here should be to **create one source of the truth**, that enables the planning, delivery, and review of service provision across the system. Developing a shared evidence base that all organisations access and contribute to will support the ICS in obtaining the consistency, breadth and quality of data and analysis required to **make informed decisions** and **build strong business cases** for funding. CIPHER and other existing **shared data platforms**, supported by the establishment of shared outcomes, can **enable cross-organisational reporting and information sharing on shared outcomes**, indicators, and activities within the shared outcomes framework.

4. Build in the voice of the children, young people, and their families.

   Children, young people, and their families should drive this agenda. Their engagement and participation in design should be seen as a key priority for the system, as well as the **development of mechanisms to ensure their voice and feedback can continue to be collected** on an ongoing basis. This should be **built into the overall governance at all levels** so that ways of working can be iterated or realigned and to build confidence across the system that its ultimate **beneficiaries agree with the direction of travel**.

Next steps

Collaboration across the system has significant benefits. This has been known for many years. The development of ways of working that will enable the system to deliver these benefits **requires focused thought led and enabled by senior leaders from across the system**. Every organisation has demanding schedules and must dos. It often feels that system working is a "nice to do if we had time", however as demonstrated throughout this paper, system working and collaboration across all organisations in Cheshire and Merseyside is vital to improving outcomes for children and young people.

The shocking outcomes for some children and young people, with many outcomes forecast to worsen, is a burning platform. The likelihood of significant additional funding is very small. This leaves leaders with the **responsibility to look at what their organisations are doing no**w and implement different ways of working where the evidence shows that this will improve outcomes. System working is supported by an evidence base. It is not the answer to everything, but its benefits cannot be ignored when we have so many children and young people being harmed.

We need to map a path to system working that is affordable, practical and evidence based. We propose that the key to successful system change is to **start small and scale up**, taking an iterative approach through the design, development, iteration, and scaling of prototypes. There are many organisations and partners across C&M who aren't currently actively engaged in this work, and as an initial next step need to be engaged as all services have the potential to directly or indirectly impact on the lives of children and young people.

In this instance, a smaller cohort of children edging towards care could be chosen, for example, those within a particular geographic patch, or specific cohorts of children and young people in each of C&M's nine Places. This smaller cohort could be brought together to develop the actions set out above through an agile programme of work, using interim metrics and indicators, as well as the voice of children, young people, and their communities, to determine progress. This has the dual benefit of identifying quickly where things are not working so that remedial action can be taken, as well as enabling those working within the prototype model to experience real change, and hence developing greater buy-in.

Converting theory into practice is challenging and the temptation to remain in a protracted stage of planning is high. Taking an **agile approach**, with **clear parameters** and **risk controls** to support collective working, enables the system to **act its way into a new way of thinking**, rather than the inverse.

Building on the success of the developing Children and Young People's Committee within Cheshire and Merseyside, the next steps are recommended to be:

01 **Assign appropriate ICB and LA leadership, system capacity and capability resource to drive this programme of work, reporting into the Children and Young People committee and interconnected groups as appropriate.**

02 **Agree the first cohort to build a prototype approach around and build the baseline.**

03 **Engage with children, young people, and their families within the selected cohort to co-develop an outline business case establishing the desired outcomes, the interim indicators, and the activities likely to drive these.**

04 **Design an agile prototype approach, with appropriate mechanisms for managing risks and tracking benefits.**

05 **Establish protocols for budget allocation within the prototype timeframe and the monitoring processes for these, alongside the overall governance of the protype through the sub-committee; and**

06 **Mobilise the prototype for a defined time period, with regular evaluation points and the capacity to iterate the approach built in.**

List of references

Journal articles and books:

- Alma Economics. *"The-social-cost-of-adverse-outcomes-of-children-who-need-a-social-worker-Alma-Economics.pdf (nationalarchives.gov.uk)."* November 2021.
- Akanksha Likhar, Prerna Baghel, and Manoj Patil. *"Early Childhood Development and Social Determinants - PMC (nih.gov)"* National Library of Medicine. September 2023.
- EMMIE. *"WWCSC - EMMIE Summary 41 - Incredible Years Parenting Programme (whatworks-csc.org.uk)."* 2017.
- Jo M.A. Hermanns, Jessica J. Asscher, Bonne J.H. Zijlstra, Peter J. Hoffenaar, Maja Dekovič *"Long-term changes in parenting and child behaviour after the Home-Start family support program - ScienceDirect."* ScienceDirect. April 2013.
- Lisa Stafford, Jo-anne Harkin, Annie Rolfe, Judith Burton, Christine Morley *"Why having a voice is important to children who are involved in family support services - ScienceDirect."* ScienceDirect. May 2021.
- *"Mothers in recurrent care proceedings: New evidence for England and Wales - Nuffield[1] Family Justice Observatory (nuffieldfjo.org.uk)."* Nuffield Family Justice Observatory. 2022
- Sharon Goldfeld, Billie Giles-Corti, Geoffrey Woolcock, Hannah Badland, Ilan Katz, Karen Villanueva, Robert Tanton, Sally Brinkman. *"Working out what makes a good community where young children can thrive (theconversation.com)."* The Conversation. October 2018.
- Tricia K. Neppl, Olivia N. Diggs, and Michael J. Cleveland. *"The Intergenerational Transmission of Substance Use and Problem Behavior: Impact on the Third Generation Child - PMC (nih.gov)."* National Library of Medicine. January 2023.

Research papers, reports or press releases:

- Adam Lent, Grace Pollard, Jessica Studdert. *"A Community-Powered NHS - New Local"* New Local. July 2022.
- Angelini Pharma. *"Headway – A new roadmap in Mental Health (angelinipharma.com)"* 2024.
- Barnardos. *"More children at risk as councils forced to halve spending on early support | Barnardo's (barnardos.org.uk)"* July 2022.
- Barnardos. *"Children & young people's services: Spending 2010-11 to 2020-21 | Barnardo's (barnardos.org.uk)"* July 2022.
- Bigid Francis-Devine, Andy Powell. *"Youth unemployment statistics - House of Commons Library (parliament.uk)"* House of Commons Library. 2024.
- Children & Young People's Mental Health Coalition. *"COYL-Heads-Up-Report-July-2022.pdf (thecommissiononyounglives.co.uk)"* July 2022.
- Department for Work and Pensions. *"Children in low income families: local area statistics, financial year ending 2021 - GOV.UK (www.gov.uk)"* March 2022.
- Elaine Kelly, Tom Lee, Luke Sibieta and Tom Waters. *"https://assets.childrenscommissioner.gov.uk/wpuploads/2018/06/Public-Spending-on-Children-in-England-CCO-JUNE-2018.pdf"* Children's Commissioner. June 2018.
- Evidence-Based Policymaking. *"https://www.urban.org/sites/default/files/publication/99739/principles_of_evidence-based_policymaking.pdf"* September 2016.
- Futures Collaboration Portal – CYP Dashboard
- GOV.UK. "Children missing education, Academic year 2023/24 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)" February 2024.
- GOV.UK. "Children in low income families: local area statistics - GOV.UK (www.gov.uk)" March 2020.
- GOV.UK. *"Children looked after in England including adoptions, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)"* April 2024.
- GOV.UK. *"Elective home education, Academic year 2023/24 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)"* February 2024.
- GOV.UK. *"Health visitor service delivery metrics: annual data April 2022 to March 2023 - GOV.UK (www.gov.uk)"* November 2023.
- GOV.UK. *"Local authority revenue expenditure and financing - GOV.UK (www.gov.uk)"*. 2024.
- GOV.UK. *"Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)"* April 2024.
- GOV.UK. *"Statistics: looked-after children - GOV.UK (www.gov.uk)"* April 2024.
- Health Equity North. *"Children-in-Care-Report-2024-ONLINE.pdf (healthequitynorth.co.uk)"* 2024.
- The Health Foundation. *"Trends in households without access to a car - The Health Foundation"* November 2023.
- HM Inspectorate of Prisons. *"Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)"* 2024.
- Incredible Years. "i" September 2019.
- The independent review of children's social care. *"Independent review of children's social care - final report (publishing.service.gov.uk)"* May 2022.

- Katie Hunter, Brian Francis, Claire Fitzpatrick. "*Policy-briefing-Katie-Hunter.pdf (adruk.org)*" ADRUK. September 2023.
- Local Government Association. "*On the edge of care: Keeping vulnerable young people safely in the community | Local Government Association*" September 2018.
- Local Government Association. "*High-cost children's social care placements survey | Local Government Association*" November 2023.
- London Councils. "*Boroughs warn at least one child in every London classroom is homeless | London Councils*" 2024.
- Matthew Fright, Nick Davies. "*Performance Tracker 2023: Children's social care | Institute for Government*" Institute for Government. October 2023.
- Matthew Fright, Nick Davies. "*Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)*" Institute for Government. October 2023.
- Mental Health Foundation. "*Children and young people: statistics | Mental Health Foundation*" 2024.
- Melaine Harvey. "*System P tackling health issues - Liverpool Health Partners*". Liverpool Health Partners. April 2022.
- Mind. "*yp-with-focus-on-trauma-scoping-research-report.pdf (mind.org.uk)*". August 2021.
- New Local "The-Community-Paradigm_New-Local-2.pdf (newlocal.org.uk)". March 2021.
- NHSE Digital. "*National Child Measurement Programme, England, 2022/23 School Year - NHS England Digital*" October 2023.
- NHSE Digital. "*Appointments in General Practice, March 2024 - NHS England Digital*" April 2024.
- NHS Futures CYP MH Access Report. 2024.
- Office for Health Improvement and Disparities. "*Public health profiles - OHID (phe.org.uk)*" June 2024.
- Office for Health Improvement and Disparities. "*National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)*" October 2023.
- Public Health England. "*Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)*" December 2018.
- The Promise Oversight Board. "*https://thepromise.scot/resources/2023/promise-oversight-board-report-two.pdf*" June 2023.
- PWC. "*Delivering better outcomes for children in care (pwc.co.uk)*" March 2021.
- Robert Long, Nerys Roberts. "*CBP-9710.pdf (parliament.uk)*" May 2024.
- Ruth Hardy. "*The toxic trio: what social workers need to know (communitycare.co.uk)*" Community Care. March 2018.
- Scottish Government. "*National Practice Model - Getting it right for every child (GIRFEC) - gov.scot (www.gov.scot)*"
- Shelter. "*Record 139,000 children in temporary accommodation – up 7,400 in three months - Shelter England*" November 2023.
- WHO. "*https://iris.who.int/bitstream/handle/10665/345149/WHO-EURO-2018-3298-43057-60255-eng.pdf*" 2018.
- WHO. "*Prevalence of obesity among children and adolescents, BMI > +2 standard deviations above the median (crude estimate) (%) (who.int)*" 2022.

Other sources:

- Children 1st. "*fgc-a5-leaflet.pdf (children1st.org.uk).*" 2024.
- Children 1st. "*Family Group Decision Making | Children 1st.*" 2024.
- Fingertips Public Health Data. "*Child and Maternal Health - Data - OHID (phe.org.uk)*"
- Homestart Worldwide. "*Netherlands – Homestart Worldwide.*" 2024.
- Homestart UK. "*Home-visiting | Home-Start UK.*" 2024.
- Katie McCracken, Sarah Priest, Ana FitzSimons, Kelly Bracewell, Kasturi Torchia, and Will Parry "*Stat guidance template (publishing.service.gov.uk).*" July 2017.
- Pause. "*About Us - Pause – Creating Space for Change.*" 2024.
- Statista. "*https://www.statista.com/statistics/1126264/teenagers-experiencing-feeling-low-in-europe/*" 2024.
- Statista. "*https://www.statista.com/statistics/613670/youth-unemployment-rates-in-europe/*" 2024.