Off the radar

Shining a light on children whose rights and welfare are at risk
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Foreword

For over 50 years, the National Children’s Bureau (NCB) has been making a difference to the lives of children and young people across England and Northern Ireland, especially those with additional needs.

This report sheds light on the myriad challenges facing children and families, particularly those with multiple disadvantages. It also sets out how NCB is addressing these challenges, and the wider changes we want to see. We know that in 2017, poorer children have fallen behind before their first day at school; children with special educational needs and disabilities are missing out on the support they need; and many children experience crisis, including family bereavement.

Shockingly, new research suggests that at age 14, one in four girls suffers from symptoms of depression.

Childhood has never been easy, but some issues facing millennials are new to this generation. The internet has brought fantastic opportunities for children, but also significant challenges. Social media means that you can no longer leave the bully behind at the school gates, they follow children home on their smart phone and tablet.

Central to NCB’s role is speaking out on behalf of children whose rights and welfare are at risk. With profound economic and diplomatic questions dominating the political discourse, there’s a risk that the immediate needs of children and young people across the country are being overlooked. We must not allow children to slip off the radar. We need urgent action to solve the crisis of rising demand and limited resources facing children’s social care and mental health services, so that children with additional needs get the right help at the right time, and to address the increase in teenage depression.

NCB has steadily grown into the family we are today. We are proud to host the Anti-Bullying Alliance, the Northern Ireland Anti-Bullying Forum, the Childhood Bereavement Network, the Council for Disabled Children, the Sex Education Forum, and the Partnership for Mental Health and Wellbeing in Schools. With the voice of children and young people firmly at the heart of everything we do, NCB works locally, regionally and nationally, with decision makers, practitioners, academics, and parents and carers, to address and champion the changing needs of children and young people who may be vulnerable or disadvantaged, across England and Northern Ireland. Our ultimate goal in everything we do is to achieve better outcomes for children, young people and their families.

We believe we are at cross-roads in deciding how, as a society, we respond to children who need support to stay safe and to grow up healthy and happy. At the moment too many of those children are missing out on the help they need. The Prime Minster committed herself in this year’s party conference speech, to helping those who cannot be heard. Too often adults fail to listen to children. With no votes, their voices don’t count. We must fight their corner with them and not let them down.

Anna Feuchtwang
CEO, National Children’s Bureau
NCB Family

Anti-Bullying Alliance
We are a coalition of organisations and individuals united against bullying. We work to stop bullying and create safe environments in which children and young people can live, grow, play and learn. ABA coordinates Anti-Bullying Week each November and is the national voice for evidence-based practice on the prevention of bullying. We have a growing membership and are seen as the national voice on bullying.
www.anti-bullyingalliance.org.uk

Northern Ireland Anti-Bullying Forum
We bring together over 25 regional, statutory and voluntary sector organisations committed to stop the bullying of children and young people in schools and in communities in Northern Ireland. We support schools to develop effective anti-bullying policy and practice, and provide resources to help them communicate strong anti-bullying messages to their pupils.
www.endbullying.org.uk

Council for Disabled Children
We are the umbrella body for the disabled children’s sector, bringing together professionals, practitioners and policymakers. Our vision is a society in which disabled children and young people’s rights are respected, their aspirations supported and life chances are assured.
www.councilfordisabledchildren.org.uk

Sex Education Forum
We are a thriving membership organisation working together for quality Relationships and Sex Education (RSE). Established in 1987, we believe that ALL children and young people have the right to good RSE. Our members include schools, colleges, local authorities, NHS trusts, local and national organisations and individuals. Our work on RSE is underpinned by evidence, a rights based approach and the expressed needs of children and young people.
www.sexeducationforum.org.uk
We are the hub for organisations and individuals working with bereaved children, young people and their families across the UK. We share a vision that all children and young people in the UK, together with those caring for them, can easily access a choice of high quality local and national information, guidance and support to enable them to manage the impact of death on their lives.

www.childhoodbereavementnetwork.org.uk

The Lambeth Early Action Partnership (LEAP) is hosted by the National Children’s Bureau and comprised of many partnership organisations, including Lambeth Council, Clinical Commissioning Group (CCG), Public Health, King’s Health Partners (KHP), as well as local voluntary organisations, community groups, parents, babies and children, schools, nurseries, statutory bodies and local police leaders.

www.leaplambeth.org.uk

Our vision is an education system where good wellbeing and mental health are at the heart of the culture and ethos of all schools, so that children and young people – supported by their teachers – can build confidence and flourish.

www.ncb.org.uk/partnership-well-being-and-mental-health-schools

Participation

Children and young people’s views and experiences inform every aspect of NCB’s work. Children and young people, including children with special educational needs or disabilities, are experts in their own lives, and NCB recognises that through their direct input, our work is even more effective. Participation at NCB spans across different groups which help shape work across the organisation in various ways. The Young NCB Advisory Group ensures the organisation’s work is meaningful and relevant to young people’s lives; the Young Research Advisers play a key role in ensuring the quality, relevance and impact of NCB’s research; and the Young Trustees and Young Board Representatives ensure the voice of young people is represented at a strategic level. NCB also co-ordinates FLARE, an advisory group of twelve young people with SEND, who advise, challenge and support the Government when they are developing SEND reforms that will affect disabled children and young people. Participation at NCB spans to parents and carers as well through our Families Research Advisory Group who advise on research reports and help feed into consultation responses.
Supporting children and families in the early years

Despite two decades of Government efforts to improve social mobility, children from low income families are still lagging behind their peers. Poor housing and poverty can impede early development,\textsuperscript{6} which can mean children do less well at school and struggle to find sustainable employment, perpetuating the cycle of deprivation.

However, good quality services and a strong home learning environment can help counter the impact of poverty and improve life chances.\textsuperscript{7} Supporting parents to play an active role in early learning can improve their young children’s development so they can thrive at school and beyond.\textsuperscript{8}

- Children from deprived areas are still twice as likely to be in early years provision that is not good enough, compared with the most prosperous areas.\textsuperscript{2}

- Five-year-olds who receive high-quality childcare for two to three years are almost eight months ahead in their literacy development compared with their peers.\textsuperscript{3}

- Children from poorer families are approximately 11 months behind their wealthier peers as they start school.\textsuperscript{4}

- More than half of the gaps in achievement at age 11 result from inequality that was already present at age five.\textsuperscript{5}

Only half of England’s poorest children reach a good level of development by the age of five.\textsuperscript{1}
How do we make a difference?

• Pioneer new programmes to improve early home learning. For example, Making it REAL (Raising Early Achievement in Literacy), an award winning programme to support children’s early literacy and development;¹⁹

• Develop the National Quality Improvement Network to help improve outcomes for young children and their families;

• Conduct influential research into life in the early years in areas such as: health inequalities,¹¹ holistic assessment¹², and the experience of low-income parents in accessing services;¹³

• Develop and support the implementation of an Infant Mental Health Strategy for Northern Ireland, on behalf of the Public Health Agency; and

• Support the effective implementation of globally recognised interventions, such as the Incredible Years Programme¹⁴ through engagement with frontline practitioners, provision of practice sharing opportunities and supporting practitioners through the accreditation process.

NCB is the lead partner on the Lambeth Early Action Partnership (LEAP), which is an innovative partnership programme committed to transforming early years services across four wards in Lambeth. LEAP aims to build stronger and more supportive communities to enable individuals and organisations to collaborate so that every child has a better start in life, from pregnancy up to their fourth birthday.

Funded by the Big Lottery Fund, LEAP co-produces services, programmes and events to improve diet and nutrition, communication and language and social and emotional development for local families and early years practitioners, as well as provide information and training.¹⁰

“It makes you realise that just little tweaks to what you’re doing at home can help her learning, and that learning doesn’t just happen in an education setting.”

Parent commenting on the REAL project

The change we want to see

• Significant investment in high quality early education for all two, three and four year olds;

• A shift in policy to prioritise work with parents to support early development in the home alongside access to high quality early education;

• All children to have timely access to a health visitor in the early years;

• Investment in training and continued workforce development, moving towards a graduate-led workforce; and

• Continued commitment to measuring whole-child development in the early years (eg. Through expansion of the Child Development Review for 3-4 year olds in Northern Ireland).
Providing the right support at the right time

Two thirds of social workers say thresholds for access to early help services have risen in the past three years.¹⁵

What does it mean for children?

Early help is direct and co-ordinated action to help families as soon as concern emerges.¹⁹ It can prevent children from becoming victims of abuse, long-term service users, and offenders.²⁰

Local authorities are frequently failing to reach children and families who need help.²¹ As more resource is directed towards children who have already suffered abuse or neglect, or are at high risk of harm, fewer resources are being allocated for early help services. The result is a shift to late intervention which often focuses on managing risk and child protection rather than broader needs.

In too many cases, children’s needs have often escalated significantly before support is put in place. Even when a child is already in touch with children’s social services, they frequently fail to get an appropriate intervention until their needs become more serious.²² For increasing numbers of children, reductions in early help services mean poorer outcomes including exclusion from school, becoming the subject of a child protection plan, or being taken into care.²³

“I was referred to a local youth service. They really helped me. They supported me through my most difficult time. They were so welcoming and they made me feel so comfortable. I was a real low point in my life and they listened to me and understood what I was going through.”

Young person
How do we make a difference?

- Act as the lead partner for the Big Lottery funded Lambeth Early Action Partnership (LEAP). LEAP designs and delivers innovative services aimed at improving the development and future of over 10,000 babies and young children living in four Lambeth wards;

- Inform approaches to early help by conducting research into low income families’ access to services, advocacy for children at risk of abuse or neglect and the experiences of the children’s workforce in addressing harmful sexual behaviour; 24

- Provide research and communications activities for the All Party Parliamentary Group for Children (APPGC), which is currently undertaking a social care inquiry examining access to early help services;

- Raise awareness amongst commissioners and national decision makers of the importance of universal and preventative services for children, young people and their families;

- Review and summarise emerging evidence to support the development of an Early Intervention Service in Northern Ireland; 25 and

- Support local early help projects in Northern Ireland to measure and demonstrate their impact on families and communities, and to make best use of limited resources by planning and delivering services based on local need.

“Cuts to early interventions programs have made it more difficult for social workers to do their job effectively. Early intervention helps social workers maintain links with and understand the needs of their community.”

Social worker

The change we want to see

- An urgent funding injection so that local authorities can meet their statutory duties, and maintain universal, non-stigmatising, services, such as health visiting, to improve prevention;

- A new approach to sustainable funding for children’s social services, based on an assessment of local need, so they can continue to provide these services in the future; and

- A full review of assessment and support for ‘children in need’, that secures a multi-agency package of support for children and families at the right time.
Improving outcomes for children in care and care leavers

Children in care have often experienced trauma. Many then lack the stability to overcome challenges and transition into adulthood. Recent research suggests over 70% of children in care experienced at least one change in their placement, school or main social worker over a twelve month period. As such, the quality of support and of relationships children and young people in care receive varies considerably.

- Children in care are less likely to achieve good qualifications; only 13% achieve five or more GCSEs (A*-C, including English and maths) compared with over half of their peers.
- They are also four times more likely to have a mental health difficulty.

40% of care leavers aged 19-21 are not in employment, education or training (NEET). This compares to just 14% of all 19-21 year olds.

Consequently, young people leaving care often struggle to cope with independent living. This means they are more likely to experience homelessness, unemployment and involvement in crime.

“I recently had an advocate when social workers hadn’t been dealing with my case properly. I had lots of placement moves which affected my education.”

Child in care
How do we make a difference?

- Secure changes in national policy, including new pilots to improve mental health assessments and a new duty on local authorities to promote mental health and wellbeing. Co-chairing the Government’s Expert Working Group to inform implementation of the changes;

- Contribute to the evidence base for high-quality care by carrying out research on topics such as: reading in foster families; monitoring wellbeing; returning home from care; and how organisations capture children in care and care leavers’ views and experiences;

- Inform better support for care leavers, through research into what works in supporting their transition to independence and options for improving continuity for young people leaving residential care;

- Support local Health and Social Care Trusts to take an outcomes-based approach to the care system in Northern Ireland.

“The process care leavers have often been through creates a massive amount of resilience, and if you can tap into that you cannot just get someone back up to where they ought to be, but you can actually help them... to be someone who is above average, and has more to offer.”

Professional

The change we want to see

- National Government to prioritise improving outcomes for care leavers, by addressing gaps in resource and introducing annual reporting across a range of measures, including health, education and employment;

- National Government to introduce a Virtual Mental Health Lead in every local area, to help children in care and care leavers access support to improve their wellbeing and mental health needs;

- The Department for Education to support and incentivise local authorities to improve their participation practices for children accessing social care services; and

- An independent Inquiry into variation in access to children’s services across England, and the impact on outcomes for vulnerable children.

“I feel like I’ve got no one to turn to, and sometimes I feel really alone even though everyone’s around.”

Care leaver
Supporting good mental health and wellbeing

As demand outstrips resource, overstretched specialist mental health services are struggling to cope. Long waiting lists and high thresholds mean that just one in four children with a diagnosable mental health condition has access to the treatment and care they need. The average waiting time for a first appointment with Children and Young People Mental Health Services is 26 weeks and 42 weeks until the start of treatment.

Exam pressure, 24 hour social media, cyber-bullying, “sexting”, and an increasingly competitive jobs market mean many young people feel worried or stressed at school. School staff believe their settings have a responsibility for the mental health and wellbeing of their pupils. However, recent research found schools lack funding, staff time and capacity to create a culture and ethos that supports good mental health.

Implementing a whole-school approach to wellbeing helps all pupils to develop resilience, cope with adversity and ultimately help prevent the onset of mental health conditions later in life.

“You learn about physical health, why not mental health?”
Young NCB member

• Three children in every classroom have a diagnosable mental health problem.

• The number of children with a diagnosable mental health problem, including those in need of specialist mental health support, is increasing.

• Half of lifelong mental illness starts by age 14 and childhood mental health problems can have long-term consequences for the social, health and employment outcomes of children and young people.

What does it mean for children?

One in four 14 year old girls and one in ten 14 year old boys show symptoms of depression.
How do we make a difference?

- Work with Government, Parliament and decision makers to keep children and young people’s mental health on the agenda;

- Host the partnership for well-being and mental health in schools that works across the sector to promote and protect children’s emotional wellbeing and good health;

- Contribute to the evidence base by carrying out research on topics such as mental health and character education, gender and children and young people’s emotional and mental health, trends in mental health across childhood and the emotional well-being of children in care;

- Co-sponsor a Wellbeing Award for schools that recognises schools which embed a culture that values the happiness and emotional welfare of all its pupils;

- Publish toolkits to help schools implement a whole school approach to wellbeing and mental health;

- Undertake government commissioned reviews into the treatment of children with complex needs involving challenging behaviour;

- Support the Nursing and Midwifery Task Group to implement an outcomes based approach to mental health and wellbeing services in Northern Ireland; and

- Develop an e-Safety Strategy for Children and Young People in Northern Ireland, on behalf of the Safeguarding Board.

“Schools should teach about life, not just how to pass exams.”
Young NCB member

The change we want to see

- All children to have timely access to the mental health services they need, wherever they live. This can be facilitated by increasing funding for mental health support, including in schools and colleges and improving links between schools and specialist mental health services;

- The education system to be rebalanced to promote wellbeing alongside academic attainment. This includes embedding an understanding of wellbeing, good mental health and resilience in initial teacher training and continued professional development programmes;

- The mental health journey for the most vulnerable children and young people, including children in care and those with complex needs to be improved;

- A holistic approach to improving children’s mental health and emotional wellbeing ranging from improved prevention to specialist services (maternal; 0-25 years); and

- Children, young people and their parents to be at the centre of all the decisions that affect them.
Bullying affects children’s mental health and wellbeing, and their capacity to learn. A UK study of more than 2,000 children found that being bullied increased the likelihood of self-harming. By the age of 12, more than half of children who self-harm also say they have been bullied. Additionally, children who say they are bullied every day are three times as likely, as children not being bullied, to be excluded.

Bullying can have long term consequences for later life. At the age of 40, adults who were bullied at school were more likely to:

- experience mental health problems, including suicidal ideation;
- earn less money;
- not be in employment, education or training;
- be obese;
- lack qualifications; and
- not be in stable relationships.

“Bullying wears down children’s confidence, their self-esteem, until they’re quite depressed, low. And also it leaves them feeling very isolated. Which is why people don’t reach out for help with bullying.”

Young person talking about the impact of bullying on wellbeing

• More than one in three 14 - 15 year olds says they have been bullied.

• One in four 7-15 year olds says they are frequently bullied.

• One in 10 14-15 year olds has experienced bullying involving physical violence within the last 12 months, most of which happened at their school.

• These experiences continue online with 18 per cent of children aged 11 to 15 years old saying they experienced cyberbullying within the last two months.

One child in every Year 10 classroom is being bullied every day.
How do we make a difference?

- Coordinate annual Anti-Bullying Week, an initiative that shines a spotlight on bullying and encourages all children, teachers and parents to take action against bullying throughout the year; 63
- Contribute to the Royal Cyberbullying Taskforce set up by the Duke of Cambridge;
- Run programmes focused on helping specific groups, including: disabled children and those with special educational needs (SEN); those who are or are perceived to be Lesbian, Gay, Bisexual and Transgender (LGBT); and those targeted for their race and/or faith; and
- Lead the working group for developing guidance to support the new anti-bullying legislation in Northern Ireland.

The Anti-Bullying Alliance (ABA) is a unique coalition of organisations and individuals, who work together to reduce bullying and create safer environments in which children and young people can live, grow, play and learn. The Northern Ireland Anti-Bullying Forum (NIABF): brings together over 25 regional statutory and voluntary sector organisations committed to stop the bullying of children and young people in schools and in communities in Northern Ireland. It supports schools to develop effective anti-bullying policy and practice, and provides resources to help them communicate strong anti-bullying messages to their pupils.

The change we want to see

- Support and guidance for schools to prevent bullying as part of a “whole-school approach” to wellbeing and mental health;
- Improved understanding amongst professionals of bullying related to protected characteristics and perceived ‘differences’; and
- More accountability for internet service providers and social media companies to keep children and young people safe from bullying online.

Under the Equality Act 2010 it is against the law to discriminate against anyone in the UK on the basis of nine “protected characteristics”: Age; Disability; Gender reassignment; Marriage and civil partnership; Pregnancy and maternity; Race; Religion and belief; Sex; Sexual orientation. 64

“If I’m being bullied I feel like I’m in this black box and can’t get out. Feel like I’m trapped in this big black box.”

Young person who had been bullied
Delivering high quality relationships and sex education

Half of children say their primary school does not teach them how to get help if they experience unwanted touching or sexual abuse.65

• 46% young people (aged 11-25) say they did not learn how to tell if a relationship was healthy at school.66

• 43% of young people (aged 11-25) say they did not learn about responsibility for getting consent as well as the choice to give consent at school.67

What does it mean for children?

Children who receive good quality RSE are more likely to choose to have sex for the first time later and to use condoms or other contraception when they first have sex.69 They are also more likely to report abuse if they experience it, and are less likely to become pregnant as teenagers or become involved in abusive relationships.70

RSE can play a vital role in helping children to keep themselves safe, by addressing issues including: sexual consent; sharing of online sexual content; sexual bullying; sexual grooming (on and offline); child sexual exploitation and abuse; and female genital mutilation (FGM).

“It’s important to still teach about negative relationships so that a person can recognise if they are in one.”

Young NCB member

Relationships and Sex Education (RSE) includes the emotional, social and physical aspects of growing up; relationships; sex; human sexuality; and sexual health.68
How do we make a difference?

- Work with the Government, Parliament and local decision makers advocating for children to access the advice and support they need;

- Deliver training to schools on planning for the implementation of high quality, age appropriate statutory RSE;

- Keep teachers updated, informed and equipped to provide high quality RSE;

- Host sector-wide conferences to make sure the needs of all children and young people are considered and met in delivering RSE; and

- Provide resources, including a free curriculum design tool, which enable schools to review and update their RSE programme across all year groups.\(^72\)

The change we want to see

- Investment in training so that school staff are supported to teach RSE to a high standard;

- Clear guidance that gives schools confidence to teach a comprehensive RSE curriculum; and

- Children and young people’s entitlement to RSE to be firmly embedded into national and local government policies and public understanding.

The Sex Education Forum (SEF), has campaigned for statutory Relationships and Sex Education for over thirty years. In 2017, the Children and Social Work Act made it compulsory for all primary schools to teach Relationships Education, and all secondary schools to teach Relationships and Sex Education.\(^71\)

“You wouldn’t opt out of being taught about how to pay your taxes. RSE is no less of a part of life.”

Young NCB member
Supporting children who experience bereavement

• By the age of 16, around **1 in 20 young people** will have experienced the death of one or both of their parents.\(^{74}\)

• Around **one child in every class** has experienced the death of a parent or sibling.\(^{75}\)

• Children in disadvantaged areas are more likely to be bereaved.\(^{76}\)

Every day 112 children are bereaved of a parent. That’s 41,000 children every year.\(^{73}\)

What does it mean for children?

Bereavement affects children’s health, increasing their risk of anxiety and depression. Bereaved children underachieve at GCSE, are more likely to be involved in the criminal justice system, and are more likely to be unemployed at 30. With support, they can be helped to manage the impact of death on their lives.

Families often struggle financially after a parent dies. Changes to the benefit system mean that from April 2017, three quarters of newly widowed parents will be worse off than they would have been before the change.\(^{77}\) Support will only be available for 18 months, whereas previously it could continue until bereaved children left school. One in five bereaved parents can’t claim support when their long-term partner dies, because they weren’t married or in a civil partnership before the death.\(^{78}\)

The Childhood Bereavement Network is the coordinating hub for services across the UK that offer direct support to children and young people who have been bereaved of a parent or sibling. Our members find creative and therapeutic ways for children and their families to begin to understand what has happened and to live with and beyond their loss.
I wanted to be with my daughter all the time; she had just lost her daddy; I didn’t want her to feel she’d lost her mummy too.”

Parent affected by bereavement

How do we make a difference?

• Signpost families to local and national support, including after events such as the terrorist attacks in London and Manchester and the Grenfell Tower tragedy;

• Help professionals to deliver high quality, accessible bereavement care;

• Conduct research into new approaches to improving support for bereaved children; and

• Provide a strong voice for bereaved children, young people and their families.

The change we want to see

• Official data collection, so local services know how many children have been bereaved;

• Access to high quality services, delivered by trained professionals, wherever children live and however they have been bereaved;

• Flexible pastoral support and death education in school; and

• A review of bereavement benefits so that parents and children have time to get back on their feet, and families where the parents lived together but weren’t married don’t lose out.
Improving access to education for children and young people with special educational needs

More than **1.2 million** children in England have special educational needs (SEN).79

• Children with SEN are behind their peers at **every stage** of education.80

• Only **14%** of pupils with SEN achieve the **expected level in reading, writing and mathematics** by age 11 (key stage 2) compared to **62%** of those without SEN.1

• Children who qualify for SEN support81 are more than **seven times as likely** as other children to be **permanently excluded** from school.82

What does it mean for children?

Children with SEN are less happy than their peers with school, school work, and with their friendships.83

Disabled children and young people and those with special educational needs (SEND) are frequently let down by schools which are unable to meet their complex needs.84 The level of support a child with SEND receives at school affects their behaviour and academic progress.85 Unidentified or unmet needs can lead to children being labelled as having ‘behavioural difficulties’, when the key problem is that the school cannot provide the right level of support.86

Children with SEND also face additional, often complex challenges including bullying; missing out on school; and challenges with their mental health. Over a third of children with SEND have been victims of frequent bullying and the needs of at least one in six school pupils with SEND are linked to their social, emotional or mental health.87 Recent research from NCB also found that children with SEND are missing education because schools are unable to provide support to meet their needs.88

“They didn’t appreciate my behaviour, so I got out before it was too late, before I got kicked out. School didn’t treat me properly, they didn’t understand my behaviour... I want to be treated good and have someone who understands my behaviour. School’s not my place.”

John, aged 8
How do we make a difference?

- Host the Special Educational Consortium (SEC): a group working on behalf of disabled children and children with special educational needs;
- Work as the Department for Education’s Strategic Reform Partner on SEND reforms. This involves providing expert advice and developing guidance and practical tools to support the sector to implement the changes;
- Provide Independent Support to help parents and young people navigate the Education, Health and Care planning process;
- Work with civil servants, parliamentarians, and other decision-makers to ensure the voices of children with SEND are heard, when new policy, legislation, regulations or guidance is being drafted;
- Campaign for stronger legal protections for children with SEND in the exclusion process;
- Act as the UK’s National Coordinator for The European Agency for Special Needs and Inclusive Education;
- Contribute to the evidence base on why children with SEND are missing out on school and
- Advise the Education Authority in Northern Ireland on a new framework for delivering SEN nursery provision.

“How inclusion = more confidence in life = more willing to participate in more things = more friends = happier, successful life.”

Amba, FLARE

The change we want to see

- Education providers to ensure children with SEND can fully access education by:
  - having an inclusive curriculum;
  - rigorously monitoring the progress and achievements of children with SEND;
  - involving children with SEND and their parents in all the decisions that affect them;
- All school behaviour policies to focus on early intervention to address the underlying causes of pupil behaviour. This includes whether behaviour is a result of an unidentified SEND; and
- Education providers to take account unmet SEND when making a decision whether to exclude a child.

A child or young person has SEN if they have ‘a learning difficulty or disability which calls for special educational provision to be made for him or her.’
A child has a disability if they have ‘a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities.’
Improving the lives of children with complex needs and life-limiting conditions

73,000 children in England have complex needs and/or life limiting conditions.94

• This number has increased by 48%, from 49,300 in 2004, due to increased survival rates for premature babies and longer life expectancy for those with genetic conditions.95

• Fewer children with the most complex needs, particularly those with challenging behaviour, are accessing local statutory services, and increasing numbers are ending up in Assessment and Treatment Units many miles from home.96

What does it mean for children?

Many disabled children and young people and their families require support from health and social care services to have an ordinary family life. This can mean help at home, access to short breaks and support to take part in activities in the community. Transitions to adulthood can be especially challenging, and children and adult services do not work together consistently to provide joined up support.97

With cuts to social care services and the increasing pressures on NHS funding, together with fragmentation and poor planning of services, families are having to fight for the support they need. If there is no appropriate support available locally, children with the most complex needs - those with challenging behaviour relating to their autism, learning disabilities and/or mental health condition - can end up in institutional settings far from home. This puts them at greater risk of social exclusion, prolonged admission to hospital, physical harm and abuse.98

Children with complex needs can have profound and multiple learning difficulties, severe autism and/or multi-sensory impairments.
How do we make a difference?

- Undertake research into the proportion of children who have complex needs and how their needs are changing;\(^9\)
- Develop new approaches to assessing disabled children’s social care needs which reduce bureaucracy, keep children safer and improve access to support;\(^\text{100}\)
- Equip parents of disabled children and young people with the knowledge and skills to navigate health services and secure better treatment and outcomes;\(^\text{101}\)
- Undertake reviews into the treatment of children with complex needs involving challenging behaviour. Dame Christine Lenehan’s first review, commissioned by the Department of Health, considered what practical action can be taken to co-ordinate care, support and treatment for these children and young people.\(^\text{102}\) The second, commissioned by the Department for Education, considered how the education system contributes to young people ending up in institutional care;
- Help other organisations to equip practitioners to embed participation in their work with young people with complex needs, including through the Empowering Young People programme in Northern Ireland;\(^\text{103}\) and
- Support and train professionals to understand their statutory responsibilities and work in partnership to deliver education, health, and social care services.

“All the time, all they’ve got is notes on the computer and when you walk in they seem to know everything about you … without even knowing you. You are notes. You’re a condition or a list of medication.”

Disabled young person taking part in our *Managing My Way* research\(^\text{104}\)

The change we want to see

- Improved social care assessments for disabled children;
- A proportionate approach to assessment and support, so that disabled children access the right services at the right time;
- Children’s views, wishes and feelings reflected in the assessment and planning process;
- The Department of Health, NHS England and local authorities to improve coordination of care for disabled young people as they transition to adulthood, with a named worker for each young person in an institutional setting working in partnership with families; and
- Clearer responsibilities for medical and other professionals in home and host local authorities when a young person is in an institutional setting.

“I’ve struggled to get £18,000 of care for my son in the community. I can’t get any more so he is moving to a placement costing £200,000. What happened to the middle?”

Parent speaking to the Lenehan Review
Conclusion

This report shines a light on children facing adversity. It has shown, for example that one in three 14-15 year olds has been bullied; that every day 112 children lose a parent; and that four in ten young people who have been in care are not in employment, education or training.

There is clear evidence that the number of children with additional needs is growing. A Survation poll of 101 Local Authority Lead Members for children, conducted for NCB, found that 87% said demand for children’s services had increased in the last two years.\textsuperscript{105} Recent research by the Office of the Children’s Commissioner suggests that in England half a million children are so vulnerable that they require help from the state.\textsuperscript{106}

However, it is equally clear that funding and resource are not keeping pace with demand, leaving schools, social services, and specialist mental health services struggling to reach children and families who need their help.

These challenges are set to deepen in coming years. In some cases growing demand reflects a positive trend – such as children living longer with disabilities. But there is also a clear link with austerity and rising child poverty. Recent research has shown that children in low income households have worse cognitive, social and health outcomes as a result of growing up poor.\textsuperscript{107}

So what should be done?

The Government should urgently take specific actions to improve children’s outcomes – such as increasing funding for children’s social care and providing additional resource for mental health services. We have set out a range of other recommendations for national and local decision makers. These include investment in high quality early education; a more inclusive education system; and improved data collection and sharing practices.

But we believe Ministers have a responsibility to go further. Schools and children’s services departments can never transform young people’s life chances in isolation. So much depends on systemic factors, such as poverty, benefits policy, poor housing, or the consequences of growing up in a digital world. That’s why we are calling for a cross-Government strategy, which sets out a comprehensive approach to creating a society that works for all children.
References

1 Social Mobility Commission (2016) ‘State of the Nation report on social mobility in Great Britain’.
2 Ibid.
3 Ibid.
7 See findings from NCB’s ‘Making it REAL’ project years 1 – 3 https://www.ncb.org.uk/what-we-do/our-priorities/early-years/projects-programmes/making-it-real.
8 Social Mobility Commission (2016) ‘State of the Nation report on social mobility in Great Britain’.
9 See findings from NCB’s ‘Making it REAL’ project years 1 – 3 https://www.ncb.org.uk/what-we-do/our-priorities/early-years/projects-programmes/making-it-real.
17 Note: early intervention services analysed for this research were children’s centres and other early years services, family support services and young people’s services. See National Children’s Bureau, Action for Children and The Children’s Society (2016) ‘Losing in the Long Run’.
21 Ibid.
22 Ibid.
23 Ibid.
30 NCB (2016) ‘from care to Independence: Findings from research supported by The Big Lottery, conducted in partnership with The Prince’s Trust’.
33 NCB and BookTrust (2017) ‘Reading in foster families’.
34 NCB (2017) forthcoming.
36 NCB and Research in Practice (RiP), on behalf of the Children’s Commissioner’s Office (2017) ‘A rapid review of sources of evidence on the views, experiences and perceptions of children in care and care leavers’.
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39 NCB (2016) ‘From care to Independence: Findings from research supported by The Big Lottery, conducted in partnership with The Prince’s Trust’.
42 Frith, E. CentreForum (2016) ‘Commission on Children and Young People’s Mental Health: State of the Nation’.
50 National Children’s Bureau (2017) ‘Gender-sensitive approaches to addressing children and young people’s emotional and mental health and well-being Examples of promising practice’.
56 Note. These children said they had been bullied in the 12 months prior to being questioned. See Lasher, S and Baker, C, Department for Education (2015) ‘Bullying: Evidence from the Longitudinal Study of Young People in England Wave 2’.
57 Anti-Bullying Alliance (2016) ‘Anti-Bullying Alliance Wellbeing Indicators Wave two report’.
60 Note. More than 75% of schools in England participate with a reach of at least 6 million children and young people.
61 See https://www.gov.uk/discrimination-your-rights.
62 Sex Education Forum (2016) ‘Heads or Tails What Young People are telling us about SRE’.
63 Ibid.
64 Ibid.
The National Children’s Bureau is a leading children’s charity working to build a better childhood for every child. We champion children’s right to be safe, secure and supported, by using evidence and our expert knowledge to influence government policy, and help practitioners to do the best job possible, especially for the most vulnerable and disadvantaged children and young people.

This report explores some of key challenges facing children today. It sets out how NCB makes a difference, and the wider changes we want to see.