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Committee

Looked-after Children

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The Children, Schools and Families Committee

The Children, Schools and Families Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Department for Children, Schools and Families and its associated public bodies.

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False Allegations Support Organisation
Analysis toolkit of statistics from Ofsted
John Hemming MP

Oral evidence

Taken before the Children, Schools and Families Committee

on Wednesday 19 March 2008

Members present:

Mr Barry Sheerman, in the Chair

Annette Brooke
Mr Douglas Carswell
Mr David Chaytor
Mr John Heppell

Paul Holmes
Fiona Mactaggart
Lynda Waltho

Memorandum submitted by Barnardo's

1. EXECUTIVE SUMMARY

1.1 Barnardo's would like to see a requirement for robust protocols between local authority departments to ensure that they all take responsibility for their corporate parenting role. We would also like to see a statutory duty placed on Independent Reviewing Officers to consider whether an independent advocate is needed at all statutory reviews.

1.2 We would urge local authorities to consider better use of "shared care" packages to support families and prevent children coming into care, when this is the most appropriate measure. Barnardo's believes that wider use of family conferencing can provide effective support to families to assist in keeping children at home where this is the right thing to do but our evidence suggests that this can also be effective in providing support when children return home from care or leave care for independent living.

1.3 Barnardo's would like to see more support for foster carers including standardisation of payments; better "out of hours" support and measures that enable them to care for children over the age of 18 without incurring financial disadvantage.

1.4 Schools should specifically address the issues for children in care in their anti bullying policies in the same way as they address racist bullying etc. Children should be provided with all the necessary equipment to ensure they are not disadvantaged at school.

1.5 Barnardo's would like to see a number of measures put in place to ensure a better transition to adulthood for young people leaving care. These would include raising the age at which they move to independent living; using group conferencing to provide support; preparation for leaving care that includes the emotional impacts and does not just address practicalities and ensuring that they have social links and support networks in their new home area. Where young people leave to live independently before they are aged 19, and where this living arrangement breaks down; Barnardo's believes that a statutory review should be held and consideration given as to whether that young person should return to care for a period.

2. INTRODUCTION

2.1 Barnardo's works directly with over 115,000 children, young people and their families every year. We run 394 vital projects across the UK, including 24 fostering and adoption services; 15 support services for young people leaving care; six services providing children's rights and advocacy for children in care and three residential special schools. Every Barnardo's project is different but each believes that every child and young person deserves the best start in life, no matter who they are, what they have done or what they have been through.

2.2 We use the knowledge gained from our direct work with children to campaign for better childcare policy and to champion the rights of every child. With the right help, committed support and a little belief, even the most vulnerable children can turn their lives around.

2.3 Barnardo's was represented on the stakeholder group preceding the publication of *Care Matters*; we chaired one of the four task groups exploring the future care population and sat as a member on a second one looking at placement provision and quality.

2.4 This evidence uses information from research and practice and reflects the views and opinions of relevant practitioners, children and young people and their carers.

2.5 Barnardo's believes that the values and philosophy that should underpin the way we work with children in the care of the state is that they should be given the same opportunities that we would expect our own children to have; this means paying attention to the small things as well as changes to legislation and policy, although this can of course set the expectations. Children and young people in care tell us that the things that can make a real difference to their feelings of self worth and self esteem are not necessarily those that can be legislated for—having photographs, someone attending sports day, parents evening or out of school activities. These measures cost very little, but require workers and professionals to put the same value on them as young people do. Central Government can play its part and we welcome many of the proposals in *Care Matters* as a clear demonstration of the commitment to raise all our aspirations for children in care.

3. CORPORATE PARENTING

3.1 The measures proposed in *Care Matters* to strengthen the role of the corporate parent may be useful. However, Barnardo's remains concerned that these appear to focus on children's services and do not address the issue of the responsibility of other sections of the local authority—for example housing departments—in relation to children in care. We would like to see a much more robust requirement for other services within the local authority to be charged with promoting the well being of children in and leaving care; for example a mandatory requirement for a protocol between children's services and housing departments to ensure that young people leaving care get suitable and appropriate accommodation and that their mechanisms in place for "early warnings" of any problems in maintaining tenancies to avoid eviction.

3.2 The proposals for "social care practices" are worthy of exploration and Barnardo's can see the advantages of a dedicated service for children in care. However, we are concerned that this could further distance the responsibility for children in care from other sections of both children's services and the local authority in general and dilute rather than support the concept of the corporate parent.

3.3 We welcome the acknowledgement that children in care need a "champion" and advocate but would strongly argue that the differences between the role of social worker as lead professional; an independent visitor and an independent advocate need to be much more clearly defined. There is of course a role for all of them, but while a social worker (whether in a practice or not) and an independent visitor can indeed be a consistent figure and champion for a child; the role of an independent advocate is quite different and should be identified as such. Professional, independent advocates have a vital role to play in relation to improving the educational outcomes for children in care in particular. A volunteer acting as an independent visitor would not have the time, specialist knowledge or access to other networks and services to act as an effective advocate for children in relation to education issues—for example an appeal against school exclusion. Social workers, even in the proposed practices, would remain employees of the local authority and therefore unable to bring the degree of independence needed in order to properly advocate for a child against local authority decisions.

3.4 We believe that all looked-after children should have access to professional independent advocacy in order to ensure that their views are taken seriously as required in law. A professional independent advocate makes sure that children understand what is happening to them, helps them to navigate the system and supports them to understand their rights and ensure that they are met. There is also a strong argument that independent advocacy provides the representation necessary for the child under human rights law to ensure procedural safeguards in decisions concerning the child's welfare.¹ The purpose of independent advocacy is fundamentally different from that of the IRO. The expression of the child's views in the decision-making process by an IRO who is responsible for facilitating its outcomes is quite distinct from the representation of those views by an advocate who is independent of that process. There is a strong argument to say that under human rights law natural justice requires the child to be independently represented in decision making about their private and family life. As Mr Justice Munby has said:

*"Article 8 imposes procedural safeguards which impose on administrative decision-makers whose decisions impinge on private or family life burdens significantly greater than I suspect many of them really appreciate. And the burden may extend in some circumstances not merely to permit representation but even to ensure that parents—and particularly children—are properly represented when decisions fundamental to the children's welfare are being taken."*²

In other words, using the analogy of court proceedings, those who are making a judgment about the child's welfare cannot also argue the child's case.

3.5 Barnardo's is a member of the Children's Advocacy Consortium and, with them, would like to see a statutory requirement for the IRO to consider whether a child needs an independent advocate to represent a child's views in the review process.

¹ Munby J, (2004) *Family Law*, and see www.voiceyp.org

² Article 8 of the European Convention on Human Rights and Freedoms as incorporated in the Human Rights Act 1998.

4. FAMILY AND PARENTING SUPPORT

4.1 Barnardo's believes that families should be supported to stay together when to do so would be in the best interests of the child. Where this is not the case then care should be used as a positive option and not as substitute for lack of proper support.

4.2 We welcome a new approach proposed in *Care Matters* to family intervention and intensive support where problems emerge. We believe that a "shared care" approach which is widely used for disabled children—the use of short-break and or respite services—can be an effective measure in keeping families together. Packages which might include respite care, residential placements (in schools or other units) and time with families can give individual family members time apart and breathing space whilst maintaining the overall commitment for the family to stay together if at all possible.

4.3 Barnardo's is aware that some families may need support or intervention, but are reluctant to come forward and ask for help out of fear of judgement or in some cases because of negative personal experiences with statutory agencies. We would like to see families who may be encountering difficulties and require support to keep them together, to have a range of options about who provides services, including the private or voluntary sector.

4.4 We welcome initiatives to make better use of family and friends as carers and are aware that research shows family and friends can be a better placement option for some children and young people than foster or residential care. We are concerned that effective measures are put in place to ensure that it is an appropriate and safe placement for that child and not merely a decision taken for budgetary reasons or lack of other resources. We would also stress the importance of ensuring that family and friends carers are not financially disadvantaged if they take on the care of a child who would otherwise be in care.

4.5 Barnardo's particularly supports the use of group conferencing as a tool for children on the edge of care but would also like to advocate its use to support families when children return home from care and for young people leaving care after 16. Barnardo's has 14 services using group conferencing methods and these have achieved positive results in preventing reception into care and enabling families to support each other and improve relationships. We would like to see a widespread requirement for group conferencing; although this will need adequate funding, training and resources, it can lead to substantial long term savings.

4.6 We would like to see better support and parenting education made available at key points throughout children's lives. While *SureStart* has proved popular and effective it is much more difficult for parents to access similar support at a later stage in their child's life when adolescent years can be turbulent and the time when 45% of children enter care.

4.7 Education breakdown whether through exclusion or truancy is a recognised risk factor for children and can put intolerable pressure on families leading to breakdown and reception into care. We would like to see more support for parents and children to maintain school places or to re enter mainstream education following exclusions. Barnardo's has experience of working with both families and schools to minimise the risk of exclusion at an early age. We have developed a training and resources pack for use in primary schools,³ and would like to see all primary schools adopt similar measures to deal with disruptive behaviour and reduce the risk of exclusion.

5. CARE PLACEMENTS

5.1 In 2005–06, of 23,000 children under 16 looked after for more than 2.5 years, 65% had been living in the same placement for at least two years or were placed for adoption.⁴ While this is 1% higher than the previous year, unless the rate increases dramatically the Government is unlikely to achieve their target of 80% by 2008, and currently 12% of children in care still experience three or more placements. *Care Matters* makes a number of proposals about commissioning; increasing choice and training and support for foster carers and residential workers. While these are all positive steps they will not necessarily address the issues of shortfall in foster carers and the poor status of residential work as a positive option for staff.

5.2 *Care Matters* emphasises the importance of providing a choice of placements and consulting children and young people. In our consultations with young people they agree with this but also understand that choice is not possible in some circumstances. However, they tell us that what is most important is the opportunity to visit or meet the people who will be caring for them and to know the expectations of them or the "ground rules" before a decision is taken about placements.

5.3 Barnardo's would like to see more support available to foster carers and children at the beginning of placement and at times when there may be a risk of disruption or breakdown. Both foster carers and young people have told us they want more support when problems emerge. Again the use of short breaks or respite services can be an effective measure both in crisis situations but more importantly as part of a planned package of care.

³ Knamiller, K and Duffy, M *Inclusive Education in Primary Schools—supporting children with social, emotional and behavioural difficulties*, Barnardo's.

⁴ Dfes First release 16 November 2006. *Children Looked After (including adoptions and care leavers 2005–06)*.

5.4 In our experience placement stability in foster care is dependent on recruiting and retaining the right carers in order to provide a range and choice of placements. While we understand the need to ensure rigorous training for carers, we are concerned about the increasing “professionalisation” and the emphasis on gaining formal qualifications. There is a body of evidence to suggest that the qualities that make a “good” foster carer, and contribute to placement stability are those that cannot necessarily be measured by examination and qualification—warmth; tolerance; patience etc.⁵ We would like to see more emphasis placed on assessing these characteristics during the assessment process for carers. Nevertheless we do recognise that additional training and support will be needed for carers who are asked to take on children with particularly complex needs and think the tiered approach proposed provides a basis for ensuring that these carers do get the necessary additional training, support and remuneration.

5.5 We are concerned that in some cases foster carers who are able to work with children with very complex needs are put under pressure to accept multiple placements, thereby compromising their ability to do good work. Our Fostering and Adoption services are extremely effective in terms of placement stability because they only have one challenging young person per placement, pay the nationally agreed fees, and offer first class training and support to carers. We also give carers the training to enable them to advocate for young people at school and in other settings.

5.6 We welcome the measure for long term foster carers to have parental leave entitlements in the early stage of placements, similar to those granted to adopters. However, some foster carers report encountering difficulties on other occasions where the decision making powers are discretionary and at line management level. For example, carers have told us of experiences where they were denied time off work to care for a sick foster child, which would usually be granted to birth parents.

5.7 Remuneration is of course important, particularly for those carers who may give up employment in order to care for those children with the most complex needs. The lack of standardisation of fees can lead to difficulties in recruitment and Barnardo’s services have experienced difficulties in recruiting foster carers in particular local authorities where neighbouring ones pay a higher rate.

5.8 We would like to see proposals in relation to support for both foster carers and residential workers out of “normal” working hours. Local emergency duty social work systems are not resourced to provide direct intervention unless there is significant risk and immediate access to advice and support should be available to foster carers, residential workers and children and young people themselves. Such timely provision could prevent an escalation of crisis situations which can result in placement breakdown. Foster carers tell us that if they had access to such advice and support it could have more impact on whether they continue with both individual placements or generally as a carer, than the financial remuneration.

6. EDUCATION

6.1 Barnardo’s welcomes many of the proposals in *Care Matters* aimed at improving educational outcomes for children in care, particularly placing the designated teacher on a statutory footing and ensuring that the best schools should admit children in care, even when they are fully subscribed. However, if the best schools are to take children in care, there must be structures in place to ensure that these schools understand the care system, and the needs of individual children placed there; and that there is a support package in place to ensure the child is not stigmatised, stereotyped or subject to bullying because of their care status. This package should include resources to ensure that children do not feel “out of place”, eg that they have the right equipment and clothing and finances for after school activities. We would like to see schools address the particular issues for children in care as a specific item in their anti bullying policies, in the same way they would include racist or gender based bullying.

7. TRANSITION TO ADULTHOOD

7.1 Barnardo’s believes that notwithstanding the provisions of the Children (Leaving Care) Act 2000, the current system for supporting young people leaving the care system is still lacking the appropriate and necessary support to enable them to make the transition to independent adult life. The age at which they leave care and lack of ongoing and sustained support does not promote the well being of many of these young people and has implications for their longer term well being.

7.2 Despite some improvement, far too many young people still leave care at too young an age, and almost all will be living independently by the time they are 19. In 2006, 41% of young people left care by the age of 17 and only 1% remained in care beyond their 18th birthday.⁶ Crucially, the current care system does not allow for any interim status, children are either “in care” or “looked after” or they are living independently and supported under the provisions of the Children (Leaving Care) Act 2000. This should be contrasted with the experiences of most young people who do not “leave” home as a single act—the normal transition is graduated and characterised by frequent returns to the family home and continuing support from parents/carers, with young people frequently not living independently until aged 24 or later.

⁵ *Foster placements: why they succeed and why they fail*. Sinclair, I, Gibbs I and Wilson K K K Jessica Kingsley Publishing 2004; *A kind of loving—a model of effective foster care*. Wilson K British Journal of Social Work 1 December 2003.

⁶ Children Looked After (including adoption and care leavers) in England and Wales year ending 31 March 2007. DCSF statistical first release, published 20 September 2007.

Barnardo's acknowledges that it is not feasible for local authorities to exactly replicate the transition process that most families experience, but believes that they could do more to support young people who leave care for independent living—particularly those who leave before the age of 18. We would like to see a different approach taken to supporting young people leaving care—one which demonstrates a commitment to promoting their well being in both the short and longer term.

7.3 While the implementation of the 2000 Act has led to some improvements, it is true to say that it has not succeeded in ensuring that this group of vulnerable young adults continue to receive the support needed. In particular it does not provide long term support networks beyond the age of 18; it has not led to any improvement in the transition between children's and adult services and has not changed the expectation that main stream homelessness supported accommodation provide the right levels and types of support for young people leaving care as distinct from other young people in need of accommodation.

7.4 Barnardo's does not think that the current support systems fully contribute to young care leavers achieving the five outcomes outlined in the *Every Child Matters* agenda:

7.4.1 Physical and mental health and emotional well-being—many young care leavers tell us that they feel they have not been prepared for the reality of leaving care and in particular the issues of isolation and loneliness. Leaving care preparation frequently concentrates on the practicalities such as DIY, cooking and budgeting; but does not provide preparation for the emotional impacts of living alone or how to get help and advice. Barnardo's would like to see preparation for leaving care include a focus on emotional support as well as the practical skills needed. An integral part of the preparation for leaving care must be the development of resilience skills which should include negotiation, planning, relationships, safety and discussion of self-esteem and identity issues etc. *Care Matters* advocates the use of Family Group Conferencing as a tool to support families before children come into care, but Barnardo's would argue that this mechanism has also proved effective in supporting young people leaving care and moving to independent living. Most of these young people will still have contact with some family or friendship networks and the conferencing process can utilise these to provide support.

7.4.2 Protection from harm and neglect—we know that care leavers are vulnerable to many social problems such as substance abuse, exploitation and crime, yet it is too often the case that care leavers are placed in areas of the community where these problems are rife. Whilst we recognise there may be limited housing stocks available, we believe local authorities should have a duty to demonstrate that care leavers are provided with the best accommodation available (given individual circumstances) in the best localities available. All local authorities should be required to develop protocols with relevant housing authorities about the accommodation for care leavers and these should include arrangements for priority accommodation allocations; formal arrangements for reporting tenancy difficulties at an early stage and programmes of awareness raising for housing professionals about the particular needs of young people who have been in care. Barnardo's research⁷ in the area of sexual exploitation shows that young women care leavers are particularly vulnerable to this sort of exploitation and indeed care leavers may be targeted by predatory adults. We would urge that leaving care practitioners have awareness raising and training (there are a number of good products available for this) in order to help them identify young people at risk and put in place appropriate protection measures.

7.4.3 Education, training and recreation—the measures outlined in *Care Matters* to improve access to further and higher education are commendable but we would also like to see proposals for increasing supported employment and believe there is an untapped opportunity to link to the commercial and business sector to achieve this. There are already some examples in innovative practice using New Deal arrangements; for example Barnardo's Youth Build Project in Paisley has developed an excellent partnership with local construction companies, resulting in both training and employment for young people. There are other good practice examples in the adult sector which could be used as models; for example the Lattice Foundation and Marks and Spencer projects with young offenders, offering training and enhancing their future employment prospects.

7.4.4 A contribution to society—we have already commented on the isolation that young care leaver's experience which can preclude this contribution. The preparation for moving to independent living should include introductions and supports to enable young people to link to social and other networks their new home area, including appropriate volunteer opportunities.

⁷ *Meeting the needs of sexually exploited young people in London* (2005) and *Reducing the Risk* (2006) Barnardo's. London.

7.4.5 Social and economic well being—Barnardo’s welcome the proposal to provide extra money for child trust fund accounts, but recognise this will only impact on a small percentage of the care population, those born on or after 1 September 2002. Barnardo’s would like older children in care to have similar opportunities to develop assets for use when they reach 18. In addition Barnardo’s believes there should be a minimum level of leaving care grant for each young person, consistent across all local authorities.

7.5 Barnardo’s is also concerned that many young people leaving care for independent living are still not moving into suitable supported accommodation. Research published by A National Voice in 2006, *No Place Like Home*, surveyed 581 people (half care leavers, and half either leaving care or housing professionals). Key findings from the young people were:

- 50% felt they had no real choice in the accommodation offered to them on leaving care;
- 29% did not feel safe in their accommodation; and
- 32% felt it did not meet their needs.

Key findings from the housing professionals:

- 58% had not had any training in the support needs of young care leavers;
- 45% felt their own department did not offer enough support to young care leavers; and
- 88% felt that young care leavers were not sufficiently prepared to manage their rent and other finances.

Key findings from leaving care professionals:

- 77% felt that young people left care at too young an age and with insufficient preparation; and
- 92% had experienced young care leavers being evicted or threatened with eviction and over half felt that lack of support had contributed to this.

7.6 Barnardo’s acknowledges that it is not feasible for local authorities to exactly replicate the transition process that most families experience, but believes that they could do more to ensure that children who leave care for independent living—particularly those who leave before the age of 19—do not drop into a spiral of moves of accommodation because of a single mistake or failure. We would like to see a requirement for the Independent Reviewing Officer to undertake a review if an independent living placement breaks down before the young person reaches the age of 19, this would examine why the placement failed; ensure that any new accommodation is appropriate and that the young person receives the support they need to minimise the risk of further breakdown. Where the independent living arrangement for a young person aged under 19 breaks down, we would also like to see a requirement for the local authority to consider whether re-accommodation would be the most appropriate action until suitable independent accommodation can be identified.

February 2008

Witnesses: **Dr Roger Morgan OBE**, Children’s Rights Director for England, **Maxine Wrigley**, Chief Executive, A National Voice, **Martin Narey**, Chair of the Future of the Care Population Care Matters Working Group and Chief Executive of Barnardo’s and **Pam Hibbert**, Assistant Director—Policy, Barnardo’s, gave evidence.

Q1 Chairman: I welcome our guests, Martin Narey, Pam Hibbert, Dr. Roger Morgan and Maxine Wrigley. I am tempted to shift to first names to make proceedings less formal. Is that all right? Roger, I shall keep calling you Dr. Morgan, if you want me to.

Dr Morgan: Roger will do fine.

Q2 Chairman: I will not call Martin “Your Excellency”. We have known each other a long time. This is the first formal session of our inquiry into *Looked-after children*. The Committee believes strongly that this is a real marker for us. We are not members of an old Committee with a different name, but a new Committee that has very interesting and challenging responsibilities for children, schools and families and we want to start, in particular, with discussions about some of the most vulnerable children in our society. Some very interesting work has been going on and, today, we shall explore where we are in that regard. Various reports have been

published of proceedings, one of which was chaired by Martin while Julian le Grand chaired another. We are aware of the literature and we have been doing our homework, but today is our opportunity to ask you, as experts, what stage has been reached and at what position are the Government as well those young children who are in care. Martin, I usually give witnesses a couple of minutes to explain all the circumstances, so will you describe in a nutshell the position of looked-after children?

Martin Narey: Barnardo’s has been very encouraged by what has happened with looked-after children over the past couple of years. It is not false modesty when I stress that the three people on my left know far more about the subject than me. I came to it relatively new towards the end of 2005 when I came to Barnardo’s. My previous experience of looked-after children was locking up a lot of them in places such as Feltham. We published a very critical report in the summer of 2006, based on the experience of children in care whom we supported. We have been

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very pleased with the Government response to that report: the honest way that Alan Johnson acknowledged that current arrangements were simply inadequate, the determination to improve matters for looked-after children, and some of the things in the Green Paper or the White Paper and in the Bill or the implementation plan. For example, there are the matters that everyone knows about, such as children being moved during their GCSEs, the disproportionate number of children in care who are excluded from school, and the need to get children in care into the best schools. I have been very impressed about how that has been gripped, so I am encouraged.

Q3 Chairman: Fine. Pam, what about you?

Pam Hibbert: I share Martin's optimism—we have been pleased. I have been heavily involved in quite a number of stakeholder groups and in lobbying on the Bill. There are three areas, for me, where perhaps there is still quite a lot of work to be done. One is around advocacy for children in care—I still think that we do not have that right, and it is one of the things that we are lobbying hard about. The Children (Leaving Care) Act 2000 was a brilliant piece of legislation and has improved support for children leaving care, but we still do not do enough. We still have too many children leaving care before they are 18, so we are still concerned and think that more could be done. I was particularly disappointed about the missed opportunity in the current Bill for children from care who go into custody. We know that around 50% of children in custody will have had some sort of care experience. The Green Paper had some proposals for how they might continue to be supported, but those have been watered down considerably in the Bill. We think that that is a missed opportunity.

Q4 Chairman: Thank you. Roger?

Dr Morgan: As my role, statutorily, is to consult children—particularly children in care—I will try and base my evidence on their views. Four main points keep coming through to me from the children's consultations that we carry out. One is the need for individualisation of care, rather than assumptions about groups or quotas or whatever. The second is the need to consult children. While accepting that children cannot always have the care or decisions that they want, their views should always be sought and taken into account. We all say that that is happening, but I still hear many children telling me that that is not their experience yet—or consistently. The third is the need to be given information about what is happening to you, and the fourth is consistency of delivery. One of the worrying things that children have said about many of the current initiatives is that they agree with many of them—they would like to see some more, of course—but they are sceptical about whether their experience will consistently reflect the intentions. Finally, I should make a quick caveat. I started by saying that I would base my evidence on the views of children, rather like a researcher. I am based in the Office for Standards in Education, but I do not

necessarily speak for Ofsted. I am basing my evidence on children's views, rather than necessarily Ofsted's position or policies.

Q5 Chairman: Physically, where are you based? What part of the country?

Dr Morgan: I am physically based in Ofsted, but I have my own statutory functions to consult and report children's views.

Q6 Chairman: With Ofsted in London—its London office?

Dr Morgan: Yes.

Q7 Chairman: Maxine?

Maxine Wrigley: Very similar to Roger, we consult with young people, our main difference being that we are service users ourselves—the people who work at A National Voice. That is what makes us a little bit different. Similar to Roger, we have concerns that young people have been a little sceptical about whether things are going to change. Sometimes young people talk about consultation fatigue, in that they have been asked their views many, many times. I know that it has been going on since I was in care, many years ago. There is a little bit of scepticism, and I think that we need to take this chance to prove that some of the changes can happen. Similar to Pam, we believe that some elements from the Green Paper have been watered down. One is around custody, but another is around mental health support. We know that some of the young people from care have mental health issues—they are over-represented in that group—and we would like to see more support. The biggest gap in the Bill, for us, is the independent advocacy role. I have read what Kevin Brennan said about it when he talked to you last week and was questioned by Annette Brooke, and I am not sure that people understand the important role that the independent advocate can play, which is quite distinct from the independent reviewing officer.

Q8 Chairman: We will be drilling down on a lot of those questions. In a seminar that we had, there seemed to be a feeling that people had gone too far in criticising the quality of care in this country because sometimes the evaluation and comparators are unfair. They might say that there are a certain number of children in care, but only so many GCSEs and so on. Some of the participants in the seminar felt that care had perhaps been evaluated a bit harshly and that it was certainly not as bad as some people seem to paint it. Is care getting a rough deal in that regard, or has it been poor in this country? How does it compare with countries such as France, Germany and the United States? Is it better or worse?

Maxine Wrigley: There was a programme on Channel 4 quite recently that looked at a residential unit in Germany, a big tower block, where the children were doing better in terms of education than the average for the rest of the population, so young people in care can do well in education if they

are given the right support. Our care system is worse than a lot of others, and that is to do with how we view children's rights in this country.

Dr Morgan: There is a discrepancy in children's experience of how well they are doing in care. When asked to give an overall assessment, nine out of 10 gave a positive score for how they were looked after, but inconsistencies quickly arise. Roughly two thirds told us that they agreed with their care plans, but a quarter said that they had not had an input into their care plans, and just under half said that they did not feel that their care plans were being fully kept to.

Pam Hibbert: There is an issue particularly around residential care, and the quality does vary. For me, there is an issue about how the staff who work in residential care are trained and what our expectations of them are. Again, there are great contrasts between us and some European countries in the approach to training and the status of staff who work in residential care. There was an interesting piece of research done across three countries, for which staff were asked what they thought the most important thing in their job was. In France and Germany, 80% of the staff said it was to meet the needs of the children they care for. In England, they said it was to follow procedures. That says something very interesting about how we train, support and prepare staff for looking after children.⁸

Q9 Chairman: Certainly, I suspect that work force issues will be a big part of our inquiry.

Martin Narey: I have some sympathy with the feeling of those who work in the care system that they have been over-criticised. In the past, I have had personal experience of that when running prisons. Sometimes when you are doing the best job that you can, you lose sight of the fact that it is still not good enough, and I think that that is the position with the care system. Of course, no one at this table would expect the GCSE results of children in care to be the same as those of the UK population at large, but the truth is that we take an already disadvantaged population and do things to them in the sphere of education that makes success almost impossible, such as moving them frequently from home to home and between schools, but schools are crucial. The gap in educational attainment is absolutely huge. I had a very telling experience in 2006 when we published our report on children in care, which was written by Pam. I spent the best part of a day going around the radio and TV studios with a young woman who was just leaving care and had no GCSEs. I can tell you that if she had had the sort of upbringing that our children got, it is absolutely inconceivable that she would not have been studying at university at that time. In fact, the product of her experience in our corporate parenting was that she did not really believe that she would ever have a place in that world. She was a really bright woman, and that is just a single example of the system letting someone down. I accept entirely that the system is

full of people doing their best under difficult circumstances, but some things are patently not good enough.

Chairman: Right. I am what they call the warm-up act. John, perhaps you would start drilling down and asking more questions.

Q10 Mr Heppell: We have drifted into the area that I want to get to. You spoke about periodic consultation with children and young people. What have they said? Do they regard being in care as something negative? How do they perceive what is happening and what the care system is supposed to do for them, and has it worked?

Dr Morgan: I return to the same point about consistency, but I will try to go beyond simply repeating that point. It depends very much on the front-line person who works with a child or young person, on who their social worker is, whether that social worker remains consistent and whether they get on with them. When children leave care, we consulted them about the objective of care, which is that of preparing them adequately to cope independently. There is massive inconsistency in children and there is no middle ground. Children either tell us that they have had a good experience because they had a good leaving-care worker, or that the experience was very poor, because they did not have a good leaving-care worker or they had none at all and they were not given the information that they needed. When we ask children about their key expectations and the one thing that staff need to get right for them in care, the answer is the right placement. About half the children whom we consulted said, "Yes, the placement I'm in is the right one." The other half had reservations and were concerned that the matching of child to placement had not worked, that there was only one choice and not enough alternatives, and that there was no back-up system if it began not to work out.

Pam Hibbert: Again, I do not see as many children and young people as Roger, but we try to consult them when we can. For some of them, coming into care is not a negative experience. I have certainly heard young people say that they felt safe for the first time in a long while when they came into care. The actual coming into care is not necessarily a negative experience, but some of the things that then happen are. Young people consistently tell us that of course the big things matter, such as being involved in their reviews and care planning. However, it is some of the very small things that can really make a difference and for me, the issue is about how to make front-line workers and local authorities responsible for those things. I will give a couple of examples. One young man said, "The one thing that I was really good at was sport, but no one ever came to my school sports day to cheer me on." Another example is a 19-year-old young woman who had been in care virtually since birth who said, "When I talk about my history they show me my file. I don't want to see my file, I want to see photographs of when I was four." She did not have that, and it is those small things that would make a difference that we are not very good at doing.

⁸ See Ev 25

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Q11 Chairman: I want to call Martin, but I remind the Committee that Martin is here for a restricted period. If there are questions that you particularly want to favour Martin with, concentrate on him for the first hour, and then we will focus our attention on the other witnesses. I remind the Committee that they can bop from question to question if they want to pull Martin in.

Martin Narey: With regard to the children in care whom I have met: we published a report in 2006 that we did not present as a statistical survey, but we spoke to 52 children in our work. I was struck that, objectively, in their responses, the descriptions of care were frequently positive. However, what they often talked about was the assumptions made by others about their experience. They said that at school, they recognised that some teachers supposed that they were not interested in school work, that they were, by necessity, not academically able, that they were trouble makers and even that they were unlikely to tell the truth. Young people's feelings about the conclusions that others make about being in care are sometimes more important than their objective experiences, which are sometimes quite positive.

Maxine Wrigley: I would like to reinforce that point. We have done various polls and the public attitude towards young people in care is getting better. In the past, people assumed that they were youth offenders or that their behaviour had led to their going into care, which we know is absolutely not true in the majority of cases. Sometimes it is young people's perception of the public's perception—if you see what I mean—that in itself becomes a self-fulfilling prophecy. Last night, I was reading in some research that Roger did a while back that a quarter of young people felt that they were viewed negatively.

Q12 Chairman: How do young people in care like to be called—"looked-after children"? What is the politically correct term?

Maxine Wrigley: It is about to change again.

Q13 Chairman: What do young people like to be called?

Maxine Wrigley: It was always children in care, young people in care, and care leavers; about 10 years ago it changed to looked-after children and care leavers and I think it is kind of on the precipice of changing back.

Dr Morgan: I am not sure that children are actually that fussed about the politically correct term. "In care" tends to be what children are using with me, and they understand and respond to "looked-after children", but the critical issue for children is who knows that they are in care or that they have come from care and what do they do with it? Children are equivocal on that. Some have had the experience that when a teacher or their peers know that they are from care, they actually get some extra support. Others have said that it alienated them and that they were put into a special category to which all sorts of stereotypes applied. Quite a high proportion of children try to keep the fact secret from their peers at school that they are in care. Quite a proportion of

children have told us that being fostered, being from a children's home or even having been adopted is one of those things that singles them out as being sufficiently different to be the focus of bullying. The important issue is what people do with that information and the need to keep the fact that you are from care on a need-to-know basis and to have correct assumptions for those who need to know, rather than stereotypical ones.

Q14 Mr Heppell: Have you had any feedback about *Care Matters*? Have children commented on it, what do they say are the good things in it and are there any omissions that should be pointed out?

Dr Morgan: Yes, we have specifically consulted children on *Care Matters*. Overall, a number of issues in *Care Matters* came from children or were endorsed by children. To exemplify, it underlines an issue that Maxine and I have been negotiating about and advocating on for many years—clarifying that children in care can go on overnight stays, like other children can. There is also the focus, which has already been mentioned, on the ability to leave care more gradually, at a time of choice up to the age of 18, rather than necessarily, as was many children's experience, much earlier than that. There are one or two omissions. There are one or two issues that children would like to see stronger emphasis on, which I will quickly summarise: the principle of trying to provide as normal a family-type experience as possible for children in care—exemplified by the overnight stay—and the issue of what you do, as I was indicating earlier, if you disagree with your care authority about what it is doing or you do not feel that it is fulfilling your care plan. What happens with the independent reviewing officer is critical, as is where else you might go if they do not pursue the issue. Information for children is important. One final point is that children say that there are some assumptions in *Care Matters*, one of which is that changing school is a bad thing. Well, we have asked children who had changed school recently about that experience. Half of them—in a sense, it is not surprising that it was half—thought that the change of school was actually a good thing for them, either socially or educationally. It boils down to trying to avoid making some of those global assumptions and going back to individualisation of decision-making in care.

Q15 Chairman: Martin, do you want to come in on that?

Martin Narey: I do not disagree with Roger's point about a change of schools being sometimes positive. The problem with the children whom we surveyed in 2006 was the proportion of them who had had numerous school moves. On average, the 52 children we worked with had attended five schools. More than half of them had attended more than six schools, and about 15% of the group had attended 10 different schools. It is the regularity of change that is worrying.

Pam Hibbert: We also consulted children and young people in our response to the Green Paper, *Care Matters*, and some of the issues that Roger

mentioned came up from the children that we consulted.⁹ There was real approval for the suggestion that they should go to the best schools and that they should have the best opportunity, but there was some concern that if that were not supported correctly we would be setting them up to fail. If the school was taking them reluctantly, if there was no package of support and they did not have the right equipment, uniform, etc., the plan would fail. The other big one that came up, from I think something in the region of 70% of them—I will have to look through my paperwork, sorry—was access to somebody, other than their immediate carers, to talk to, at any time, not just Monday to Friday 9-to-5. There was a real feeling that sometimes when young people were in crisis and that crisis involved their foster carers or their residential unit, there was no one else to go to, sometimes even in working hours but certainly not out of working hours—access to their social worker, or someone to speak to, to help them to work through some of the things that were immediate for them.

Chairman: I will come back to you, but Fiona wants to come in quickly.

Q16 Fiona Mactaggart: I want to ask a particular question about that. Are there any models that involve mentors who provide the kind of stability that we have read about in the background papers provided by Maxine's organisation, Roger's organisation and so on? Are there any models of such provision, where someone who is not just a social worker is available 24/7 and does not change every other year?

Maxine Wrigley: I know that in Stockport there is an online service—it is not just for young people in care—which boys particularly have made use of. Often, boys do not want to ask for help, or they would like to have it anonymously. It is an online service, which obviously means that young people need to have access to computers. It is a sort of online support counselling service. It has won awards, it has been working really well, and young people also like the idea that it is not just for young people in care and so is not in itself stereotyping. The other witnesses may know better, but I am not sure that there are many examples around England where there is 24/7 access to support, which was No. 2 in young people's favourites of all the pledges that were talked about. It was very important, and we were disappointed that it did not make it through to the White Paper from the Green Paper.

Dr Morgan: In my experience, children are not necessarily asking for different models; they are asking for consistency of and access to the same model. There is an important difference there. They say, "If we could have 24/7 access to our social worker, if they were prepared to give us their mobile phone number and actually answer, if when we left messages they did get through, and if social workers would phone us back quickly and be able to see their promises through". I do not have a proposed solution to the turnover of social workers, but

children are very conscious of the deleterious effect of that on their care, consistency of care, and access to that sort of support. Just one further point on that, when children are asked to whom they would turn when needing advice and support, very large numbers will turn to friends and peers. Many—for example, those placed for adoption or fostered—expressed very different views about whether it is a good idea to set up groups or support arrangements for those in similar situations. The consistent message from children is not that they all want that, but that they would all like the opportunity of it being available, if they wished to have it.

Maxine Wrigley: I would just like to say that in one of our services—not for children in care but for children leaving care—we operate a 24-hour assistance model. It is very good and productive and not hugely expensive, which, of course, matters.

Q17 Mr Hoppell: You touched on this before, when you said that children should not feel that they get stereotyped one way or the other. Do children feel that, when the state is their parent, the state has the right sort of expectations and ambitions for them, in the same way as a normal parent? Or do they think that nobody cares?

Maxine Wrigley: I think that it varies across England. However, I know for a fact that some young people feel that there is an expectation that they will not do well and that they will end up as one of the traditional statistics in the care system. A quarter of young people said that they had never heard the phrase "corporate parent", and the ones who had heard it were not keen on it. The state as parent is a very difficult concept for people to get their heads round. Who is the state? Who is the parent? It is only recently in the Green and White Papers and the new Bill that it has been made clear. Children whom we have spoken to now realise that the elected member and the director of children's services are ultimately accountable for their care. We are beginning to get some transparency, which we welcome.

Dr Morgan: Generally speaking, children in care do not feel that there is an entity that they can relate to called a corporate parent. It is a theoretical construct and a statutory body. I remember a child saying, "Who is my corporate parent? Is it my social worker? Is it the director of children's services? If I want to have a row with my parent about letting me do something, who do I have it with?" A further important element is that on asking such children where they believe the sorts of decisions that parents make about their children's futures are made for them, very few know. Some give a worrying account of how their social worker wishes for a particular line of action and agrees it with them, but elsewhere in the system, as they see it, somebody else has the final say, whether it be a committee dealing with the financial situation or an assistant director in a social care department who manages the budget but who has never met them. The issue of who children should go to if they want to have an argument is very important. It goes back to the issue of how someone can challenge the local authority, if they feel that it

⁹ See Ev 26

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is not making the right decisions for them. That is a particular issue, if the social worker has supported the starting point.

Martin Narey: Low expectations is a crucial area. I will read a recent quotation from a pupil with whom we work: "I didn't think my GCSE results were very good, but my teacher said she thought they were okay, considering my background." That is the issue in a nutshell; children perceive that not much is expected of them. Very frequently, they will fulfil those non-expectations.

Chairman: You are looking quizzical, Douglas.

Q18 Mr Carswell: I have one very quick question for Dr. Morgan or the other witnesses. We talked about how the state is perhaps not the best parent and that looked-after children perhaps have low expectations from the outset, because the state is not doing a very good job. This question may tell you about my ignorance, but surely there are more people wanting to foster, care for, adopt or look after children than there are children available to be looked after. Is that the case? In Essex, I know a number of would-be foster carers who have been denied the ability to look after people. Are we not giving the state responsibility to do something and do it badly, while not letting civic society and real parents provide a warm and loving environment, which they could do much better than the state?

Dr Morgan: I will come back to the children's experience on that point. They are not telling me that their experience has been that they have had a choice of more than one foster carer who is suitable for their particular placement. That matching issue is critical at the time of decision making. They also very often report that it can take quite a long time to become fostered, not because of legitimate processes such as a gradual introduction to a new place to live, the sharing of information and preliminary visits, but because it takes a long time to find their foster carers. There is certainly a great deal of variation in the availability of foster carers across the country. Talking to children in some inner city-areas, for example, the situation is far tighter and the supply—if I may use that term—is far lower than in other areas of the country.

Pam Hibbert: There are issues around fostering. The British Association for Adoption and Fostering estimates that we have a shortfall of about 8,000 in foster carers. There are issues about which foster carers would like to foster which children and matching them, which sometimes causes some of the problems. Even if we had enough foster carers, the decisions that Roger was talking about around finance, budgets, placements and planning will still be made by the local authority, not the foster carer. Now there are some issues about whether foster carers should be given more autonomy over some of those decisions and there are arguments for that happening in some cases, but I would suggest that recruiting more foster carers alone will not solve some of the issues about corporate parenting.

Chairman: We are going to come back to foster carers. Hold your horses for a moment, Douglas.

Q19 Mr Heppell: In *Care Matters* there is a lot of emphasis on positive activities. Presumably, children find a deficiency in what is available in terms of positive activities. Do they think that the things in *Care Matters* will make a significant difference?

Dr Morgan: Having been asked that direct question on the basis of *Care Matters*, the children have said, "That looks good, but what will the delivery be like?" There are two points. First, the need for a range of suitable activities and for more activities for young people comes up again and again in consultations with young people about what they would like and what they regard as helping them to maintain and develop social contacts and friendship groups, keep them out of trouble and all those other sorts of effects. Secondly, just as schooling is disrupted by changes of care placement, so are hobbies and activities in terms of both the groups you are with and what is available. There is a difference between there being activities available in the local area and having the encouragement, financial support, time input and consistency to develop your own personal hobbies, and those surviving over a number of placement changes. It is easier if your hobby happens to be something that most communities provide for. It is less easy if it is something that you are passionate about but is actually quite idiosyncratic and you have some support for in one place, but not necessarily in another.

Chairman: We are going to move on and David is going to look at another aspect.

Q20 Mr Chaytor: Perhaps I can put my question to Martin first. In this morning's press, you are quoted responding to the Secretary of State's announcement yesterday about early intervention for a limited number of children who are considered to be at risk of being sucked into crime. Your response was a little sceptical in my view. Could you say a bit more about what you think of that initiative and how it relates to looked-after children?

Martin Narey: I have not seen the press this morning, but I am surprised if my response is reported as being sceptical. I was really pleased with the publication of the youth taskforce action plan yesterday. In the Home Office, with a singular lack of success, I opposed the short-term, knee-jerk, ASBO solution to children in trouble. Since I have been at Barnardo's we have campaigned very hard for a more measured approach, which accepts that ASBOs are sometimes necessary, but argues that you need to offer some family support and some support to the child if you are to make a difference. It is ridiculous that even now only 10% of child ASBOs are accompanied by an individual support order. I thought the tone of yesterday's publication was very refreshing. I thought the investment in intensive family support to help correct behaviour was very encouraging and the only quote that I gave to the press yesterday was a genuinely positive one.

Mr Chaytor: It did not necessarily come over that way in the paper I read this morning, but that is very useful.

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Chairman: Which paper did you read?

Mr Chaytor: I cannot—

Martin Narey: I must say that the press were searching throughout the weekend for someone who would say something negative about it, but we were pretty positive.

Chairman: That is the price of a free, democratic and balanced press.

Q21 Mr Chaytor: I want to ask about local authorities and how they measure their success, or otherwise. I am not sure who is best able to answer. New indicators for the performance measurement system of local authorities will come into force on 1 April this year. I am interested in your observations either about the new set of indicators or the limitations of the previous performance management system. Perhaps Pam would answer.

Pam Hibbert: I wanted to say one thing, although not necessarily about the new performance indicators. One of the problems is that we do not look for satisfaction with the care service for children and young people. Roger's work is brilliant at getting their views, but if we were providing a service to any other group of people, we would look very much at their satisfaction levels. For example, Ian Sinclair from York university is a well-respected researcher into the care system in this country, and he suggests that we should have exit interviews, as we would in the case of a member of staff leaving a job. When children leave care to return home or leave as young adults, an independent person should give them a real opportunity to be frank about their satisfaction with the service that they received. Those are some of the things that are missing. Key performance indicators are for local authorities and do not necessarily involve those who are receiving the service.

Maxine Wrigley: As was touched on earlier, outcomes are difficult to measure in matters such as who goes to sports day, or who gives the child the extra push when they are feeling a bit miserable and do not want to go to school, and says, "Oh, come on, get to school,"—as parents do. Those are soft outcomes, not outcomes that can be measured by computers. It is a people-type thing. Outcomes are a difficult area. Young people want outcomes to be measured almost in terms of business-customer or user satisfaction. The exit interview idea is good, too, but, as part of the annual stock-take proposed in the Bill, young people are asked whether they are satisfied with the parenting that they are getting. That question needs to be asked by an independent person by whom young people would not feel compromised when giving answers. There is a huge paranoia about risk, especially in respect of young children in care. We have had bad examples of things in the past and social workers often become very tied. People feel uncomfortable giving hugs. We could talk for hours about that particular subject. There is a bit of irony in the care system. I read in the *Manchester Evening News* yesterday about parents who had been fined for their children's absence from school. How ironic is that, given that the state is the parent to children in care and we know that their

attendance at school is often bad. Is it not ironic that the state cannot take itself to court and fine itself? Outcomes are assessed in ways that young people feel are a little too scientific and not soft. I know that they are difficult to measure, but it comes down to people feeling secure and stable. As Alan Johnson said, it is not just being cared for, but feeling cared about and social workers treating young people as if they were their own children. Young people think that social workers would not do the job if they were not getting paid. There is always an element of whether they really care. I shall talk later about outcomes and measuring, because young people have set their own standards. For example, A National Voice complements the work of Ofsted. Outcome is a good issue to consider.

Dr Morgan: First, to reinforce Maxine's point about the proposed ministerial stock-take, it is vital. It is important that it is based strongly on children's own views, their experience and their outcomes. I do not think that it is all that difficult to assess or gather children's views representatively about their outcomes. Secondly, I shall give a recent piece of personal experience. Currently, my team and I are auditing the recent Ofsted inspections and looking at whether what the children think should have come out of those inspections relates to what the inspectors came out with, and we will publish those results. That involved sitting down with groups of children, going through sets of standards with them and asking them basically as a group, "Does your service generally do sort of all right in the middle on that, does it do something that really should be praised, and if so, what, or does it have something that really needs to be sorted out, and why is that?" Children are able to do that, and to do so seriously. Thirdly, children are very worried about indicators and targets, not from the principle of looking at a local authority whose performance on a particular aspect is out of line with others, but because of the risk of targets and indicators becoming the same thing, which they are not, and being applied at an individual level. Children contact my office—some have already done so this week—and say that they are being told that they are going to be moved from their placement, not because of their needs or views, which is the proper basis, but because the authority has too many children placed there. That is an illicit use of targets and indicators, but it does happen and children are aware of it and are very concerned about it.

Q22 Mr Chaytor: Pursuing the issue of the limitations of the performance indicators and the fact that they are crude proxies for quality, what lasting qualitative measures could be introduced to give a better reflection of children's view points? Pam mentioned the exit interview, and I like that idea. However, it is retrospective and cannot really influence what happens to children during their time in care, so could things be done at an earlier stage to give a more accurate reflection of the quality of a child's experience?

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Dr Morgan: Yes, and my team asks about various topics. There are questions about whether children get the appropriate information, what they believe the quality of the service they receive is, whether they believe that there should be changes and what issues concern them about it. Children of even quite a young age are quite capable of differentiating between factual statement and perception. It is clearly in a child's experience to talk about processes in a concrete way, such as those relating to reviews, care planning, placement change, social work access, support processes, and many of the things that we have already mentioned. Children can be asked about those as well as about their current experience of where they live. The trick is not to worry about children being particularly inconsistent, as it is my experience that children from some of those settings are actually remarkably consistent in their views and evaluations, in debating them and in reaching a consensus. The trick is to avoid a situation where only the most articulate children or the ones who, for example, are on the children in care council are consulted. As one child put it, "I think that children in care councils are a fantastic way to feed back how the authority is doing, but I doubt if I would be on it, so where do my views go?"

Maxine Wrigley: Although not in any way an attempt to try to get young people to replace the role of Ofsted, five or more years ago young people at A National Voice set up their own set of standards and criteria in a charter mark called LILAC—leading improvements for looked-after children. That is there to complement what inspectors do, but the whole idea came 15 years ago when I was a lay assessor working with the social services inspectorate. I noticed one day that I had forgotten to mention to a group of young people whom I had come to talk to that I was a young person from care myself, and the difference in the feedback and in their attitude towards me was really huge. Young people having peers from care, and allowing young people to be involved in setting their own standards and criteria around quality is a really important point. We have seen lots of evidence, across general use services but also across looked-after young people services, that, when young people do that, they get some transferable skills and feel more confident in the whole system. That is a great way to improve quality, along with what Roger has already been saying. It is important that young people own that process.

Chairman: Pam, you have a wonderful way of signalling with your pencil.

Pam Hibbert: Sorry. It is a very brief point, just reinforcing that. Barnardo's and other organisations did a piece of work with SSI in 2002, where we involved care-experienced people in inspections of children's services. There was a real quantitative difference between the information that children gave to those people and what they gave to the professional inspectors. That is another way of getting such views clearly.¹⁰

Chairman: That is a pretty revolutionary innovation, is it not? Exit interviews might spill over—every child who leaves a school setting might have exit interviews. That would be revolutionary. Sounds like a good idea.

Q23 Mr Chaytor: To pursue the question of the relationship between the individual child and the local authority, comment was made earlier about x per cent of children not understanding the concept of corporate parent, or some of them not liking the term. Does that matter? In terms of the quality of care for the individual child, do they need to know about the local authority? Surely the immediate carer and the child's social worker are the key points of contact. In terms of a child with one or two natural parents at home, does it matter whether they know the constraints on their natural parents' capacity to provide certain activities or benefits? It does not really matter that they are not aware of the limitations of the local council or of the NHS if their natural parents are looking after them. Is this a major problem, the unhappiness with the concept of a corporate parent?

Pam Hibbert: If it is your own parent and you say, "I want a new pair of trainers", your mum says, "Well, I have the gas bill to pay this week, so you will have to wait until next week," whereas your residential worker or foster carer is going to reply, "I will have to ask your social worker, who will go back to the budget and their manager will say yes or no." I guess it is that sort of difference. As a child, you can have those negotiations or arguments, storming off or whatever, but in care you are distanced from those sorts of things.

Dr Morgan: Of course children know that they do not have the same natural parent arrangements, but equally there is not always a clearly identifiable person who has the final say. That is the issue. Who has the final say? Who do I have to win over to the idea? It is not always my social worker, because they have all this stuff that I do not understand behind them, which means that they cannot do it. It is the speed of response—to the new trainers. Consulting with some children placed in boarding schools, they were saying that the school quite happily charges all sorts of things to parents, but people cannot do that with our children—they have to go through a system, by which time they have missed whatever it is they were going to be paying for.

Q24 Mr Chaytor: Finally, pursuing the issue of accountability and the local authority—the nature of corporate parenthood—what are your views on the concept of independent social work practices? Is that likely to enhance the capacity of local authorities adequately to take on board children's views and improve the quality of their experience? How does that affect the nature of the corporate parent concept? Who is the corporate parent, the ISP or the council? I am curious as to how you feel that that might play out.

¹⁰ See Ev 26

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Maxine Wrigley: I am not known for sitting on the fence, but I am going to have to on this one a bit. I think that the jury is out until some of the pilots have happened. As you know, we gathered over 23,000 words from young people during the Green Paper consultation and this was a question we asked. Young people are nervous that there could be another layer between them and the corporate parent. They are also slightly nervous about the idea of independent, add-in people making profit from the care system. On the other side, they are quite keen on a new model, like the GP model, that would allow for 24/7 access to support and for needs to be met better and more locally, without having to move loads of placement around the country. The result of our consultation with young people was sort of mixed, but they were keen to see how the pilots go. I am afraid that that is the best that I can do on that issue.

Q25 Chairman: There is nothing wrong with sitting on the fence or with objective independence.

Pam Hibbert: I agree with Maxine. This is a bit of a wait-and-see matter. I have a couple of issues. There is concern about what the relationship of the independent social work practices will be with things such as health services, education and schools. What real power will they have? I bear in mind the setting up of youth offending teams, where the idea was that they would bring in the resources of their parent agencies. That has not necessarily worked in all areas. There are some reservations about how much this move could distance local authorities from their corporate parenting role. In the end, the issue depends on how much power the independent social work practices will be given to make key decisions and have the final say.

Q26 Chairman: As I listen to your comments, I have a mental picture all the time of a teenage child. I wonder why that is. Is it just a prejudice of mine? I guess it is to do with talking about trainers and so on. Reading through all the stuff that the Committee has received since getting into this issue, time and time again it seems that the problems are greater for the 11 to 15 age group than for younger children. Are we picking up the right resonance?

Martin Narey: In the working group that I chaired, we inherited a view from the *Care Matters* Green Paper that the future population of children in care will be smaller and younger. Our working group concluded that it will be a little larger and significantly older. As we look towards 2020, the average age of that population will continue to increase.

Q27 Fiona Mactaggart: Does not that mean that the whole issue of the transition from care to adult life must be dealt with more seriously? One piece of evidence that I was most struck by in the Barnardo's memorandum was the number of young women leaving care who were at risk of sexual exploitation. This is one of those issues that systems do not like to address. Therefore, they manage not quite to notice. This issue is a bit like preventing running away. Our

system is very good at recording when young people in care run away. The police know about it much earlier than they know about young people who are not looked-after running away. I am quite concerned that we are rather stupid. One of the things that I am hearing from you is that the system can be stupid because it counts things that are easy to count in a stupid system and does not count things that you need to count in a clever system. It seems to me that this is a really critical matter that we have to nail. Do you know how we can nail it?

Martin Narey: First, I agree with you about this particular vulnerability. You have been with me to one of our projects in Middlesbrough, and I would say that the majority of the girls and young women whom we are supporting there have previously been in care and are now being sexually exploited. We are doing some more work on that at the moment. My initial view when I was asked to chair the working group was that some fairly easy gains could be made and that it just needed a bit of strong direction. The more I got into it, the more complex I found the issues to be and the more difficult I found it to come to any generalised conclusions about the way forward. It is safe to say that this must be a very individualised process. I do not have any simple solutions, other than the very obvious one. The proportion of young people, male and female, who are on their own aged 16 and 17—precisely the time when most children of that age still enjoy huge financial and emotional support from their parents—is astonishing. We should not scratch our heads and wonder why so many of them are in prison; where else are so many of them going to go? It is astonishing that some of them survive the process.

Dr Morgan: I would like to add to that, but may I go back to the point that you were making, Chairman, about the image of the teenager? Numerically, that is right, and I agree with Martin in terms of the trend. However, it is equally important to bear in mind that there are many much younger children in care. We must ensure that the views of primary school-aged children are sought out and considered in relation to their understanding and not necessarily their chronological age, as those are two very different things. It is too easy to fail to ascertain or take into account the views and concerns of children with disabilities, particularly those with communication problems, and I wanted to make those two points. To return to the issue of leaving care, members of my team have coined the term “careism” as something that people suffer from because they may be far younger than the majority of people going out independently for the first time. People then meet those prejudices that we mentioned earlier, which affect, for example, schooling. When people start hitting further education, vocational education, employment and accommodation and all those areas, saying “I have been in care” can trigger all those stereotypes and problems. It is an issue of equal opportunities. One of the things that the majority, although not all, of children who do not have a care experience have, even once they have left their teenage home, is the ability to go back again.

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Many return more than once and get financial and emotional support. However, many children in care do not have that backstop.

Maxine Wrigley: We carried out the largest survey on this issue. It was called “No Place Like Home” and involved nearly 300 young people and nearly 300 workers. Interestingly, we spoke for the first time to housing workers and leading care workers and both groups fully acknowledged that there was not enough support for young people. There were young people out there aged 16 and 17—I was left in a flat at that age and told, “That’s the end of it. Get on with it.” Even since the Children (Leaving Care) Act 2000, there has not been much change. Protocol between housing and leaving care does not exist in enough places. Obviously I do not deny that there are some good examples, but young people have no safety net. After leaving home, many teenage children can return and will always have a bedroom there. The average age for leaving home is 24 and I have friends in their 30s who know that they can go back any time; they can still take their washing back or if they are skint they can borrow £100. All those things happen for people well beyond their teenage years, and if that safety net is not there, it can be isolating for young people. There is the whole issue of 16 and 17-year-olds being exploited—we know that certain dodgy types, drug dealers and paedophiles, will prey around children’s homes and residential units, or where there are hostels. In our survey of nearly 300 young people, one in 10 was still living in bed and breakfasts or hostels, and a further one in 10 were sofa surfing, staying with their mates. Some of that was because they had a flat, but it was in such a dodgy area that they did not feel safe or want to go round there, so they stayed with their friends instead. I do not pretend that the housing situation is good—generally it is not good in this country and we know that there is a massive shortage. However, some young people who are on the precipice of leaving care are bearing the brunt of that. There have been suggestions for amendments to the Bill calling for a transitional state. The Children (Leaving Care) Act 2000 has not really worked in the way that it was intended. That is a shame—there needs to be a transitional, gradual, leaving of care. Young people should not feel that that is the end of their parental support at 18; it needs to be gradual and people should be able to go back into care or some area of support if they are not happy.

Pam Hibbert: I endorse that, but I wanted to say something about the preparation for leaving care. The young people we spoke to said there was an awful lot of emphasis on practical things—how to cook, how to clean, how to budget—but very little on issues such as how to deal with loneliness, how to get into the social networks of the area you are moving into and how to know where to go in an emergency. They felt that some of the emotional skills needed to survive were just not being addressed in preparation. Fiona, in terms of your point around the vulnerability of children and young people, we do an awful lot of work on sexual exploitation and we have become very concerned about the incidence

of young people who have been in care figuring among our service users. We are actually doing a piece of work over the next year, which we hope will be published, that will look at that matter and the surrounding issues.

Chairman: A lot of us are picking that up in our own constituencies. We are quite interested in the report. Quite a number of lead organisations have not yet given any written evidence to this inquiry; some of the witnesses have not and a lot of the major people have not, so if you know people in the network, tell them that we are still receiving and want to receive evidence.

Q28 Paul Holmes: I want to clarify the point that Martin was making about the age profile of kids in care. The Government are saying that they want to move towards a system in which there are mainly younger kids who leave fairly quickly to adoption or long-term fostering. You are saying that in reality, until at least 2020, it will be older kids and teenagers. Why is that?

Martin Narey: We did a piece of work in the margins of the working group to try to see what would happen to the population if *Care Matters* was implemented in full. There were two significant drivers towards there being an older population and we concluded that by 2020 there would be about a 10% increase in the numbers in care. One driver was classification, which was influenced by the possibility of classifying disabled children who were in 52-week placements as children in care, but also, a significant driver was the veto on leaving care at 16 or 17 that the Government promised would be offered to children, which will make the population larger and older. The working group did believe that you could have a smaller and younger population. In the margins of the work I did for the working group, although we did not have time to discuss this to a conclusion, I was struck by the number of professionals who told me that if the system moved more quickly and if we intervened earlier, some children would be taken into care at a much earlier age and might be adopted and have their long-term future guaranteed, but that the system was cautious and slow, so often by the time the in-care decision was made the adoption route, for example, was pretty much closed.

Q29 Paul Holmes: Two questions arise. First, if the preponderance of children in care are teenagers, are they teenagers who have been taken into care as teenagers, or are they people who have been in the system from a young age and are still there as teenagers?

Martin Narey: I could go back to my report and offer the Committee a better analysis of that. My recollection is that it was characteristically children who entered at under the age of 11 and then were staying for a very long period. There have been fewer children entering care for some time now, but they are staying much longer.

Q30 Paul Holmes: You said that the system is too cautious and slow, and perhaps should be taking children into care earlier. Is it cautious and slow because it is bureaucratic, or because of the deliberate policy that the best place for children is with the family, and so you hang on until the last minute?

Martin Narey: I did not conclude that. I made a reference to it in my report, but I did not feel that in the time we had available to write the report we could come to a conclusion. One of the consistent things that was reported to me, which the Committee might care to look at, was the contention that braver decisions made earlier in a child's life might have led to a much better outcome for that child. Many social workers said to me that it was very clear to them that some children were bound not to succeed in the family home and that the system, with the best of intent, tried to hang on for rather too long to the prospect of making a success of the child staying with the family.

Q31 Paul Holmes: My wife was a children's social worker through the '80s and '90s, and she often said that the philosophy and training were that you must make every effort to keep the child in the family, so one went right to the wire before taking them into care. We learned from the academic research before we started this that in England, even more than in Wales and Scotland, we tend to take far fewer children into care and do so later. Many European countries take children into care much earlier because they see it as a positive thing. We see it as a desperate last resort.

Martin Narey: My assumption when I chaired the working group—Maxine, who was certainly the most influential member of that group, changed my views on this—was that it would be very easy to set some targets and drive down the population in care. We quickly concluded that to make any such recommendation would be glib. It was much more complicated than that. Nevertheless it was interesting that if a system worked really well it would have a great deal of family support and would make a success of children staying in their own home whenever possible. It would also intervene much earlier to take children into care and perhaps get a route out for them before it was too late. Once a child has been in care for 12 months, the chances of them getting out of care are significantly reduced.

Q32 Chairman: On that point, why is there such a differential between local authorities on the numbers in care and the speed. Is this a real problem that some local authorities just perform totally differently from others?

Martin Narey: They do perform differently, but it was impossible to conclude that they perform badly. The range is astonishing. These figures will have changed a little, but not very much. For every 10,000 of population the rate of looked-after children is 13 in Rutland and 221 in the City of London. In Merton it is 27 and in Manchester it is 154. It is a quite astonishing range. Although we were very impressed with what Merton was doing, we avoided

the conclusion that you could simply target that and get the local authority that made extensive use of care to reduce its numbers. We thought that would run the risk of the wrong decision being made for individual children, when care would be the best option for them. What we urged the Department to do was to conduct more research into this. Having said that, we suggested that a system worked if it had the following characteristics. First, all decisions should be made at a very senior level in the local authority—I support all that Roger said about caution in this respect—and secondly, there should be a much greater investment in family support. Merton, for example, spends half as much on family support as it does on looked-after children. Authorities that have a lot of children in care spend hardly anything on family support. Thirdly, there should be a speedy decision-making process and decisions should be made at an earlier time in a child's life. Our conclusion was that that would probably lead to a smaller population and much more success in getting children permanently out of care.

Maxine Wrigley: As I said, things have changed quite a lot from the 80s, which was more my time in care. Now, people are starting to approach it more as an individual package of care than a general population of young people in care, and that can obviously be a good thing. As someone who sat on Martin's group for the future of the care population, we felt that teenagers had their own special, unique identity. It is a difficult time in life anyway and it is particularly difficult for young people in care. We felt that more support from family, friends and carers was needed. So many young people I spoke to said, "Actually, my auntie or my nan would have looked after me and it would have prevented me from coming into care." But nobody ever asked; nobody ever thought that was possible. So we really welcome the idea of social workers considering who else could offer support before taking a child into care, because once a child has been there for more than 12 months, they tend to stay in the system for quite a lot longer. I also think that the view of care in this country is quite negative. Perhaps a cultural shift and change is needed. I believe that there is a major difference between the 150 authorities. I almost see there being 150 care systems—that is how it feels to me after doing my job for several years. I think that that is down to leadership. Where there are great directors and leaders, you will get good authorities. Finally, as Martin said, Merton having fewer per 10,000 than somewhere else is not necessarily a good thing. To return to what we talked about earlier, customer—the young people and service users—satisfaction is the best measure.

Q33 Paul Holmes: You seem to be saying that the state should be intervening more—not less—and earlier.

Maxine Wrigley: Yes.

Q34 Paul Holmes: Pam said something about children saying that it is a relief to be taken into care, because at last they are safe. Is that generally the view of children?

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Maxine Wrigley: It is such a tricky decision and I would not want to be a social worker making it. It is a very difficult one—you are damned if you do, and damned if you do not. You have to be careful, obviously, because there are examples of children who have not been protected properly, when they should have been, and others of social workers who have been overzealous and come in for stick as a result. In Martin's group, which I sat in on, we discussed how some local authorities in Scotland are not hanging around for too long when drug-misusing parents have been given several chances to sort out their problems in order to keep their children. We talked about how in Scotland decisions are being made a bit quicker—if you have had a few chances, but still have not sorted things out, why should the children suffer for longer before going into care? There are more and more examples of children coming into care when social services have made that decision a bit quicker. You are right in that we cannot hang around for ever wondering whether to take a child into care. Sometimes you need to be decisive, as long as there is a uniform decision-making structure.

Dr Morgan: A fairly consistent view of children discussing the coming into care policy was summed up by a particular group of young people along these lines: "Where there are difficulties, try and sort them; if there is a danger, take me away from it, and consider whether other members of my family can look after me instead of strangers, because I feel less safe with strangers. However, don't push the latter, if it is not the right thing for me." In summary: "Make the right decision for me, at the right time for me, and don't leave me in danger." We need to spot the right time for the child, which is the basis of a lot of children's concerns about quotas to drive down numbers. One child said, "If you make the right decision, you will end up with the number in care that you end up with." It cannot be left at that, owing to inter-authority differences and other questions, but at the individual level that is absolutely right. May I add one more point about the differences between authorities? There are also a lot of differences within the same authority—different teams and workers can have very different thresholds and approaches to the same sorts of issues, even within the same authority. That is just as important as inter-authority differences for the child on the receiving end.

Chairman: Thank you very much. Martin is now leaving us and we are moving to Annette.

Q35 Annette Brooke: Throughout our debate, I have been struck by the idea that, in theory, there is a very large number of adults around a young person. How do young people feel about this divvying up of the tasks?

Dr Morgan: First, you are right; there are a lot of adults. Secondly, they keep changing and churning. Thirdly, you often do not know what their roles are. Children are clear that they want to know who makes what decision, as we said earlier, and who provides them with which service. I know that there are all sorts of theories about attachment, but within

that they say, "I want some form of stability and somebody who can, at different ages, see me through situations. When there are tricky times"—for example, when going through a process of adoption—"can I please have the same person dealing with it, not somebody who doesn't know the original history?" One thing that I have picked up very clearly from children is, "Don't fall into the trap of assuming that you can provide a one-stop-fits-all solution by, for example, bringing a social worker into a school to be the gateway for everything else. Apart from the fact that I might not want my peers to know that I'm seeing that person," which is very likely to happen in school, "I understand that if I have a particular problem, I go to a particular person. I would actually quite like a choice of who I go to with particular issues." Finally, when you ask children directly, "Who would you go to with a particular problem?", you hear, "Friends and parents." Interestingly, you get parents even when children already have social workers and counsellors on the scene, but you get a choice element. They do not necessarily say, "My particular social worker." It is almost like all of us when we have a GPs' surgery with a lot of GPs. We tend to choose which one we go to for different issues, and it is not necessarily always our designated one. It is an issue of choice, as well as having that range and some stability within it.

Q36 Annette Brooke: Following on from that, it is obviously important that there are key relationships. Could it be more flexible than it is at the moment in terms of the young person being able to choose, as you are suggesting? Could we incorporate a choice of key worker into the system? Could a young person say, "I want my foster carer to be my key person"? Could another say, "I want my social worker"? Could that happen at the moment, or could changes be made to make it happen?

Dr Morgan: It could happen more. It is interesting. If you look at the current national minimum standards for children's homes, they stipulate that wherever it is feasible, children should have the choice which member of staff is their key worker, as well as having an element of choice, as I described, to approach others and not being limited to their key workers. Children have said very specifically, "Why doesn't that apply to my social worker?". Choice and change. It also carries forward to other people such as advocates and independent reviewing officers—the point about it being very important that it is somebody whom the individual gets on with. Children are realistic enough to know that there are constraints on choice—that they cannot just run through all the people that there are and say that they want somebody else, and that sometimes it is not in their best interests, although they may not get on with somebody, to change them. There is an issue, within the constraints, of having a choice in the first place. If we can stipulate key workers in the limited work force of a children's home, which is quite often a small group, we ought to consider it more in relation to social workers, who are key workers for children in care.

Q37 Annette Brooke: Is that something that could be included, do you think, within the Bill that is currently passing through the House—the right to have a key worker?

Dr Morgan: I do not see why not, as long as the words “wherever feasible” and all those sorts of statement are there.

Q38 Annette Brooke: Could you also tell us a little bit more about how children relate to social workers in general? What are their feelings about social workers and the work that they do?

Dr Morgan: We did a major consultation recently of over 500 children about their views on social workers. It was very interesting that when we started to do that, social care and social services audiences in particular said, “Oh dear, that’s going to be a very worrying report—children’s views about their social workers.” It was not. They valued their social workers very highly, but there was a lot of consistency in the things that they wanted from them. We have mentioned some of them already, and some are addressed in *Care Matters*. We have talked about accessibility. The term “effective social worker” has come up very frequently—somebody who can make a decision and make it happen without it either unravelling or disappearing into some other process so that children do not know where they are—as well as social workers who keep them informed. About three quarters of children said that they felt that they were usually kept informed by their social workers about what was happening to them, but if that figure is turned around, almost a quarter said that they did not feel that they were informed. One child said, “Changes in my life happen suddenly and without warning.” It is about being kept informed, even when nothing is happening: “Yes, we are still on it; we haven’t got the answer yet”. That is the issue of feedback from social workers; social workers keeping their promises. I could go on, but I think that there is a consistent specification of what makes a good social worker relationship. My final point on that concerns the ability to have a social worker whom you can contact when you are first beginning to think or worry about something, and with whom you can talk the matter through, rather than waiting—sometimes because you know that they are busy and are dealing with higher priority crises than perhaps your issue might be at the moment—and saying, “I don’t feel I can approach them at the moment. They are very busy people.” There should be somebody you can contact early and who can give you that time. A lot of that is reflected in the Green Paper and the White Paper.

Maxine Wrigley: To echo what Roger has been talking about, we have also done a lot of work around social workers and young people do want more access to social workers at more regular times. They are very keen that social workers are paid well and supported well. Young people have made comments about how tired they look and how many cases they have. Young people have made some great practical suggestions about how social workers should have administration help so that they do not

have to do so much paperwork and can get on with the role of being a social worker. Young people mention that a lot. Also, they were really keen that social workers should just spend more time in general with them. They wanted to spend more time with their social worker. That was the No. 1 thing that they said about them, because they felt that time with them was always quite rushed. There is also the recruitment and retention issue. That is very difficult. This is an extreme example, but I met a young person who had had more than 12 social workers in a short time. You cannot really get to know someone like that. We know that there is a big problem. In London in particular there is a big problem with recruitment and retention, and I am really glad that at the moment there is a big media campaign to improve social care. Let’s hope that that does what the other campaign did for teachers and we get more social workers in the job, because that problem has had a really negative impact on children.

Dr Morgan: A lot of children say that when they are in placements they do not get the opportunity to speak to their social worker on their own. About a quarter of them said that they always had a care worker with them. Were you going to pick that up? Sorry, I pre-empted you.

Q39 Annette Brooke: I had read messages around social workers in your report, which is interesting. We have talked about the churn effect, and about how social workers themselves could respond more to young people’s needs. Is there anything structural that could happen that would make for better, stronger relationships, in addition to the things that we have talked about so far?

Maxine Wrigley: There is the £500 lead budget idea in the Green Paper. A care person, such as a social worker, would be able to make some basic decisions around spending in a very flexible way, and not have to go through the whole bureaucracy and that machine that is behind the social worker. That is the sort of structural measure that would ensure that there is a little more speed in making decisions and spending money. When I was in care—I know it still goes on—you could wait five or six weeks for that decision on those new trainers, by which time there was a whole new trendy pair that you might want instead. Some decisions need to be made more quickly.

Dr Morgan: There is also the issue of clearer systems of delegation: which decisions can and cannot be made by, in particular, the front-line carer, the foster carer, the member of staff in a children’s home and the social worker, and which decisions need, quite legitimately because of the cost level, to go somewhere else. And the child needs to know that. There is no reason why the child should not know who is to make the decision about their trainers, their overnight stay or whatever it might be.

Pam Hibbert: If some of those structural changes about decision-making were made, that would be important for two reasons: not only do children not always understand the system, social workers do not always understand where they need to go to get

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things. The system can sometimes be used as an excuse for people to say no, to not have to make a difficult decision, so structural changes about being very clear about where decision-making power lay could help with all of that.

Q40 Annette Brooke: May I ask a very quick question about advocates? I have to go shortly and would obviously like to follow on from my questioning of the Minister. In some ways, as I recall, the Minister found it quite difficult to suggest that advocates would not be introduced in the circumstances that I mentioned. I picked up the obvious cases of a severely disabled child, and young people with mental health issues who may not be able to express themselves. Why do you think that the Government do not currently accept—hopes in the Commons obviously—that every child should have the right? It is accepted that there is a clear role for advocacy. It is almost as if the Government think that there is much more around than there actually is.

Maxine Wrigley: As I said when I came in, if one thing needs changing in the Bill, it is that one: the independent advocacy rule. I know Roger and Pam agree. It is that simple idea that in, say, a court of law, you cannot have the same person represent you as makes judgment on the case. It is that same thing, I am afraid. Funnily enough, literally in the past two weeks, A National Voice urgently did a poll of 139 young people and what they thought of their independent reviewing officers, because I know that the Government are trying to take that angle, too. One thing we found was that about one fifth of those young people did not understand the role of the IRO. They seemed to think that first, IROs were connected to the local authority, which they are, and I am not quite convinced myself about why they are called independent reviewing officers, and secondly, given that the IROs chair the reviews, that they were not able to speak up purely on behalf of a young person. I know that it is a thorny issue, but young people at A National Voice have felt strongly about it for many years. The issue is about having independent representation, which is different from the people who then make judgments about your welfare or services.

Pam Hibbert: I support that. The Government seem to have a lack of understanding. In the Green Paper, the roles of independent visitors and advocates were confused. Despite the efforts of several organisations to make it clear, there is a lack of understanding about the role of an independent advocate. I support Maxine's view that when key decisions are made about you, and you are not able to make representations in your own right, you must have the right to someone who is independent of that decision-making process. I, like Maxine, do not necessarily agree that the independent reviewing officer is independent. Further, they cannot play a dual role: they cannot provide an impartial view and decision, and advocate on behalf of the child. They cannot do both.

Q41 Chairman: That reminds me of our discussions about special educational needs assessment. Roger.

Dr Morgan: Clearly, children see the independent reviewing officer and the advocacy role as separate. Currently, if you are a child in care, you have a right to an advocate only to enable or assist you to make a complaint. There is a strong case, which children have put to me, for a right to an advocate in any process when you have a statutory right to give your views or to participate—for example, in review processes and so on. That would mean a legislative change, but children proposed it; I did not make that one up. One that I have, well, not made up, but which follows that issue, is the concern of children that they should, as we said earlier, have a means of challenging their local authority. In some areas, challenges—bringing court processes into some decisions or referring to section 8 orders under the Children Act 1989, which I have mentioned in other evidence—are available to some children but they are not open, or only one of them is open, to and for children in care, because the local authority is seen to be looking after them and to have their best interests at heart. From the children's point of view, if the corporate parent is getting it wrong, for example over a move of placement that may be contrary to the care plan, a lack of a care plan, or a care plan with which they disagree, they need a process. It does not matter whether that means an independent reviewing officer or access to such orders. They need a process that will enable them to challenge effectively and one that they know about and understand. Very few of them understand what an advocate is, if they have not experience of one. They also need someone to guide them through the process and metaphorically hold their hand through it, which is what an advocate does. On average, about three children a week contact my team purely because they wish to engage us in taking up issues with their local authority that they wish to challenge, and we can do that. I am not very effective in that, however, because it is only the most articulate young people who are likely to come through to me. They need a more local service.

Q42 Chairman: I want to move on to fostering, but because we are talking about such issues, can I quickly insert something? The NSPCC saw me this week about the health aspect of care. An amendment to the Bill was moved last night in the House of Lords regarding a duty on health providers to provide appropriate health care, but I do not know what happened. The NSPCC said that many young people, particularly teenagers, often have mental health therapeutic needs, but that there is not a duty on the health sector to provide that sort of help. What do you think of that?

Dr Morgan: First, yes. Continuity of health care is another issue that is disrupted by moving placements, such as passing records from one place to another, the continuity of GPs and continuity of treatment. There is a high level of mental health support need among children in care. As we know, the provision of mental health services for young people, let alone young people in care, is not

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consistently available. There are some particular projects, but there is not special access for children and young people in care, who are particularly vulnerable, to those services.

Maxine Wrigley: Given that young people in care are statistically five times more likely to have a mental health need, it is crazy that some of them are on a waiting list of up to 12 months to see a counsellor, therapist or someone who can offer support. Those young people need a fast track. It is recognised in society that they are vulnerable, so I am keen to do something. It was a disappointing part of what changed after the Green Paper. We were hopeful at the beginning that there would be some more mental health issues, but matters have not translated into that. Perhaps what you said happened last night will make a difference, but I am not sure.

Q43 Chairman: Pam, are you in favour of such an amendment?

Pam Hibbert: Certainly in terms of health departments having a duty.

Chairman: Let us move to fostering, on which we shall be led by Lynda.

Q44 Lynda Waltho: I was privileged to be invited to a premiere last Thursday of a film made by Dudley children in foster care and some of their carers. Their take on the lack of advocacy, social workers and trainers, which have been mentioned, is that it is like wearing a uniform on mufti day and being different from others. I recommend the film to not only members of the Committee, but others. It was so key; it touched everyone who saw it and mirrored a lot of things that have been said. That is my plug for Dudley's young people. I was interested in Barnardo's telling the Committee about the body of evidence that suggests that the qualities that make a good foster carer and contribute to placement stability cannot necessarily be measured by examination and qualifications, such as warmth, tolerance and patience. I met a group of foster carers on Saturday who welcomed the fact that they could get qualifications and saw a need for them. However, they felt that that often involves ticking boxes and looking at areas other than the main issues. What factors make a good carer and a good relationship between young person and carer?

Pam Hibbert: It is important that we offer foster carers the opportunity to train, learn and gain a qualification. If we want to attract foster carers, there has to be something in it for them. We must work with them as part of a team, so that they are seen as not only the people who care for the child, but a part of the overall team who liaises with the social worker, the school and so on. It is true that it is very difficult to measure some of these things. I drew again on research carried out by Ian Sinclair in my comments in our submission to the Committee. You cannot measure warmth, empathy, tolerance and the ability to negotiate. However, you can train people in those things. Going back to Roger's point about risk, I think that our foster carer training sometimes focuses on child protection and self-protection and

does not necessarily always focus on how to develop relationships. On adolescent children, I was looking at a foster care training pack recently, which contained a huge amount of stuff on child development until the age of 10, but virtually nothing about it from 10 to 16. We know that foster care placement breakdowns are most likely to happen in the teenage years. Those of us with teenage children know how bloody difficult it can be to live with them and to deal with them. If they are fostered, there is an added dimension. I think that that is difficult. This issue comes back to some of the things that we discussed about customer satisfaction and acknowledging that our foster carers are our customers as well. At the end of a foster placement, are we talking to children and young people about their experiences of that placement, about what was good, what was bad and what could have been better or changed? Are we also talking to the foster carers about what was good, what was better and what could have been changed? From that, we can start to measure some of those softer things. Some years ago, I sat on a fostering approval panel. I resigned from that panel because it would not disapprove some foster carers who were up for their annual reviews. There was nothing concrete—they had not abused the child and had done all of the things that they were supposed to do—but they did not have that warmth, empathy and relationship. Because we are often short of placements, it is too easy to keep people on who do not do the job well, even though they tick the boxes. I think that we need to look at how we recruit, how we get customer satisfaction and the role of approval panels in trying to tease out much more those soft measurements as well as the hard ones.

Dr Morgan: Going back to the point about matching and choice, from the child's perspective, going to live with a foster family is a major move. There are minor questions such as, "What are the rules in this family about whether you can take something to eat from the fridge to eat when you are hungry and when you want to? How do I feel about the fact that this foster carer talks rather differently to me? Should I try to change my accent? Are they going to try to adopt me later on or are they happy to stay as long-term foster carers, because I do not think that I want to be adopted?" Those sorts of issues are very clearly the things that are in children's minds. On the issue of choice, children have been saying that they want to be able to do an exercise of selection for themselves. They want to meet a number of possible foster carers and not just have the social worker saying, "We have found foster parents for you." They want to be able to do visits and to have back-ups if the first introductions do not work out. It might not be that the people are wrong or that they should be disapproved, but the child might think, "I do not feel totally at ease in this family, can I have a look at a different one, please?" In considering gradual introduction, the word "gradual" is important. Children say that they want a lot of information for themselves. They believe that foster carers need more information about them, too, before they even start visiting. Children

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are saying time and time again, “Why can’t I have photos, videos, video clips etc. about the foster family—their pets, the other children there, what the locality is like and what the school’s like?” It would assist the introduction. The other point that I wanted to make is that many foster carers have said to me that there are two quite different sorts of training. One is training to be a foster carer, which is basic stuff, but the other is child-specific training, if a child who may have mental health problems or some issue for which the foster carers will need particular support in order in turn to support the child to be placed with them; that immediacy of training, which helps foster carers with particular children, is sometimes not available.

Maxine Wrigley: Young people told us that they wanted a pre and post-contact plan. They wanted to know that, when they leave a foster placement with which they were happy but from which they have moved on, they would be able to stay in touch. Are they able to stay in touch with foster siblings? Our siblings report reveals quite a lot more about that, and I am happy to send it on. The introduction to foster caring is exactly as Roger says. People want to know before they go. “What kind of family are they? Have they got a dog? Have they got a cat? Do you have to take your shoes off before you go in?” So many of those kinds of question need answering. It is a very difficult thing to go into a whole new family, and we know that there is quite a large breakdown across placements when those things are not done properly—there can be a major difference if they are done, and they do not take that much time. One of the working groups chaired by Lord Laming discussed the idea of an anonymous directory, so that people who had been in a place could leave a visitors’ book message—

Q45 Lynda Waltho: A rough guide?

Maxine Wrigley: Yes, a rough guide to the placement, so that other young people could ask, “So what did the last 15-year-old who lived there think of that placement?” Young people quite like that idea. There are lots of ways to make foster care better, and a lot of them are very simple and easy. Young people often care very much for their foster carers and want them to be recognised as professionals, paid well, supported and trained. On the idea of a 24-hour support line, young people wanted foster carers to have that as well, because they thought that having a negative experience with a young person might put carers off fostering in future. They thought that if there was someone to let off a bit of steam with, talk to and get some advice from more regularly—especially out of hours, when things can go wrong—it might prevent a foster carer from stepping down from doing it again in future.

Q46 Lynda Waltho: That was certainly a massive issue with the group of foster carers, as well as not being able to get adequate respite care or general backup. It was not about money in their wallets, actually; it was about backup. That would cost money, but it was not about money for them specifically. I want to explore whether the drive to

get qualifications will skew what sort of people come forward to be carers or to stay as carers. One of the foster carers said, “Are we going to end up in a situation like it was years ago, when only middle-class people were allowed or able to?” That was a big issue.

Maxine Wrigley: You are absolutely right. There are a lot of new foster carers who do not necessarily have literacy skills and so on. It should not be forced at all.

Q47 Lynda Waltho: They have warmth, love and patience.

Maxine Wrigley: Yes, absolutely. Foster carers would like to learn more skills and help themselves and young people. Something that concerned us when we did an education survey of about 200 young people was that they felt that one of the barriers to getting an education was that their carers had not helped with homework. Although I appreciate that we must not ensure that carers who are not literate cannot foster—I am not saying that—we must ensure that they are willing to learn enough to help young people of certain age groups with homework. Obviously a teenager is different from a child of primary school age, but it is important that young people get support from home. Anyone would read to their children; it is that kind of thing. It is important that such support is available, or one-to-one tuition to catch up on any school missed. Getting an education came top, above even pocket money, in a poll that asked young people which issues, from a list of about 30, were most important to them. That poll was across all age ranges. It is a myth that young people do not want to do well in education. They chose getting an education as the No. 1 issue—above pocket money.

Pam Hibbert: May I make a quick point? I agree with Maxine. We have to be careful that we do not exclude people who would be nurturing, caring, good foster carers because they do not have one particular thing. We could do more in the selection process to test people’s attitudes rather than their aptitudes. It is important that a foster carer recognises both the importance of education and the need to do all they can to support that young person. They do not necessarily have to be a genius in maths.

Q48 Lynda Waltho: Foster carers in one area felt strongly that they were not being invited to review meetings and that they often found out information only because the young person or, sometimes, the social worker or natural family, told them a week later. That might be due to the way in which the relevant authority, which I shall not name, works, but those carers felt very excluded. They talked about having the equivalent of a children’s champion—a carers’ champion—who could oversee their rights within the system. They felt strongly that they were the professionals in the situation as they were dealing with the children 24/7, day in, day out, and they wondered why on earth they were not at least being informed about matters, or invited to contribute and give their opinion.

Pam Hibbert: Some of the structural issues that we were discussing earlier that would help children to understand the system better and know where to go also need to be put in place for foster carers. Clearly, we need to have checks and balances for front-line workers who care for children, but my personal view is that we could delegate much more decision-making responsibility to front-line carers than we currently do.

Q49 Lynda Waltho: There was a definite feeling that the newer social workers—they said younger, but we always think that such people are getting younger—were almost being too professional and that carers were not being given status. That came from all quarters. I do not know whether that is specific to the social workers at that authority or whether it is a general feeling.

Pam Hibbert: Maybe it says something about our social work training, but I suspect that there is also an awful lot about risk aversion involved.

Maxine Wrigley: I was going to say that it is to do with risk aversion as well. We can get a little too paranoid about risk. It concerns me greatly that young people have a real issue about physical contact such as hugging. Workers like me take a risk when they hug a young person; I know that that could go hideously wrong for me. We are in a strange world where our young people, who are among the most vulnerable in society, are the ones around whom people are very nervous of something like a friendly hug—but that is a whole can of worms for another day.

Dr Morgan: That underlines, yet again, that the right decision must be taken for the particular case. I remember a child saying, “One child in care fell off a horse, so no children in care can go on a horse now.” You assess the individual situation and make the right decision at the right time. With foster carers, we must not forget that members of the child’s family—we referred to this earlier—may also legally be foster carers. Training issues are a totally different field as far as they are concerned. May I add something quickly? There is a difference between induction and training. Induction is about teaching people about the system and who can make what sort of decision, as well as about their responsibilities and what the dangers are. Training must be more related to the needs and requirements of the particular situation, the particular placement, or your particular career path as a foster carer.

Q50 Fiona Mactaggart: I would like to take up that point, Roger, about how members of the family can be carers. It seems to me that there is a conflict here. If you look at the research, Sinclair’s work being an example, sometimes those family settings are seen as the most successful settings, because they tend to last longer, and so on. At the same time, there is a conflict, because the foster carers are less likely to be literate or in good health, and they fail on some of the other things that we rate highly. Are there sensible methods to support family placements, and what do young people say about them?

Dr Morgan: Young people say very clearly, “I would like them”, and looking at the Green Paper, kinship care was one of the things that they endorsed very highly. “I would like the idea of members of my own family looking after me to be looked at,” they said, and then they used a very interesting phrase: “before I am received into care.” Technically, that might be part and parcel of the same package, but they were seeing that family placement as a step in the process of supporting where they are, considering whether other members of their family could support them and then considering other care solutions. There are all sorts of reasons for kinship carers having foster care status, not least because it can bring all sorts of financial support and other support that they might not otherwise receive, which would enable them to look after the child. However, we need to have a test, one that we can apply to any legislative or guidance system that we have, that does not preclude a competent parent, who happens not to be the child’s natural parent but is in their wider family, from parenting that child if that is the best available solution for that child as far as we can assess, even if they do not meet some other criteria. There are no deliberate trip wires in the system, but as we know and as we have said repeatedly today, there are inconsistencies in people’s attitudes. That is why I think that the issue of what is said in guidance becomes very important, as much as what is said in the legislation itself.

Pam Hibbert: I welcome the focus of the *Care Matters* report on kinship care. For a lot of children, it is a really good option and it should be explored. One slight caveat is that there is some concern among some of the children we spoke to about why the decision is being made and whether it is being made on financial grounds. Certainly, one striking case illustrates that issue. A 19-year-old who had been in care herself was put under a lot of pressure by the local authority to become a kinship carer for her younger sister, because that would have stopped the local authority having to take the younger sister into care. However, the local authority was not offering the right package of support. We just have to be a little wary. Going back to Roger’s point, we should ask whether it is the right decision for that child at that time and whether we will support it adequately.

Maxine Wrigley: I echo what Pam and Roger have said.

Q51 Fiona Mactaggart: One of the old chestnuts about care issues is about the ways in which social workers decide on cultural matching and placements. I wonder how important those matching issues are to children themselves. I have seen quite a lot of research about outcomes, but not very much research about what children themselves say about matching.

Maxine Wrigley: There has been some special work done on that issue. I think that Roger would be best placed to speak about it.

Dr Morgan: We have asked children that question. The answer from children, basically, is “It is important that my foster carers and I have a lot of

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things in common,” but they do not list the standard things that we might look at, including race, class or whatever it may be. Those things may well be on the child’s list, but there may well be other things that are just as important. Earlier, I referred to a child whose overwhelming concern about matching with their foster carers was the fact that the child had a very strong accent and, rightly or wrongly, they were worried that that might make it hard for them to fit in with people from a different part of the country. Whether or not that is correct, that was the commonality issue, far more than the things on the standard list. Issues in common are important to matching, rather than always the standard issues that we might put at the top of that list, as professionals or politicians.

Q52 Fiona Mactaggart: To return to a theme that worries a number of us on the Committee, which is the provision for older children, I think that the evidence adds up to saying that we are not doing as well by them as we might be beginning to do for other children. What could we do differently to make us do better by them? Is it an issue of social worker training or of leaving-care support? Is it an issue, for example, of having family intervention and parenting support that deals with teenagers, rather than with just getting your baby to sleep? Are those some of the things? Is it just training? I do not know what it is that would change this significantly enough.

Maxine Wrigley: I think that there is a crisis with teenagers generally in England. From the recent United Nations report, our young people are not feeling that well understood. Maybe there is a generational crisis, which I think is magnified in the care system. One of the things that Martin and I talked about in the future of the care population working group is that sometimes teenagers do not want to go to another foster family. It is always seen as the best option, and for the past 10 years there has been a real push towards foster care—the majority of people are placed there. Sometimes teenagers do not want to do that. If they have had a few placement breakdowns already and they feel that they are getting nearer to that age of getting their own flat and having supported accommodation, they do not necessarily want to try another foster family. That is something that needs to be borne in mind. Often social workers will try and push down the road of foster families, but if you have already had a few broken ones, you will probably not want to carry on with that. Residential care and different options around independent living in supported accommodation are really important. The aspirations of the Children (Leaving Care) Act were good, but they need revisiting, because in lots of cases it is not really working. The issue is that teenagers—particularly teenagers we come across, young people who may have had many placements that have broken down—have become disillusioned with the whole care system. I understand why young people may run away, or may not want to be associated with the care system any more. They

feel that it has failed them. It is very sad, but a lot of them end up homeless or with drugs and lots of other horrible things. The whole thing for us is about making sure that these young people know that there is a safety net and somewhere to come back to. It is a kind of unconditionality, so that they are able to come back if they want to—people are there for them—right up until the average age of leaving home. There is an element of, “You are going to be kicked out of the care system at 16 anyway”, so if you are 14 and it is not that much longer to go then you may as well go and hang about on the streets for a bit. That seems to be the attitude that I hear from young people. If they felt that there was going to be a corporate parent there into their early 20s, they may feel that someone wants them more and that there is some support. I worry that young people, the ones we come across at the sharp end, feel that there is a cut-off, a cliff, where the care system may just end, and that is the end of that. That can be a very distressing concept.

Pam Hibbert: It is interesting that David referred earlier on to the youth taskforce action plan. I have not had time to read it in full yet, but there seems to be a lot in there to commend it—about supporting families where children are at risk of poor outcomes, particularly getting involved in criminality. Are the measures in that going to apply to children in care, because they are one of the most at-risk groups in terms of criminality and other poor outcomes? That issue goes back to the local authority’s responsibility. Are the things that local authorities and others are putting in place to support families with children at risk going to be there for children in care who are also at risk? There is particularly an issue around leaving care, about not necessarily making the most of the other support networks that young people leaving care are able to have. Obviously we need to improve our leaving-care services and make sure that all the issues mentioned around gradual transition are dealt with. However, young people often have their own support networks—their own families may still be involved. We have been working in Northern Ireland using group conferencing. That is frequently used to stop children coming into care and to provide support for families at that stage. We have been using it to support children leaving care and looking at other existing networks that can support them and that do not rely only on the professionals—social workers, ex-foster carers or leaving-care teams.

Q53 Mr Chaytor: Returning to the question of children’s voices being heard, I want to ask Roger about the report from September 2006 and about children’s views on standards—I found that quite interesting as there were a large number of statements from children. I have two questions. First, which of the views expressed are likely to be the most difficult to implement? Secondly, is there not something self-selecting about this? It occurred to me earlier when you said that children had contacted you recently to make such and such a point. Surely it is only a narrow group of the most

confident children who know how to get their views across. Is there an issue of some children being completely under-represented? Are we missing a big area of experience, or do you think that the views of those who are most confident and have the best access, adequately reflect the views of all children looked at?

Dr Morgan: I will take those issues in reverse order. When I referred earlier to children contacting us, it was in the context of that discussion. As far as possible, the reports are based on a representative and random selection of children and young people. We randomly select which children's homes and authorities to invite children from, and we then take the children in the order they wish to come. Earlier, a reference was made to consultation fatigue. There are certainly some children who are consulted over and over again—they tend to be the articulate ones. In my team, we have a principle of trying to give a voice to the quiet child, the one who does not like to talk—that was originally a request from a group of children. As you will have seen in some of those reports, we give those children alternatives and different ways to feed in their views: mobile phone text panels, written formats, web survey formats, discussion groups and so on. Sometimes, they can join a group or write their views on a piece of paper and hand that in, or do both—whichever they want. The views that we have been expressing, and that I have drawn on in those reports, are, as far as possible, representative and not exclusive. It depends on total numbers. Some reports have larger groups of children than others. There are some areas where we need to improve, and I referred earlier to children with communication problems. We are working on that, but we have not got there yet and we need to improve the inclusion of those groups. The first part of your question was about which areas of children's expressed views and requests are most difficult to implement. There are two answers to that. The straight answer is that it is those areas that rely most on the attitudes of individual people and children having somebody who they can trust and who listens to them. It is difficult to legislate for that, and it impinges on all sorts of areas such as recruitment, training, monitoring, support and so on. Those are the most difficult areas, but others are not at all difficult. Often, children do not request a new system, project or idea, but ask for things that can be found in existing legislation or guidance. It is a matter of the linkage between the intent and the implementation. Initially people's concern about *Care Matters* is, "Great, but will it happen for me?" That implementation chain comes back to the monitoring process and again to all those softer issues about support, training, monitoring, staff supervision and so on.

Q54 Mr Chaytor: May I ask Maxine and Pam about the situation at the local level? I am interested in the best examples at local authority level of systems that are in place to give a voice to people in care. Are you aware of particularly good local authorities that are leading the field in that?

Pam Hibbert: Generally, in my experience, looking at the local authorities that we work in, it is those that have a children's rights service, a children's rights officer, a children's participation worker or that sort of service.

Q55 Mr Chaytor: What proportion of local authorities have that kind of service?

Pam Hibbert: I cannot answer that question, but I can find out for you from our membership. May I find out and let you know?¹¹ Going back to consultation fatigue, those authorities tend generally to be the ones where children and young people feel not only that they have been consulted but that they have actually had some feedback and that something has changed. Obviously, that cannot always happen, but it relates to the customer satisfaction that we have been talking about. In local authorities where there is that sort of service system person, there seems to be a higher degree of real consultation. Children get to give their views, and, importantly, they are recorded. I may be wrong—Roger, you might help me with this—but, as far as I am aware, the legislation that relates to our duty to take into account children's views and opinions says nothing about recording those views and opinions. I have heard young people say, "I did say that, and they said they took some notice, but it was not in the notes of the meeting. It was not in my review report, so how can anything that happens be monitored?"

Maxine Wrigley: To echo that point, the Children's Rights Alliance for England suggested amendments around that. It is really important that young people's views are recorded, or, if they are not recorded, the report needs to say why they were not recorded. Pam is right: many times young people will say, "I definitely said that, but it was never written down." Given that the pathway plan is the only legally binding contract between the young person and the local authority, things need to be written down and adhered to properly. On local authorities, the children in care council idea is a fabulous one, but young people feel that unless there is some legislation behind the pledge—they call it a pledge, but it is a promise—nothing will happen. The council will have no teeth, it will be exactly what we just said. It will be for the most articulate young people, but it will not be representative or accountable. We really should not miss this huge chance for local authorities to set up local children in care councils, but only if the councils have real teeth and are not just some guidance kind of thing. It was quite disappointing to find out that the councils would not have the backing behind them that we were all excited about at the beginning, when the Green Paper came out, yet such councils would make a big difference. On listening to young people, 600 young people spoke to the National Children's Bureau and the Children's Rights Alliance, and one quarter of them said that they did not feel listened to, generally. Most of them said that they had a

¹¹ See Ev 25

19 March 2008 Dr Roger Morgan OBE, Maxine Wrigley, Martin Narey and Pam Hibbert

pathway plan, but only half felt that somebody actually listened to them. Even when we listen to young people, I am not sure that they perceive that we are.

Chairman: We are running up against the time. Paul wants to ask a quick question and get quick responses, because people are keen to get to Prime Minister's questions, which begin at 12.

Q56 Paul Holmes: This topic has been touched on several times during the past couple of hours. Near the start of the session, Douglas Carswell reflected one view that people have, that there are many people who would love to be foster parents but who are being turned down because of political correctness, bureaucratic procedures, whatever. I believe that Pam said that we were 8,000 foster parents short. From your point of view and your different perspective, are local authorities too politically correct and bureaucratic about who they approve to be a foster parent? Should they be fairly cautious about what they are doing?

Maxine Wrigley: I am not sure whether Mr Carswell really understands the care system at all, given the way that he spoke about it. His terminology told me that he thought there was a difference between public care and foster care. I know that the general public tend to think that children in foster care are not in care, so that might be what was going on there. There is a shortage of foster carers; otherwise, people would not be constantly moved around,

looking for decent foster carers. The case is simply that local authorities need to recruit, train and support more foster carers, but I do not think that it is through lack of effort that that is not happening.

Pam Hibbert: We have to have protections. I do not think that the shortage is because of political correctness, and I do think that the bureaucracy for selecting and checking foster carers is about right. There is a cultural thing about people's willingness to become foster carers, which may say more about the way in which society in general is moving. Back to Roger's point, we must ensure that we get the right foster carer for the right child, and that is a real issue.

Dr Morgan: I do not think that the explanation is bureaucracy or political correctness. There is a shortage, and certainly there are not sufficient carers to give children a choice according to the sort of matching criteria that we discussed earlier.

Chairman: May I say in conclusion that this session has been extremely valuable. We got tremendous value from the answers to our questions, and I hope that you think that we have asked some of the right questions. We would like to continue the relationship. I did not mean to say that any of your organisations have not given evidence—you have—but some people behind you did not give evidence, and I believe that they have now left. Pam, Roger and Maxine, will you stay in touch with us. We are keen to make this the very best inquiry and report that we possibly can. We will need your help to make it even better.

Supplementary memorandum submitted by Pam Hibbert, Assistant Director—Policy, Barnardo's

Following the oral evidence session on 19 March, I am writing as promised to provide further information to the Committee in response to Mr Chaytor's question (Q55) and to provide further detail on a number of other points raised in the evidence.

At *Question 55* Mr Chaytor asked what proportion of local authorities have a children's rights service, a children's rights officer, a children's participation worker or similar service, that give a voice to children in care. The organisation CROA (Children's Rights Officers and Advocates)¹² provides listings for independent children's rights officers/advocates across the UK covering approximately two-thirds of local authorities in England and Wales. However, it does not provide information as to whether local authorities have commissioned an independent advocacy service. We recommend *Building a Culture of Participation: Involving children and young people in policy, service planning, delivery and evaluation*¹³ produced by the National Children's Bureau and PKRC as the best practice guide for giving a voice to young people.

We also noted in our oral evidence about the legal duty to take into account children's views. Under s.53 Children Act 2004, there is a duty to ascertain children's wishes and feelings and give due consideration to them. During debates on the Bill the issue of whether there should also be a requirement to record this was briefly discussed.¹⁴ Barnardo's believe that s.53 should be amended to include a requirement to record the child's views and whether or not any action was taken.

At *Question 8*, I provided information from a piece of research undertaken in France, Germany and England.¹⁵ Further comparisons can be made using that research, between children in residential care in England and Germany in relation to outcomes for children and staffing issues. In Germany, 59% of children in care live in residential establishments of up to 150 children, compared to 14% in England. In England 11.6% of children under 16 who are in residential care were not attending school compared to 2.2% of

¹² www.croa.org.uk.

¹³ Kirby, P, Lanyon, C., Cronin, K, Sinclair, R (2003) *Building a Culture of Participation: Involving children and young people in policy, service planning, delivery and evaluation*. London: DFES.

¹⁴ House of Lords Hansard, 15 July 2004, Col 1476 onwards. The issue was not discussed further in the Commons, as at Committee Stage the Minister said that she would return with amendments at Report, and at Report Stage the amendments were passed without debate but did not include a requirement to record.

¹⁵ Petrie, P; Boddy J; Cameron C *et al Working with children in care* Open University Press 2006.

children in Germany; and less than 50% were in post 16 education or training compared to 70% in Germany. English residential units have considerable difficulty in retaining staff, 46% of managers reported this as a major problem compared to just 8% of managers in Germany.

In England, Government standards from 2005 specify that at least 80% of residential staff should have a Level 3 NVQ in caring for children and young people. But despite investment in training, this target is not being met; with 36% of staff still have no qualification at all. By contrast in Germany the most basic level of training required is a three year vocational college qualification and the preferred qualification is that of a four year degree in social pedagogy. Over half of residential staff have the higher level qualification and there has been a sustained and deliberate policy to professionalize the residential care task through taking a pedagogic approach, resulting in a confident and well respected workforce.

Adoption and fostering are often considered preferable, particularly for younger children; but for some children, group living is the most appropriate placement. Children who may have had a number of foster carers, older children and young people and those who have very strong family ties can be better served and frequently express a preference for residential rather than foster care.

At *Question 15*, to clarify the figures from our research with young people to get their views about *Care Matters*. We spoke to 136 children and young people and 34 foster carers; 74% of the children and 21 of the foster carers told us that they would like someone to talk to or seek advice from outside of normal office hours. Barnardo's Marlborough Road Partnership¹⁶ provides supported housing and a range of other services for vulnerable and disadvantaged children and young people aged 16 to 21 in Cardiff and Newport. As part of this 24-hour on-call support is offered at a cost of approximately £11,000 pa.

In response to *Question 22* we mentioned our research involving care experienced young people in inspections of children's services.¹⁷ Together with a consortium of voluntary sector partners, we recruited and trained a group of young people who had experience of being in care to take part in 19 inspections and get the views of children and young people currently in care for the Social Services Inspectorate (SSI). The purpose was to develop a process for gathering better information directly from children, young people and their carers which enables them to give their views and opinions on how well local authorities listen and respond to them. A copy of this report is attached for your information.¹⁸

I would also like to take this opportunity to reinforce our optimism about the changes that are taking place through the implementation of *Care Matters*; however, as I noted in my evidence at Q3 we believe that there are three continuing areas of concern:

- The need for independent advocacy for children in care.
- Better support for transitions for children leaving care.
- Children in care who go into custody.

Barnardo's is also a member of the Refugee Children's Consortium, and we urge the Committee to take the needs of unaccompanied children seeking asylum into account during the course of the inquiry.

April 2008

¹⁶ <http://www.barnardos.org.uk/marlboroughroad.htm>

¹⁷ Hibbert, P (2002) *Voices and Choices: young people participating in inspections. Learning from the Listening and Responding component of Social Services Inspectorate (SSI) inspections of local authority children's services*. Ilford: Barnardo's.

¹⁸ Not printed

Wednesday 26 March 2008

Members present:

Mr Barry Sheerman, in the Chair

Annette Brooke
Mr David Chaytor
Mr John Heppell
Mrs Sharon Hodgson

Fiona Mactaggart
Mr Andy Slaughter
Mr Graham Stuart

Memorandum submitted by the Family and Parenting Institute

SUMMARY

- The Family and Parenting Institute (FPI) is the UK's leading centre of expertise in families and the upbringing of children. This submission focuses mainly on the strand of the inquiry dealing with family and parenting support.
- Changes towards a whole family approach should be brought forward across all local authorities, building on existing knowledge and good practice.
- Families where one or more parents have learning difficulties need to be a priority in family and parenting support, focusing on early identification and intervention and improved joint working with adult learning disability teams.
- Resource shortages and high eligibility thresholds continue to frustrate attempts to shift the balance towards early intervention and preventative services.
- Better support for kin carers should be a priority.
- Although CAMHS have improved, there is still a shortage of therapeutic services for children in care.
- As well as raising the age at which children leaving care are expected to live independently, they also need greater emotional and practical support to make the transition. Other young adults receive this from their families as a matter of course.

1. A WHOLE FAMILY APPROACH

1.1 The Family and Parenting Institute very much welcome the plans set out in the Social Exclusion Task Force report, *Think Family: Improving the life chances of families at risk*, to encourage a whole family approach and joined up working between adults and children's services. These include the Family Pathfinders, the use of approaches such as multi-systemic therapy, and the recently opened Family Drug and Alcohol Court.

1.2 As well as these pilots, there is already information available about good practice which could be utilised across all local authorities. Sharing information about families is necessary but it is clearly not sufficient. Professionals, for example from adult mental health teams, and children's social services, also need to have a good understanding of each other's role, and be confident in working together. If this working relationship is not present there is a real danger that staff may find themselves carrying out a role that they are not trained or qualified for.

1.3 One means of developing this knowledge throughout an organisation is interagency training (Morris and Wates, 2006). At the least there should be joint protocols that set down the collaborative arrangements between agencies (Kearney *et al*, 2003). Inter-agency arrangements are vulnerable where they rely on the knowledge and commitment of a single member of staff.

1.4 Where a whole family approach has not been taken on board, the role of fathers is often ignored (unless they are seen as a serious risk to the children). The extended family is also frequently overlooked, especially on the paternal side.

1.5 Family Group Conferences are very much valued for bringing in fathers as well as the extended family, and it is to be welcomed that the Government is encouraging this approach. In New Zealand, legislation requires a Family Group Conference to have taken place whenever a serious decision about a child is to be taken. Serious consideration should be given to making the procedure a standard part of practice in the UK. Any implementation should consider the international evidence on best practice worldwide, including the effective inclusion of children within the process.

1.6 A family approach needs to continue after children have been taken into care, as many return home. The statistic in *Care Matters: Time for change* that 46% of children were found to be reabused or neglected after returning home is shocking. It links in with another statistic, from the *Care Matters* Green Paper, that that 75% have no contact with their social worker.

1.7 We welcome the proposals to ensure work continues with birth parents while the child is in care and that there is a Child in Need Plan to be implemented on the return home. These must be given a high priority, and be rigorously monitored across local authorities.

2. PARENTS WITH LEARNING DIFFICULTIES

2.1 The evidence suggests that parents with learning difficulties account for a significant proportion of children taken into care. Booth and Booth (2004) found that around one in six (15%) of the care applications to four courts during 2000 concerned families where at least one parent had learning difficulties. In an additional 5% of the cases, one or both parents had borderline learning difficulties.

2.2 The strategy set out in *Care Matters: Time for change* does not include any specific plans to improve family services to prevent the need for these children to enter care. Neither does the Social Exclusion Task Force report address the particular needs of these families when setting out the need for a “whole family” approach. This is despite a body of evidence suggesting that there is considerable room for improvement.

2.3 Tarleton *et al* (2006) set out a range of good practice which has been shown to enable ‘good enough’ parenting with support. Children’s welfare must come first, but the same principles should be applied as in any other case: the assumption that unless proved otherwise their best interests will be served by not separating them from their birth family.

2.4 The key to better outcomes for families is that adults’ and children’s services work together as a matter of course. Cleaver and Nicholson (2007) found that despite much government guidance, there was little evidence that social workers carrying out child in need assessments were using specialist tool kits or working together with learning disability teams based in adult services.

2.5 Specialist services can help parents establish a routine, and acquire skills such as cooking meals for their children. Unfortunately some professionals reported that parents were often only being referred to these services at crisis point, or just before the case goes to court (Tarleton *et al*, 2006). This goes against all principles of early intervention and family support. Similarly parents who were “too able” to qualify for learning disability services were given no help until concerns were raised about their children.

2.6 Assessments of parenting capacity have also been raised as a source of concern, particularly by Booth and Booth (2004), reporting parents having been unaware of any assessment, or assessment apparently being based on an IQ test alone. More recently, Cleaver and Nicholson (2007) report greater attempts to involve parents in assessment and planning. However, without the involvement of specialists in communicating and working with people with learning disabilities they had limited success: for example, a third of parents were unaware of the child in need plan.

2.7 Although support can be reduced in certain areas as parents gain confidence, ongoing support will always be needed as the children grow and their needs change. Families often have multiple problems, for example a high proportion of children were also disabled. Cleaver and Nicholson (2007) found that short-term interventions resulted in cyclical crisis episodes for families. Providing this support may not be cheap, but nor is the alternative, where parents have successive children removed from them.

3. RESOURCES AND ELIGIBILITY CRITERIA

3.1 The Commission for Social Care Inspection (CSCI)’s most recent report on the state of social care in England concluded that “Increasing financial pressures are resulting in high eligibility criteria and thresholds for access to services. Children and families are not always getting the help they need, at the time they need it.” The recently announced review of eligibility thresholds for social care must take account of wider family needs and consequences if services are not provided.

3.2 Resource shortages and high eligibility thresholds can lead to voluntary sector services reported their organisations regularly having to step in where statutory services are failing to support children at risk (Barrett, 2008). While these services may be better placed to gain families’ trust, statutory services must retain the ultimate responsibility to ensure children’s safety.

4. SUPPORTING KIN CARERS

4.1 It is welcome that the planned framework for family and friends care includes recognition of the unmet needs of kin carers. Farmer and Moyers (2005) found in their sample of kin carers a greatly increased risk of having a disability or chronic illness compared to stranger foster carers (31% against 17%) or experiencing financial hardship (75% against 13%).

4.2 A review is needed of the adequacy and fairness of financial support for kin carers. This should include possibilities for making the transfer of child benefits from the parent to the kin carer more efficient, as delays put further strain on carers' finances.

5. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

5.1 There has been considerable progress towards commissioning comprehensive CAMHS. However, there are still problems with waiting lists and availability of specialists such as family therapists. There is currently an acute shortage of therapeutic support for looked after children, especially for those who have experienced abuse or neglect, as recognised in CSCI's (2008) review of social care.

6. TRANSITION TO ADULTHOOD

6.1 There is an urgent need to end the anomalous situation where, while the average age of a young person leaving home is around 24, some of the most vulnerable young people are expected to live independently aged 16. It is important that resources are found to implement the proposed changes as quickly as possible.

6.2 Even once young people are living "independently", they still need emotional support. To enable a successful transition to adulthood, proposals need to address the psychological needs of young people leaving care, in other words their need for sustained and continuous support from key carers well beyond the age of 18.

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February 2008

Memorandum submitted by Action for Children (formerly NCH)

1. EXECUTIVE SUMMARY

- NCH¹ is pleased that the Children, Schools and Families Select Committee is conducting an inquiry into looked-after children. We see this as a timely inquiry and one that can assist in the development and implementation of *Care Matters* and ultimately improve the outcomes for children who enter the care system.

¹ NCH is the UK's leading children's charity. We run nearly 500 services and work with more than 178,000 children, young people and their families across the UK (as at April 2007), some of the most vulnerable in our society.

- NCH would like to see:
 - a greater emphasis on preventative services, with the recognition that there may also be a need for long-term ongoing support for some families with complex needs;
 - the Government addressing the needs of vulnerable groups of young people in the care system, specifically young offenders and unaccompanied asylum seeking children;
 - work to promote emotional health and wellbeing for young people in the care system; and
 - work to ensure that children and young people in the care system are not confronted with a “cliff-face” at key transition stages whereby services end entirely or change considerably. Also given the vulnerability of those leaving care there should be a specific emphasis on supporting young people to learn skills and to find employment or training—for example apprenticeships.

2. NCH

2.1 NCH believes raising the life chances and improving the experiences of children in care is an urgent need. We work to promote the best interests of children and young people in care through providing a range of residential services for children, young people and families, including residential services for disabled children and those who are leaving care or homeless.

2.2 NCH also has a long tradition of adoption work, as well as a variety of foster care placements, ranging from emergency and short term through to specialist long term, remand and shared care placements.

2.3 The outcomes children in care—be they educational attainment, physical health or emotional wellbeing, lag a long way behind that of the general population and certainly fall below what we would aspire to for our own children.

2.4 NCH supports *Care Matters* ambition and objectives, and we will make every effort to support measures to build services that place the child at the centre and deliver better outcomes for all vulnerable children.

2.5 *Care Matters* is a unique opportunity to unite support and action in ways that will demonstrate society’s commitment to our most vulnerable children and to develop services that help them to realise their potential.

3. FAMILY AND PARENTING SUPPORT

3.1 *Care Matters* offers a package of measures to address the shortfalls of provision for children in the care system. It also has a strong focus on prevention, looking at policies to ensure earlier intervention and support for families with children on the edge of care. The paragraphs below highlight the impact and benefits of intensive family support to families with children on the edge of care.

3.2 NCH Intensive Family Support Services:

- intensive family support, where appropriate, is an effective intervention that supports and challenges families with children who are on the edge of entering the care system;
- its aim is to avoid children and young people unnecessarily entering the care system;
- on average, four out of five referrals to NCH’s intensive family support services are deemed successful and cost-effective; and
- NCH intensive family support services can also help meet the needs of children and their families after being in care and can prevent repeated re-entries into the care system.

3.3 NCH runs a number of intensive family support services that support families where children are at risk of entering the care system, perhaps as a result of family breakdown or severe difficulties. This service can also be used to support children leaving care and returning home to live with their families, or to prevent the breakdown of a foster placement.

3.4 Intensive family support builds on the family’s strengths and coping strategies, and incorporates a strong degree of challenge. The service usually involves a time-limited but intensive (24-hour/seven-day-a-week availability) intervention for families in crisis. At the end of the period, the family is linked into existing local services. The intervention involves defusing the immediate and precipitating crisis that led to the service referral, with support workers engaging the family, children and/or young people, liaising with other agencies, assessing the problems, developing specific, measurable goals, and helping everyone in the family to acquire the skills to achieve them.

3.5 NCH Phoenix Service—Merton.

In Merton, NCH works with the local authority to prevent children coming into care. The service works with families in crisis using a solution-focused brief therapy model of work. Intensive support is offered for a period of three months, with all interventions regularly reviewed. When the work is completed, families are tracked after six months to see if the progress they made has been maintained and, in some cases, to offer a “one-off” review session if this is considered useful.

The project consists of a rapid response team, adolescent resource team and family group meetings. The rapid response team offers crisis intervention by responding with 24 hours and providing intensive intervention with the family during their crisis.

The adolescent resource team offers direct work with children and young people aged 9–19, using different methods to engage young people. Family group meetings are used to ensure that children remain within extended families wherever possible.

Other services include group work for parents with teenagers and for young people. These help young people to gain confidence and raise their self-esteem in order to develop healthier peer relationships.

The NCH Phoenix service operates in a multi-agency context, working in partnership with CAMHS, YOT, education and other voluntary agencies.

3.6 *Benefiting families*—At our intensive family support service in Plymouth, results after two years showed that 94% of young people referred did not enter the care system. A survey in similar service that was run by NCH in Tower Hamlets, based on a sample of 33 families followed up one year after receiving a service, showed that 88% of the young people remained within the family.

3.7 *New research*—Researchers from Sheffield Hallam University have recently completed a three year study² into the longer term outcomes of families who had worked with intensive family support projects. The families were at risk of eviction because of anti social behaviour and had worked with IFSP to address their often multiple and complex needs. This kind of support has the potential to reduce the need of children entering the care system.

3.8 28 families who had significant needs were referred to the service and their progress was evaluated. The researchers judged that for 20 families the project was a success. The other 8 families were considered to have continuing difficulties. Interestingly, the researchers highlighted the fact that the families who were referred to these services often had deep-rooted problems, suffered from multiple deprivations and were likely to continue to be vulnerable.

3.9 *Cost-effective approach*—In Glamorgan, NCH worked in partnership with the local authority and recorded 15 successful interventions over a period of nine months. It is estimated that had these 15 interventions not been undertaken, the average weekly cost of each placement would have been £815 per week. Given the average placement time is three years, this offers a significant potential cost saving.

3.10 The annual cost of a mid-range NCH intensive family support service working to prevent admission to care is just over £300,000 per annum. This provides an intensive service to approximately 60 young people and their families a year, available 24-hours a day over 52 weeks. An 80% average success rate means that accommodation is avoided for 48 of these 60 young people.

3.11 Based on the above costs, there are also potential cost savings on intensive family support services to prevent the need for entering the care system. Below are the figures that highlight the average gross weekly expenditure per looked after child in foster care or in a children's home in England.

3.12 Weekly cost of looked after children in foster care or in a children's home.

	<i>2005–06</i>	
	<i>Average gross weekly expenditure per looked after child in foster care or in a children's home (CF/B8.1)</i>	<i>Gross total cost for children looked after in foster care and children's homes during the year (CF/B8)</i>
England	716	1,972,814
Shire	709	661,875
Metropolitan	700	566,421
Unitary	683	358,855
Inner London	835	180,890
Outer London	759	204,772

Source: CSCI performance assessment framework report 2005–06.

3.13 While there are financial savings to the exchequer and to local authorities, arguably the greatest savings may be seen in the value of services to people—enabling a child to remain safely within their own family and community has immeasurable benefits in terms of their long-term development and wellbeing, including increasing the likelihood of avoiding custody, mental illness or reliance on harmful substances.

3.14 NCH would like to see a greater emphasis on preventative, intensive family support services. These services prevent family break up, deal with each families' complex needs with the aim that they will not reach a crisis point in the future. Based on research findings this can also provide a cost-effective intervention. In addition, given the vulnerability of these children and their families there may also be a need for long-term ongoing support to help them address their deep-rooted needs.

² The Longer Term outcomes associated with families who had worked with Intensive Family Support Projects: Sheffield Hallam University on behalf of the Department for Communities and Local Government and the Department for Children, Schools and Families: January 2008.

4. CARE PLACEMENTS—VULNERABLE GROUPS

4.1 The Government must do better in addressing the needs of particularly vulnerable groups, even where that may not be popular.

4.2 NCH is disappointed with the lack of acknowledgement given to the needs of asylum seeking children or young offenders, or discussion as to how these needs should be addressed within the care system.

4.3 Young offenders—The disproportionate number of children in care who offend is well known, running at almost three times the national average. We are disappointed that the opportunity for making the links and addressing this issue explicitly in the White Paper has not been seized.

4.4 We welcome the recent developments to join up work across government on youth justice. NCH believes that this progress at national level now needs to be cemented on the ground, in particular to ensure that targets and incentives work across organisational boundaries to keep young people from offending and out of custody wherever possible.

4.5 NCH has been able to demonstrate success in using various models of care in working with young offenders while also keeping them out of custody. The White Paper does make reference to the Intensive Fostering programme being developed by the Youth Justice Board, but only in passing as a model for the development of Multi-dimensional Treatment Foster Care Pilots for adolescents with complex needs and challenging behaviour. We believe the links between the Youth Justice Board pilots and DCSF initiative needs to be expanded to provide a continuum of services that encompass real alternatives to custody through the greater use of specialist and remand fostering.

4.6 Some young offenders will still end up in the secure estate. These young people should be treated as “looked after” children so that they are eligible for all the same support and access to services as other children in need.

4.7 Below is an example of a project that currently provides remand and intensive fostering services.

4.8 Case Study: Foster Care NCH Wessex Community Project:

Foster Care NCH Wessex Community Projects has lengthy experience in providing remand and post custody fostering. A recently published evaluation of the project indicated that 75% of young people in remand foster care did not offend while in placement (BAAF 2006).

In addition considerable success has been achieved in reducing substance misuse, re-establishing positive links with family and community and with access to education, training and employment. This is achieved by working closely with Youth Offending Teams, Children’s and ETE Services and other involved agencies.

NCH has undertaken to run two of the three pilots for Intensive Fostering with funding through the Youth Justice Board. Before sentence young people are offered a fostering placement, as an alternative to a custodial sentence. The young people are then involved in an intense behaviour modification programme which ensures that they have structure and boundaries, sanction and rewards to shape their behaviour.

Given the opportunity to become actively engaged in education, training or employment, separate from their peer group and broaden their social opportunities, the changes seen in young people can be profound. The programme includes work with their families to support the changes they are making by improved relationship management so their return home can be successfully achieved.

4.9 The YJB needs to look urgently at future funding options for these models that can make the link between youth justice and social welfare—thereby enabling local areas to design a service that is centred on the needs of the young person. This work will need to address the current financial disincentives for Children’s Services Departments to providing accommodation for children within the youth justice system.

4.10 Unaccompanied Asylum Seeking Children—The White Paper talks about the particular needs of Unaccompanied Asylum Seeking Children (UASC). We believe that unaccompanied asylum seeking children are children first and foremost and have the same universal needs as any other child. While the common factors for asylum seeking children will be needs and issues relating to immigration matters, NCH believes the response to each child has to be tailored to take into consideration their unique needs and circumstances. We are concerned that asylum seeking children over 16 will generally be placed in accommodation that is shared with other young people, while the majority of under-16s are placed with foster carers.

5. HEALTH AND WELLBEING

5.1 NCH is pleased with the importance given to emotional and physical health which ran throughout the White Paper; from the promotion of resilience factors for carers, to elements of the care pledge. We also welcome the fact that the emotional and behavioural health of children in care will now be measured by local authorities through the *Strengths and Difficulties* questionnaire.

5.2 Emotional wellbeing is seen increasingly as key to successful adaptation to adult life, achievement of educational success, positive relationships and mental health. NCH's *Growing Strong* campaign has identified a number of specific actions which the Government should employ to make this happen to improve the emotional wellbeing of vulnerable children. These include:

- all public services giving priority to the promotion of emotional wellbeing and support the development and creation of educational, social, health and other services that have been proven to encourage this;
- setting specific targets and indicators based on positive measures of emotional health rather than a reduction in harmful behaviours; and
- local authority drawing up an action plan for developing and supporting young people's emotional health, with particular reference to removing the barriers that make it difficult for the most vulnerable children in care to use services.

5.3 Since launching *Growing Strong* we have been approached by a number of local authorities requesting our assistance in helping their children and young people improve their emotional resilience.

5.4 Below is an example of one of our services to improve emotional wellbeing.

5.5 Coventry After Care Service, England:

This service helps young people leaving care, and almost all the young people have emotional wellbeing needs following years of care placements and separation from their birth family. Many had endured abusive experiences while with their birth families and also had needs arising from these experiences.

The service has clear and consistent methods to improve young people's emotional wellbeing. These include:

- focus on practical skills in order to cope with the demands of living alone at the age of 18 or younger—success in managing money, equipping a household or in simple activities such as changing a lightbulb were instrumental in improving young people's self-confidence;
- staff persistence in the face of common initial reluctance by care leavers to engage;
- use of consistent relationship—low staff turnover compared to services in the local authority was identified as a particular strength and was responsible for enabling young people to reflect and grow emotionally;
- use of positive reinforcement of young people's achievements, however small they might be, particularly within the context of a sound professional relationship or in public, such as the awards ceremonies at Coventry Cathedral; and
- opportunities to contribute to the running of the service and to individual pathway plans.

The service works with young people from diverse ethnic backgrounds and this had in some instances complicated the understanding of young people's mental and emotional wellbeing, for example avoiding eye contact but out of respect and not as a sign of an emotional or relational difficulty. Other service users believed in possession by spirits while some young people, from Eastern Europe in particular, had trust issues because of historic, if not personal, experiences in their home countries.

Staff have also identified that boys find a talking approach more difficult than girls. The service has therefore set up a series of activities for service users of both genders so that "talk" can happen while engaging in an activity with a staff member, and this is less threatening for many young people.

The service has also developed a specific suicide risk chart for use with young people in view of the service user group's high risk of self-harm and suicide. This chart enables the worker to map changes to a young person's emotional and mental health.

5.6 Below is an example of a service that builds a responsive approach that is based around the needs of the young person, and aims to provide them with stability. We know that continuity in a young person's life is the key to promoting their emotional well being and to enable them to form positive relationships with their carers and thus leading to more positive outcomes in their lives.

5.7 Case study: Multi-disciplinary Intervention Service Torfaen (MIST), Wales

MIST is a service based, network-managed CAMHS project led by NCH Cymru. This radically innovative service model has been further refined in the light of several years of operational experience. The young people MIST works with have had multiple placements leading to out of county or secure unit placements due to their needs in terms of emotional wellbeing, behavioural control and relationships.

The operational elements of the MIST service are the multi disciplinary members of the MIST team, highly committed foster carers and the wider network of professionals involved with the young people.

The MIST service forms a team around the child and provides support and advice 24 hours a day; by delivering this service NCH has reduced the out-of-county residential population from Torfaen from 13 in 2003 to three in April 2007.

Given the complex and widely variable situation of the young people MIST works with, it is difficult to categorise outcomes, but in its first three years the project has achieved significant changes for the children, young people and their families they have worked with.

These include:

- the reduction of risk taking behaviour and episodes of self harm by one young user, who now no longer runs away from her carers;
- the reduction in the number of young people involved in the youth justice system;
- preventing young people from entering youth custody;
- maintaining young people in their educational placements;
- ensuring placement and stability for the children and young people in the project, which had a positive impact on placement and stability generally in the looked-after children population; and
- a reduction in the need for children and young people to be placed outside their communities, which has led to improved family relationships and parental emotional health and wellbeing.

6. TRANSITION TO ADULTHOOD—LEAVING CARE

6.1 The issue of leaving care is very important and it is pleasing to see the high level of attention it is given in *Care Matters*. These children and young people should not be confronted with a “cliff-face” at key transition stages whereby services end entirely or change considerably. Such a disruption is particularly significant for those young people who enter the care system later on in their childhood and for who continuity and consistency is particularly important.

6.2 We very much welcome the proposals around lengthening young peoples’ contact with mentors or foster carers.

6.3 Nationally young people leave home on average at the age of 24 and most people experience two or three attempts at leaving home before finally leaving. If the Government is serious in raising the standard of corporate parenting and fostering so that it is genuinely a positive experience we need to design a system that reflects the needs of young people to move gradually towards independence over a longer period of time—just like their peers who are not in care. We know that these arrangements will take time to bed in and we would be keen to see how these proposals work out in practice.

6.4 We support the way in which the Government is addressing issues around leaving care through providing longer term access to mentors and foster care, and the needs of older children on the edge of care through Multi-Systemic Therapy.

6.5 NCH is of the view that, given the vulnerability of those leaving care, there should be a specific emphasis on supporting the need to learn skills and to find employment or training—for example apprenticeships.

6.6 Support services—We would like to see additional support for services that prepare young people for leaving care by training them in the life skills that they will need whichever route in life they take. NCH has developed several services that get young people ready for life after being in the care system.

6.7 For example, through partnership with Norwich Union we have produced a leaving care resource pack. We believe that resources should be made available to all young people preparing for adulthood. Over 12,000 copies of our leaving care resource pack have been distributed to-date. In addition our Youth Build programme provides a positive way of developing life skills and is an example of how the commercial and voluntary sectors can work together.

6.8 NCH Youth Build:

NCH Youth Build is a pre-vocational programme of support for young people aged 16–24 for entry into the construction industry. The service can offer a programme of support and training targeted at young people leaving care and socially excluded young people who may face challenges in entering and competing in the labour market.

NCH has particular experience in bringing employers together with young people not in education, employment or training to offer supported apprenticeships and training:

- the NCH Youth Build initiative offers a model of how to work with young people from a range of socially excluded backgrounds including young people leaving the care system; and
- through the NCH Youth Build scheme we have helped employers meet the training requirements of young people whose complex needs would otherwise present a barrier to complying with a duty to participate in training, employment or education.

NCH believes that without the appropriate support to help young people participate, the educational under-attainment and inadequate life-skills of many socially excluded young people will deter employers, colleges and training schemes from offering them the places they need.

Successes on the NCH Youth Build programme include

- an average 80% success rate into employment for vulnerable and socially excluded young people;
- of 42 young people who entered one NCH Youth Build programme, 30 are due to complete and move on into construction or some other form of employment; and
- considerable savings of working with this cohort, for example, the annual cost for a male in a young offenders institution is estimated at £47k.

NCH understands the key support needs of these young people; including helping secure accommodation, developing basic life-skills such as managing a budget, and acquiring the discipline necessary to train in the workplace, such as time keeping.

6.9 Another project has involved NCH working with Barclays Bank to help care leavers improve their money management skills, make informed decisions about their finances, and reduce money worries.

6.10 Financial Futures.

Barclays Bank and NCH have undertaken a joint national initiative to help vulnerable and excluded people improve their money management skills, make informed decisions about their finances, and reduce money worries. Barclays will invest up to £1.8 million over three years in the “Financial Futures” initiative with NCH.

Financial Futures aims to help develop better budgeting skills, minimise debt and plan more effectively for their future. It will also help disadvantaged young people to manage their finances and live independently.

As part of the joint work NCH audited our own projects in order to understand what the major financial literacy needs are, and to identify examples of best practice in projects that already do some activities to promote better understanding of money matters. On their part Barclays Bank has enabled thousands of its employees to volunteer for Financial Futures.

Their work, for example, includes Barclays employees having the opportunity to provide practical financial workshops to NCH service users, offering expert advice on issues like setting up a bank account, managing debts, dealing with an income or debt crisis, and prioritising spending. The target is to reach 3,000 young people, parents and carers using NCH services over the three-year period.

6.11 These projects are all part of our commitment to ensuring that young people in care are equipped with the life skills they will need after leaving the system. The programmes noted above have been made possible through NCH working with private sector companies harnessing their Corporate Social Responsibility and skills for the benefit of care leavers. However, more support could be provided by central and local government to ensure that schemes such as these are available to all care leavers who need them.

February 2008

Witnesses: **Margaret Dillon**, Deputy Chief Executive and Executive Director of Children’s Services, NCH, **Mary MacLeod**, Chief Executive, Family and Parenting Institute, **Anne Scarborough**, Association of the Directors of Children’s Services and **Professor Jane Tunstall**, Visiting Professor of Social Work at King’s College, London, gave evidence.

Q57 Chairman: I welcome our witnesses, Margaret Dillon, Mary MacLeod, Anne Scarborough and Professor Jane Tunstall. As this is a formal evidence session, every word is recorded by *Hansard* and will be printed tomorrow, so everything is on the record. I think that we are also being webcast; the little green light is on. Although this is a formal session, we play it in a rather informal way. If you have no objections, we will quickly revert to first names and not titles. I hope that that is all right. I welcome you all. I will repeat what I said outside: the Committee is on a steep learning curve. It is a new Committee with new responsibilities that we take seriously in respect of all of its remit—Children, Schools and Families. Some of us are more familiar with the schools part and know from long experience how to deal with that, but the children and families part is new territory. We range right across a number of Departments—wherever there are issues to do with children, our writ runs. We are looking at *Looked-after Children* as our first major inquiry in this area. We give witnesses the chance to say something to get

started, but first I have a general question for you. Why are we in this sector talking about the challenges of looked-after children? We have the Children Act 1989, which I read in preparation for this meeting. It should all be running smoothly; it should be done and dusted. What is the need for change—surely, everything is as perfect as it can get? **Professor Tunstall:** First, may I say something about the 1989 Act? If I had thought that you were going to ask me about that, I would have felt better, because I was commissioned by the Department of Health to do two studies on that Act. Whichever bit of the system you are looking at the efficacy thereof, to mix my syntax, the real challenge in the 1989 Act—I am looking at Gillian Pugh—was the complexity of implementing section 17 in part III of the Act, which set out the duty to promote and safeguard the welfare of children in need. So much time was spent arguing about the parameters of that definition that it resulted in what was an unhelpful, I think, focus on what would then have been called child protection and the most complicated cases, and a

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failure to understand the breadth of the “being in need”. Obviously, we are aware of the resource constraints on local authorities, but they were not supported, facilitated or encouraged enough to put serious effort into that promoting of children’s welfare, before the safeguarding bit. In many of the agendas that are endlessly talked about now, such as the looked-after system, any deficits that exist in the safeguarding system have their roots to some extent in that tension around section 17.

Q58 Chairman: Thank you, that gets us started. Anne Scarborough, you are from a well known local authority quite close to my constituency—the local authority next door to mine, in fact. Where do you stand with regard to responsibility for children’s issues in a local authority? Is everything as it should be, or can you see room for improvement?

Anne Scarborough: As Professor Tunstall says, there are tensions. I am head of a family support service which is basically about preventive services. I am not from a social work background—my background is in education—so my perspective is probably slightly different, but there are huge tensions between the safeguarding and the well-being aspects. There are similar tensions around sending children who are excluded from school out of authority and paying for that and accepting children who come into the authority to be looked after. The tension for a council is about the cost of that. For us as a small authority, it is about looking at preventive measures and to trying to shift the focus and funding to prevention and earlier intervention.

Q59 Chairman: Mary, what is your take? What are the big issues?

Mary MacLeod: Thinking about the past, I started work as a social worker attached to some children’s homes in Scotland with Barnardo’s—that was a long time ago. I have looked at the position of children in care from working at ChildLine, where I ran a children in care line and did some research into what children were saying about their experiences in care. I now work at the Family and Parenting Institute, where we do research and policy on family support. Thinking about that history, I think we really need to bear in mind that this is very difficult to get right. It just is. We are working with children whose experiences in their families and early experiences have often been very damaging. It is hard to get it right for them. If I were to look at some of the key issues on which we should now be focusing, one would be the gap between adult and children’s services. The really big problems that have an impact on children’s outcomes like substance and alcohol abuse, domestic violence and mental health problems, are dealt with by adult services, and the join-up is not as good as it should be. I suppose that the other big issue for me is the need for really good therapeutic services for children in care who have had these experiences. Okay it was eight years ago now, but some research by Elaine Farmer in Bristol looked at children who were in care who had been sexually abused and found that only half of them had had any access to therapy at all. We have the

children in care. Child and adolescent mental health services have had some extra funding, but I would see that as a place where you could get support to help children as they themselves become parents and maybe break that cycle if you like.

Q60 Chairman: Margaret, what is your take on all this?

Margaret Dillon: To echo some of what Anne and Mary have said, what is going to be most helpful is recognising that integrated services, rather than services being delivered in silos as they have been, will potentially be more supportive to families. A number of agencies are picking up different issues at different times, without ever taking an holistic picture of the needs of children and their families and developing an integrated response. I also think that within local authorities there has been a tendency to work in silos and to think, “I am working with a looked-after children cohort,” or, “I am working with children and risk and therefore in need of child protection services,” but then there is a cohort of children you never quite get to who require early intervention services. They are always lower priority. The whole question of thresholds then comes in and the point at which a child and their family become in need of a service under section 17 of the 1989 Act. The whole threshold debate becomes quite problematic within local authorities in terms of what Anne was saying about where you then choose to allocate resources. The high-cost services tend to be services for looked-after children and there is always a challenge to front-end the early intervention range of family support services.

Q61 Chairman: Your organisation has a particular interest and focus. I recently met some of your people and was interested to be educated in the specialism and focus of NCH. You have this knowledge of parenting and families and a long history in the field. How do you break out? Do you look to children’s trusts to have a more sensible attitude? If you looked at an average authority, roughly how many children would be in each category? Does anyone know?

Margaret Dillon: I am sure that Anne knows the figures for Calderdale. Very good authorities that have done a detailed analysis know because they ought to be in a position to identify needs within their local authority boundaries. They would have a percentage of children who are at the very pinnacle of need, then middle priority, then lower priority, and then a whole range of services that are universally accessed. As needs become more problematic and require different sorts of services, you get targeted services.

Q62 Chairman: Anne, can you give us a figure? How many of these children are the ones who give us the greatest concern and how big is the next band? Is it 1% followed by 5%?

Anne Scarborough: I cannot give you a figure, but let me give you an example. We have tiers 1 to 4 of provision. Tier 1 is universal provision, where most children and families sit. Tier 2 is preventive

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services, where you are a bit concerned about things. Tier 3 is intervention and targeted support, rather like support for children who have special educational needs, for example. Tier 4 is acute services—again, that comprise children with special educational needs and looked-after children. Most children are in tiers 1 and 2. Tiers 3 and 4 are the tiers where you are getting to the most acute. The skill is to have pathways through the tiers, because what happens when you build blocks like that is that people get stuck in each block. You need to build pathways, which is what we have started to do in Calderdale. Our experience in Calderdale is not unique to local authorities. Things get stuck in initial assessment. If somebody makes a referral to care services, sometimes there are not enough people to deal with it at that tier. Initial assessment sometimes takes a long time to do, or it might not be done as—I hesitate to say accurately, but it might not be done as holistically, which is what Margaret alluded to, as one would like. The key is getting the assessment right and then getting the pathways right. Let us say there is a child and a family who are at tier 1, for example. Families go through crises at different times—we all come from families and we all know that that happens. There are occasions when a family at tier 1, accessing universal services, has a bit of a blip and need to access something at tier 2 or tier 3. Children go up and down those tiers for different things. A child can be doing perfectly well in school in universal provision, but the family is in crisis and therefore needs tier 3 and 4 provision. It is a very complex matter. You have to look at the individual family and the individual child. You have to take a needs-based approach, with very good holistic assessment, with the team around the child, so that you are looking at their education, health and welfare. Quite often, I get phone calls from schools, for example, to say, “This child in this family is not coming to school. The other children are, but one child isn’t. What’s happening there?” An interventionist, assessment approach and pathways are very important, so that you do not get stuck in one bit—because you are in this bit, you cannot go into that bit and access a service, which Margaret alluded to. Figures are very difficult to get—I cannot remember the figures in Calderdale and I have not brought them with me—but it is the pathways through that are important. The key is getting prevention, intervention and support at the time when the family or the child needs it, as Margaret said. Sometimes it is a case of, “Oh, that’s not the threshold to go into this bit.”

Q63 Chairman: But, Jane, does that not depend on the teams working as teams? Everything I have read so far shows there are gaps all round the place.

Professor Tunstall: Yes, there is a lot of evidence in the literature over years and years that the culture and practices in individual organisations have the most impact on how many children end up in care or whatever. Yes, you are absolutely right to focus on the team. Could I just deliver a caveat, or health warning, which is that I have not been bribed by

NCH. It is coincidental that I am doing a piece of evaluation for NCH on something that I think is relevant, which is a very deliberate project that it has set up in four of its children’s centres to do exactly what my colleagues have been talking about, which is to facilitate self-access, and sometimes facilitated access—a bit more proactive outreach work—into the universal services of the children’s centre, with the proviso that more targeted and purposive support can be delivered within the centre, but without treating families who happen at that point in time to be manifesting more complex needs as in some way ghetto-ised, with the attitude of “Oh, hello; they are the funny old bunch from whatever bit of the estate.” Certainly in the centre that I was in a couple of weeks ago, which is run by NCH, they go to great lengths to stop talking, in a sense, about those tiers, to provide a very attractive universal service that large numbers of the local parents use, and very actively to work to engage some of those who, for a variety of very rational reasons, may be reluctant to appear in children’s centres. That is the great deficit of the many exciting initiatives such as children’s centres and, to an extent, extended schools: they do not pay enough attention to the wariness of parents and the need to bolt on some purposive outreach, so that they can come in and be encouraged to access the universal services, even if, at the same time, they are having one-to-one counselling. Do you want a little example from a bloke I met who is using the centre?

Chairman: We love that sort of thing.

Professor Tunstall: Okay. He was living with his partner who had various depressive problems. They had their ups and downs and eventually his partner left him, unusually—it is more unusual for women to leave men with the children; she left the family home and left him with the children. Before she left they had used the odd group in the local children’s centre, but the children’s centre, having clocked this, went to great lengths to engage him and encourage him to come in—remember that he is a man—to use some of the more purposive work that they had got going: a counsellor and some small groups talking about parenting. He accessed all of that, but without feeling that he was some sort of two-headed monster. He felt a lot better, then dropped back, if you like, from that level of higher support, but still goes in and out of the children’s centre, accessing the universal services. He does not know about thresholds. Miraculously he has been prevented from that, whether you call it the terrible tyranny of the tier, or whatever. He just knows that in this local area he has been helped to address the complex problems that at various stages he has had—as we all have—and is now back in what is a very classy children’s centre. But children’s centres need to do something dramatic about opening of access, whether it is about age or complexity of need, if they are really to realise the ambition of Every Child Matters. I should like to come back at some point and have—I will not say a rant, because I am sure that is not Select Committee

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language—a little chat about how I think family centres should not be completely overlooked in contributing to that agenda. This is not a free advert for my recently published book, but family centres—

Q64 Chairman: Would you tell us the name of the book? *Hansard* cannot see you holding it up.

Professor Tunstall: Now that you have asked me, I have deliberately brought it, as you can see, because this is a tribute to Government. Government and indeed everybody else underestimate the extent of the knowledge that we, financed by the British Government, have. We do not need to turn endlessly across the Atlantic, though that is not to say that there are not helpful things over there. I have brought the two most recent overviews. I am sure that you have seen one of them. I shall just give an overview, because it is a little bit of an advert for the British Government. This is not party-political: one of the books I have brought was commissioned under the Tories, and one is more recent. *[Interruption.]* That is true, but it could have been disseminated more widely; there is a foreword by Margaret Hodge. One is about the overview of a range of very complex and interesting studies on how best to support a range of families, and one is about what is, and is not, working well in the Children Act 1989. My book is among some studies that were commissioned. The overview, *Supporting Parents: Messages from Research*, was written by David Quinton, Department for Education and Skills and Department of Health, in 2005. An earlier overview called *The Children Act Now: Messages from Research* was published in 2001. They focus on what the studies tell us. My study, which was overviewed, was a national study of 520 family centres. It looked specifically at the role of the centres in co-ordinating and facilitating networks for families. It is called *Improving Children's Service Networks: Lessons from Family Centres* by me, Jane Aldgate and Marilyn Hughes. It was published by Jessica Kingsley in 2007. Along with other studies, it underlines the role that family centres can play in cases such as the one that I have just outlined. At an episodic point in time, delivering a higher level of support and encouragement will enable families to come back into the virtuous, universal framework of children's centres' services.

Chairman: You have probably put *Hansard* in meltdown.

Professor Tunstall: I can e-mail this.

Chairman: Jane, do not worry, we have got there. I am looking at *Hansard* reporters and they are nodding.

Professor Tunstall: I can even leave them with you.

Chairman: That is absolutely fine. When you refer to this one, it is difficult for the reporters. I describe myself as the warm-up person. We have warmed you up and you are in good mode. David, you are going to start here. Hang on, let Annette intervene very quickly.

Q65 Annette Brooke: Although I have visited both children's centres and family centres, I have not got a clear picture of how they work together. I have not got a mind map of family centres and children's centres. Do they interact?

Professor Tunstall: I do not want to abuse my share of the air time.

Chairman: I will punish you later.

Professor Tunstall: Yes, unless careful thought is given to it, they do not interact, but they could. I am not suggesting a parallel ghetto-ised service. This is relevant to a conversation that Mary and I were having earlier about the role of the voluntary sector in delivering services. In the new world, the voluntary sector agencies are sometimes particularly good at setting up and running family centres. One of the virtues of family centres—then I really will shut up about them—is that they are able to work with a much larger age range. Children's centres are constrained with the under-four proviso at the moment. Family centres can deliver a very broad range of functions, as indeed they do. Just to get one more plea in, they can also help children who feel embarrassed that the extended school is being seen as the repository of all of their parents' woes. Caution needs to be paid to assuming immediately that the extended school is the right place to take problems in the family. For some children, going to school is the asylum in their day. Having Mum and Dad going in and screwing that one up is not what they would choose. You, Anne, in Calderdale will have examples of family centres working collaboratively alongside children's centres, but it is not a given. It is not required in the children's centre guidance, and it could be.

Q66 Mr Chaytor: May I ask Margaret, and perhaps Anne also, about the whole question of family support services and whether there is a common understanding of what family support is? In your opening statements, you have all used the words "support" and "early intervention" in a fairly free way, but what do they really mean? Is there an agreed definition that each of the major organisations and local authorities share?

Margaret Dillon: Yes, I would say that there is shared understanding. How it is defined is dependent on particular local authorities. In my agency, where we work with more than 82% of local authorities across the UK, we deliver family support provision that is tailored to suit the needs of communities within those local authorities, so the shape of the services will look different according to the needs of children and families within local communities. Obviously, you are delivering a different shape of services within a very rural environment from that required for a very urban environment. Invariably, however, the services will consist of a range of direct support work with children, either one to one or in small groups. So we run children's groups from our family centres or within our family support services. We run parenting support. We will provide counselling and anger management, and

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we teach behavioural skills. We will offer budgeting planning and household planning. A range of packages is open to families, once you have undertaken the assessment that Anne was talking about. You then identify the family's particular needs and where they need help and support. Then they can access those services over a time-limited period. So there is a continuum of provision that is flexibly delivered to meet the needs of the child and the family.

Q67 Mr Chaytor: Anne, does that match with what you do in Calderdale and how does your activity in Calderdale match with, say, Kirklees or Bradford, your neighbours?

Chairman: You will know that David was at one time a councillor in Calderdale.

Anne Scarborough: In Bradford?

Chairman: No, in Calderdale.

Anne Scarborough: I apologise.

Chairman: Just for your information.

Anne Scarborough: I worked in Bradford as well. It is a very complex sector; it is not straightforward. I am sorry to say that. What Margaret said is absolutely right; I do not think that there is really a clear definition of family support. The services that I lead and manage are very varied and very wide, ranging from children's centres to extended services in schools to inclusion services, which is all your special education needs services, and young people's services or youth services. All those services provide some type of family support. So, the youth service, for instance, provides positive activities for young people, which supports families by providing somewhere for children to go and things for them to do, from the age of 13 onwards. Children's centres obviously serve a narrower age band, for children up to the age of five, and obviously schools are for children aged from five to 16, or five to 19. So, within that framework are universal family support services, including a family information service that we have just set up. In fact, the first day that we set it up, the first phone call we received was from a parent asking how old a child has to be before they can go and have their navel pierced on their own. I cannot remember what the answer was.

Chairman: I am sure it is the same as other things. It must be 16; it should be 18.

Anne Scarborough: I think that it is probably 18.

Chairman: Thank God for that.

Anne Scarborough: So we have services ranging from a family information service, which is a universal service, right through to a family support service. Going back to what Margaret said, that family support service supports families around an assessment of need and we will go in and work with those families. Along that range of services are services such as the behaviour support service, whose staff are all trained in Webster-Stratton parenting support, which is a particular form of support that can be given to parents, through to something that is called social emotional aspects of learning, which children now learn in schools as part of a behavioural and emotional support programme. There are also extended schools, where

we have parent transition programmes, for the transition from primary to secondary school, which is always a very scary time. So there is a range of services. In Calderdale, we have just written our parenting support strategy and we engaged Rathbones to undertake mapping and auditing for us, because everybody was telling us that they were providing parenting support and so we needed to find out what it was. We found through the mapping exercise that a lot of the support is around intervention at the more acute end, tiers 3 and 4. We do not have enough support at tiers 1 and 2, not necessarily to stop people going into acute, but to get hold of the problem before it becomes acute. That is the key. When we think about it, that is the key to medical matters or whatever. We have parent link workers at our children centres. They are front-line workers who knock on doors in SureStart areas. If they have not seen a family for a while or have located a family who have not been in touch with the children centre, they will contact them. That is crucial to the sustainability and continuity of some families because they know the person.

Q68 Chairman: Who is this person?

Anne Scarborough: A parent link worker. They are first-line workers. They are not official. They do not have a social worker background, so the role is not hard-edged. They encourage parents to use the facilities within the children's centres. Because we can now drill down statistically to houses and streets, we have analysed through the foundation stage profile those children who did not succeed in communication, personal, social and emotional aspects. We shall look at those families to see if other children might need ongoing support, so we can target interventions. We are not targeting at the acute end, but at tiers 1 and 2—the universal and preventive end. Family support is complex. It is about supporting children. We provide a young people's service and support children so that they are safe and healthy within their families and their communities. Community support is crucial to families. A lot of them who are excluded from their communities do not have that support.

Q69 Mr Chaytor: May I ask Mary a question, and then switch to Jane? Mary wanted to say something earlier. She was nodding vigorously in dissent.

Mary MacLeod: Yes, I was. It is very difficult to define family support. People mean different things by it. That is a difficulty in planning services. We did some mapping about five years ago of family support throughout England and Wales. It was clear that the two areas critical to helping families were thought by local authorities to be outside family support: supporting adult couple relationships and interventions with the whole family, which were much less often considered to be part of family support. However, most of the time that is spent on family problems is devoted to entrenched relationship difficulties. We think that it is really important to have couple relationship support, and want family skills that are generally described as family therapy to be part of the range of provisions

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to come under family support. One of the big difficulties is that practitioners are trained in silos. They are trained in work with children or parenting, but actually we want practitioners with a real toolkit to be the one person who can run a family group conference, work with a couple, work with a child and manage practical problems. It is really difficult to have interventions in the problems of families and children that will make a difference.

Professor Tunstall: Two things, one specific thing that I would add to the list of activities that, as the Audit Commission said, would provide support to parents to help them bring up their children, is respite care. We are looking at the looked-after system and I do not think that one should assume that a child being looked after in a period of respite foster care is a badge of failure. That can often be an important service within the family support spectrum. It can relieve stress in the short term and the child can then go home. Picking up on the important work force issues that Mary raised, we lack proper data about the family support work force. About a year ago, I was commissioned by the Children's Workforce Development Council, along with June Thoburn, to do a scoping study of the family support work force. The summary is on its website, but I am not sure whether the whole report has been published. It is astounding how little we know about the qualifications and identities of the myriad workers in any one authority or agency who are delivering family support. One of our recommendations was to add a specific category of family support worker to the minimum data set. Currently, the Government do not collect data on that. The report is called *Scoping the Family Support Workforce* and should be attributed to the CWDC. It is a study of the complexity of family support and outlines how many professionals, as well as members of staff who are not professionals, contribute to the task of supporting families.

Q70 Mr Chaytor: You have anticipated my next question. I will pursue that point for a moment. On the concept of family support workers, what basic training and qualifications would you expect a family support worker, as distinct from a social worker, to have?

Professor Tunstall: Just to be bloody-minded, it is difficult to say that a family support worker is distinct from a social worker. What I was trying to get across was that part of the role of lots of workers might be family support. Part of a social worker's role will be family support. In my view, any good social worker will be doing family support. Trust me, I have taught social workers for years and years and most of them go into social work to deliver something closer to family support than child removal. Family support is part of the social work task, but at the same time it could be part of the role of a speech therapist, a psychotherapist, a mental health worker, a health visitor, an outreach worker, an early-years worker or anybody who is working in what is called "the team around the family", although I cannot say that I am mad about that phrase. Anyone working in a profession that

families are likely to encounter, should have part of their qualification in family support or there could be a case for a family support worker qualification. However, whatever decision is taken must not be seen to rubbish all of the work that is going on or to throw out the baby with the bath water. That is why I support the minimum data set that would build the information in a bottom-up fashion. You are absolutely right about training and qualifications: we are at a very tricky stage with a range of qualifications. I will be very sad if, in the foreseeable future, social work becomes equated with working only with families who are in tier 4. They must have the capacity to do family support input. In many ways, social workers are the most skilled outreach workers because they are trained to engage with the most challenging families. Do not forget that a part of what they do is family support.

Q71 Mr Chaytor: But as of now, there is no distinct component to the training defined as family support.

Professor Tunstall: No, and this discussion is really helpful. May I again put in a plea that family support workers should not become just another silo or another sexy new profession? I am sorry, I should not have started on this issue. It would be sad if it was seen to undermine the contributions made by many workers, including volunteers, who with the right support can offer amazing levels of intense family support that can contribute alongside the capacity of any paid member of the work force.

Q72 Mr Chaytor: Margaret, I want to pursue the matter of integrated services, the importance of which you referred to earlier. Is there not an inevitable tension between workers who are defined as family support workers or who are in a family support role, and the social workers' interest in safeguarding children? How, within an integrated service, can that tension be resolved if there is one group of professionals whose prime objective is to keep the family together, support them and improve their capacity to rear their children, and someone else, the social worker, whose prime concern is safeguarding the child from abuse?

Margaret Dillon: In all our services, we are explicit that safeguarding is everyone's responsibility, whatever their job title happens to be. We push hard for people not to assume that, as soon as there is a child protection issue, it belongs somewhere else. They have as much responsibility to identify and work with those issues as anyone, with additional support if it is required. We are trying to avoid silo thinking within our services, where people think, "I do not need to worry about protection issues for children because I am only doing family support." Actually, family support is all about safeguarding children and ensuring that they are supported to fulfil their potential and that they are kept safe and well. So, we must avoid that kind of artificial distinction between child protection and family support, as they are one and the same thing.

Mary MacLeod: That distinction is strongly felt by families and children. That is why families will often use services that are not labelled as local authority

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ones, although they will work in the way that Margaret has described and consider safeguarding as an important part of what they are doing. The voluntary sector is seen very differently by families. For example, there are evaluations of a service provided by the Family Welfare Association, which is very much focused on families on “the edge of care”, as we call it. In the evaluations, the parents are saying, “It was so good to have Janet; she was more like a friend to me. She was not like a social worker. She was not going to take my children away.” We have to realise that the social work profession and the term “social work” are now associated in people’s mind, particularly those who are most nervous of losing their children, with the bogies who are going to come and take them away. There is a problem in what to call them. Yet, you hear from children in care—I have read the evidence that you heard last week—who are saying, “We want our social worker.” Children are focused on the social worker as being the person who should come to see them and do stuff with them. Yet, for the family, the social worker might be very scary. You are absolutely right that it is difficult to manage that transition between caring and supporting, and controlling and setting boundaries.

Chairman: We will come back to those issues, but I must include all my colleagues and we have six sections of question to ask you. You will return to some of these issues.

Q73 Mr Stuart: The Government are fond of pilots and initiatives from the centre. Are they a fruitful activity or are they taking away focus from universal, consistent services?

Anne Scarborough: I shall answer that, as I have just spent a week putting together a bid for one of your pilots. Pilots are fine in that they focus the mind. We have just put forward a family pathfinder bid. If they are done as part of the work that you are already doing, that is absolutely fine; but if they are done just to chase funding, that is when you can get into a mess. The mess comes when you realise that the funding stops. That is one of the biggest issues that I would like you to take away with you, that short-term funding in this area of work has more negative than positive outcomes. Children’s centres are a prime example. The children’s centre SureStart grant is starting to be reduced. Of course, what you do when you set out on these activities is that you employ a lot of people. For a council, it has to continue employing those people or make them redundant, so it has to build those costs in. The other aspect is that, quite often, you have trained people. Calderdale is very small, so when we train people we put a lot of effort into training them. We have some excellent people. However, you will have noticed from the size of my job that, because we are small, we have to do a lot for our money, as it were. That means that sometimes certain skills can be lost. You may receive a year’s funding, but it takes you a year to get something going; you do not see a benefit from just a year. We are only just beginning to see the benefits of children’s centres, for instance.

Q74 Mr Stuart: So have there been pilots that are funded for just a year?

Anne Scarborough: Some of the funding that I inherited was just for a year.

Q75 Mr Stuart: Can you give us some examples?

Anne Scarborough: Yes, I can. Some of the Connexions funding, which came through for positive activities and for keeping young people in employment and education, was a year’s funding. A year’s funding is difficult to manage. The pathfinder bid is for three years’ funding and the application has to show how that funding will be sustainable; sustainability is the key really. It is not that the funding should carry on so that you can do the same thing. Going back to what Mary was saying, you need to maintain your level of skills, so that you can be flexible in the support that you provide. Quite often, what we need to look at is providing a new kind of service to support families who are in need, or families who are at risk of being in need.

Professor Tunstall: From the viewpoint of the local authority, I absolutely understand all those issues. Speaking as a researcher, I also think that it is very important to be clear about what a pilot is and what it ought to be. A pilot ought to be a scientific asking of a question—for example, “Is this an appropriate thing to do, and let’s find out whether it works?”—before we commit ourselves to going on after the pilot. I am sure that I am not the first person to have raised the disquiet around the privatisation of social work practices for looked-after children at the moment, which is being set up as a pilot and backed by Professor Julian Le Grand, Alastair Pettigrew and various other people. I know that there was an extended debate in the House of Lords—I do not know whether one is allowed to talk about the House of Lords in Select Committees—and all sorts of reservations were expressed, most articulately by Baroness Meacher, about what a pilot is. Of course, it is a political—with a small “p”—decision. If you really want something to work and to carry on, even if you suspect that it may not be the best answer, you put loads of money into it in the short term, disadvantage the other services that you are comparing it against—I would say that the looked-after system in local authorities is a good example of that—and throw loads of money at these private practices. So there are some big questions about methodological rigour, as well as the very important questions about viability of robust service delivery and the implications for the work force.

Mary MacLeod: There are particular problems with initiatives for the voluntary sector. At the Family and Parenting Institute, we have been responsible for managing two very large projects. One was the parenting fund, where central Government quite rightly put money into the delivery of family and parenting support locally, but distributed it through national voluntary organisations. The second was a fund called the early learning partnership project. Both of those projects have been time limited. Particularly for very small voluntary organisations, the churn involved even in two or three-year funding that will then stop is considerable. You lose

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capacity, as people see the end in sight and leave jobs, and you lose skills. It really is very difficult to manage. The whole localism agenda is making it quite difficult for small voluntary organisations, which have a really good approach to supporting parents with learning disabilities. Margaret might feel that it is easier for the larger ones, but small organisations have to search around for money and their position is terribly unstable. It would be a really great loss to family support for such organisations to lose funding and go out of business.

Q76 Chairman: Can you expand on the new localism agenda?

Mary MacLeod: I mean where decisions about commissioning are made locally. You cannot argue against it on many levels. Anne, you know what your business is in Calderdale, as do others in their locality. However, as you were also saying, family circumstances are so incredibly diverse. There are various niche areas in which voluntary sector organisations have built up experience, but they are often national organisations and they do not have the capacity to put in bids to 150 local authorities. They may lose out to private sector organisations which have the capacity to manage tendering processes. It is a question of whether a different regime of tendering should be considered for some of the national voluntary organisations.

Q77 Mr Stuart: There is the classic question which is relevant to all sorts of services. Do we have too much central prescription and initiative distorting local effectiveness, or do we have patchy and inconsistent local services, which could do with greater central direction and uniformity?

Mary MacLeod: I would say it is a mixture of both. Again, to refer to the mapping exercise that we did, we found that local services really wanted the benefit of some organised thinking on parenting and family support. They do not want to have to invent the wheel in every single local authority, so there is a real place for central guidance and support, especially for the pilots and demonstration projects that enable you to build up the case for developing such services. However, it can feel like instruction from on high. As with all such things, it is a balance.

Q78 Mr Stuart: In terms of developing new approaches, you talked about pilots. How good are we at analysing which new models are bringing benefit and sharing best practice with other areas?

Mary MacLeod: I think that we are getting better.

Professor Tunstall: I am aware that I am saying this in the context of a current tendering process to set up a new organisation called the Centre for Excellence in Children's Outcomes, which I understand will have a brief to disseminate good practice. Like apple pie and motherhood, no one can disagree with that, but I happen to think that we are doing an awful lot of it already. Lots of organisations are doing a very good job—I am thinking of Social Care Institute for Excellence and the National Children's Bureau. The Government should have given greater thought to the dissemination of this huge amount of research,

all of which is written up in terms of implications for practice. You have a huge dissemination of good practice going on in higher education institutions through a variety of professional qualifying courses. I think that we are quite good at providing examples of good practice, and the Government have a good track record of requiring reports of instances of good practice. I know that because I have to produce them. I do not know whether you saw the summary of my safeguarding report within the national evaluation of SureStart, but the emphasis was on identifying real things happening and publicising it as examples to other authorities? All I am cautioning against is pretending that we are starting with an empty slate.

Chairman: No one was suggesting that.

Professor Tunstall: I think that is the assumption of the centre.

Q79 Chairman: This Committee has to look at a whole range of services. In our schools remit, for example, we know that there are many good schools in this country, but some schools are in dire circumstances, for all sorts of reasons, and a lot of attention is paid to them through Ofsted and other means. I have a feeling that you were being a little protectionist just now.

Professor Tunstall: I was?

Chairman: Yes, let me tell you why I thought that. Surely we need the best outcomes for children in children's services. Whether that is supplied by the third sector, the private sector or in-house in a local authority, surely the outcome must be the main thing, rather than who delivers it.

Professor Tunstall: I agree entirely. I am not talking about who delivers it. I sometimes think that in England in particular, although also in Scotland and Wales, there is an assumption that we do not have enough of an evidence base, and that we, nationally, are not confident about the nature of good practice. I was making a general point. I do not disagree with anything that you have said. If I sounded defensive, it was because I think we should be more proud of what we already commission research on in this country and what we already know. Obviously I come from a social care background, and I totally agree with you that the only news for newspapers is the failure of a social work decision, or a failing school. It is rare for huge amounts of attention to be paid to the good-news stories because they are simply not news. I do not disagree with that, but I want to remind us how much we already do know and how much is routinely disseminated.

Q80 Chairman: Graham's question was how we spread that. We know that there are local authorities with a poor track record in that area, as well as good and average ones. How do we spread it?

Professor Tunstall: The whole raison d'être of the Social Care Institute for Excellence, for example, is to disseminate the knowledge base. That includes both research findings and the views of the people who use services and policy information. There is a

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plethora of dissemination organisations, which I am sure you make use of. Mary's organisation does a huge amount of dissemination of good practice.

Margaret Dillon: From my perspective, the dissemination goes to practitioners; the challenge is delivering to the people who actually shape the services—getting their understanding and ensuring that they are learning about what works, so that they feel that they are informed, and getting what the research tells them into the mainstream. Then, when they are looking at how they are going to spend their resources and how to shape services to meet the needs of their locality or their communities, they know what works and therefore spend their money on what delivers the best outcomes for children and their families.

Q81 Chairman: Are you talking about local politicians?

Margaret Dillon: I am talking about local leadership, which includes local councillors and politicians, as well as senior staff within local authorities. Our experience is that, where you have stability of leadership and of senior personnel within local authorities, all the inspection regimes will show that you get a degree of stability in shaping services and in improved outcomes for children within that area. Our experience also tells us that, where you have short-term churn and short-term contracts, you are losing expertise, knowledge of the area and a stable work force. In the voluntary sector, within the commissioning and tendering environment, we experience what we could call an unacceptable churn with services and with able, qualified staff who have built up a knowledge base. We enter into three-year contracts; we recruit, train and stabilise a team, who are a good group of staff, delivering excellent services, which all the evaluations and inspection of the contract show—but then the funding goes, so you lose the staff and that knowledge of the community and families. Families like to be able to return to services. They may receive a six-week family support intervention; 18 months later they may have another problem, and the staff group dealing with them will be the same. They can return, receive some advice and move on, but if there is a churn in services, it is very problematic.

Q82 Mr Stuart: You have talked about the problem; what is the solution?

Margaret Dillon: I think that there are challenges with effective leadership at senior level within local authorities. I can see Anne nodding. I do not want to fall out with my colleagues—

Mr Stuart: You do not have to stick together.

Margaret Dillon: There has been an immense change in local authorities recently with the structural reconfiguration—the rearranging of the furniture. Things then slip off people's agendas.

Q83 Mr Stuart: I thought that you were also referring to the point that from a local authority point of view, short-term pilots carried out by voluntary groups where the money runs out after a couple of years are not much good and can do more

harm than good. The voluntary sector is like the video game with the frog crossing the river by jumping on floating leaves; it has to wait for another leaf to come along. The whole life of the voluntary sector seems to be about having to reinvent itself to fit with whatever the latest pilot is, so it can hop on board and keep everyone in work.

Margaret Dillon: You would expect me to lobby strongly for long-term contracts with the voluntary sector. We can deliver leadership at local level that is supported by effective training and delivers research into practice. What is important is learning from what research and pilots tell us and getting out there, delivering the services and making the difference for children.

Q84 Mr Stuart: That is up to local authorities, so why do they not do it? They recognise the problem when it happens to them, but then they give out contracts to you that do the same thing.

Margaret Dillon: Because they are juggling. Having worked in a local authority, I know what the challenges are. They are juggling with a complex picture of priorities and changing needs across the local authority, not just within the social care services that they deliver.

Q85 Mr Stuart: As we are talking about different initiatives and whether we should make anything compulsory, what are the circumstances in which the use of family group conferencing should be more widespread? Is there a case for making it mandatory?

Mary MacLeod: It certainly is in New Zealand. I would like to see us move in that direction. It should be not just the adults in the family and extended family who are involved, but the children. I remember managing what at the time was called a family network meeting for two young children who had been in care for two years. The father was there along with his brothers and sisters, the grandparents and the children's cousins. From the children came the things that nobody else would say, but it was very important that they were said. That enabled the family to come to a decision about what was realistic. Such things might move the whole thinking about children in care being "in care" to care being thought of as "shared care" in the way that we talk about family breakdowns. We should talk about the parents sharing care. Within the children-in-care services, it would be a good idea to think about shared care so that we stop talking about respite care. Families can then be included in thinking about what is the right decision. In my view, family group conferencing is a way to reach that position.

Q86 Annette Brooke: I have been lobbied by several academics and I hope that I do not misrepresent their views. I suspect that you will recognise them because they have been reported in *The Guardian*. The suggestion is that the more universal preventive approach and applying the common assessment framework to far more children mean that there are cutbacks in child protection. Those academics suggest that there is now not so much investigative work and there are problems with bringing in the

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police and in very serious cases. Getting the balance right between the different services is a dilemma. Do you recognise the scenario that is described by those academics? Should we be concerned about getting the right balance?

Professor Tunstall: Speaking as someone who would be defined as an academic, I think we need to see academics in the same way as we might see political parties. I do not come to this with a completely open or empty mind. All academics, like other people, have their own value systems and preferences. I am not suggesting that they allow that to taint their work, but nor am I entirely sure that the picture is accurate. The accurate picture of which the Committee is becoming aware is the tendency of assessment and recording to overshadow the chances of good relationship-based social work. I believe that the best safeguarding and the best outcomes for children and their families are more likely to derive from face-to-face contact with skilled social workers in a relationship-based context than what I have seen as a researcher. I see social workers who spend, at a conservative estimate, 70% of their week trapped in front of a computer, entering information within the requirements of the Integrated Children's System. I know that that is contentious. I am aware that the Government have commissioned two studies, neither of which was undertaken by me, the Committee will be relieved to hear. One is positive about such work, while the other is more critical. Face-to-face contact with social workers is an element in the safeguarding system. Local authorities can ensure that social workers are out there. I am sure that those social workers whose authority is represented here, are not trapped in front of computers, but when I took my little safeguarding SureStart team round, and their background was not in social work, in some of the authorities we visited, had I told the team that we were going to a Vodafone call centre, they would have been none the wiser. There are serried ranks of social workers whose lives are now dominated by the Integrated Children's System. That was a good idea when it was at the assessment level, but it has now rather mindlessly transported some of the complexities of the look-after-system into the children-in-the-community-system. I am not arguing against good assessment. The common assessment framework is hugely exciting. Having a lead professional system that does not have to involve a social worker will help bridge the chasm that opens up between Levels 2 and 3. We all share the view that that is the dangerous bit, when children go down the hole and do not come up again. I am not sure that I recognise the picture in quite the terms that have been expressed. There will always be social workers whose obsession is child protection with a capital P, and preferably compulsory child removal if they can fit it in. That was an irresponsible thing to say, and I probably should withdraw it, but we have to be realistic about the different ways in which people define welfare. There will be a continuum of values—this I will not withdraw—about the importance to children of their identity within their family of birth, even if they cannot stay there and be

brought up within that family. We talked about shared care, but that does not mean that it all has to be as though a birth family does not exist. I do not take back the diversity of academic views any more than politicians would claim not to have diverse views themselves.

Q87 Annette Brooke: Anne, do you think that there has been a diminution of the investigative work that took place a year or two ago on severe child protection issues?

Anne Scarborough: I cannot answer that directly. We have introduced the CAF (common assessment framework) in Calderdale and it is now beginning to bite. The key to any assessment framework anywhere where there are professionals around children is the sharing of information and the dialogue between professionals. The statement of special educational needs system became a bureaucratic nightmare before it started to come out of the tunnel and realised that it needed to do something different. Authorities have now taken that to the next level. With assessment systems we always need a process through the assessment—stages through it. We need the process by which professionals come together. Our special educational needs moderating group is the stage before assessment. It is made up of professionals, including schools, and the dialogue and debate around that is phenomenal. It is of a very high level and matters are well debated so we know that we will have a good assessment process. That is the right place to do that. It is not up to one person to take on work such as child protection; it is for a group of professionals to do that. Sometimes that does not happen as well as it should, because there might not be an appropriate process by which it can work.

Margaret Dillon: It is important to understand that assessment is a means to an end. What is challenging is to stop the gathering of information and to move into analysis—to ask, “What does this tell us about what we need to do and what we need to provide for this family to make things different for the child in this family?” What is far more important is the intervention—dealing with the question, “Which services are going to make this child safe again within this setting, and when will we know that we have tried and it is not going to work and therefore need to take another sort of action?” There is an increasingly unhelpful over-focus on the gathering of information at the cost of doing the analysis and then moving on to intervention.

Annette Brooke: Not seeing the wood for the trees.

Margaret Dillon: Potentially, yes.

Q88 Annette Brooke: We have touched on this already, but what would you say are the greatest barriers to families accessing the right support at the right time?

Mary MacLeod: I think that because the network of support feels so impenetrable to families, they do not know where to go. That is partly because of some of the system barriers—adult social care, children's social care, health particularly—but it is also about families hitting different thresholds when they

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approach services. Within social care, the threshold in children's services might be higher than in some voluntary organisations, and in adult social care it might be higher again. Different services are not thinking about the whole family, so I really welcome the social exclusion report and its emphasis on the importance of thinking about families as a whole. There are big issues about supporting families and noting where difficulties might be arising in the prenatal, antenatal and postnatal periods. There particularly, you cannot be thinking about children's services without thinking about child health and health visitor services. The service landscape is very complicated. Margaret talked about services being there and then not being there. Parents and family members get to a point where they have to do something desperate or be in a desperate state before they get noticed. One of the other problems about that service landscape is that it enables responsibility shifting, so that organisations can say, "That's not my role, I don't deal with this." Of course that is very complicated for families, because as far as they are concerned everything joins up inside the family—it just does not out there.

Margaret Dillon: May I just add to that? In our experience of working with families in crisis where children are on the edge of care, one of the things that families value is that we offer support 24 hours a day, seven days a week. When families are in crisis that does not occur in standard 9-to-5 office hours, it occurs when all the family are together, when they have people over for the weekend, when there is a bank holiday or when money is tight, and that is invariably not when the service is open. Some of the intensive family support services that we offer are there 24/7, and that makes a difference to families, because they can reach for the phone or call for help when they most need it.

Anne Scarborough: The continuity and sustainability of the key worker is always important. For some families—those with a disabled child, for example—the number of services involved is phenomenal, so they need one point of contact who is somebody they trust, and they need to know what is coming next. Quite often when a family is in crisis—for example, when you have just had your baby and you suddenly find out that it is disabled—you are at your most vulnerable but, equally, you need to know what will happen next and what is in front of you. I think that sometimes professionals have not been happy to say what is in front of families, sometimes because they do not know what will come next, but sometimes because they feel that the family might be too vulnerable. It is important for families to know that, because they take bits in along the way. Among our most successful services are our services for people who are hearing impaired and visually impaired. They pick children up, sometimes before they are born, so that the family knows who they are working with, and they see the family right through to 19 to 25. It might not be the same worker, but it will be the same service. We need to build that into services. What Margaret and Mary said is absolutely key.

Q89 Annette Brooke: There are so many details that I would like to discuss, particularly with Mary, on health visitors. Obviously, that is because of the report. A burning question for me is whether services are failing in their responsibility towards parents with learning disabilities. I know that Margaret probably has something to say on that.

Margaret Dillon: What is critical is your point about access. It is about having the right services in the right place at the right time. Mary is right: there are risks with adult services focusing on the adult and often not thinking about whether the adult is a parent. They might be working with a parent with learning difficulties and not necessarily understanding that that adult has family and child care responsibilities, so joining up provision is critical. One of the things that work well for families where there are adults with learning difficulties is having access to a range of support services throughout their caring responsibilities for the child, and those who provide the services not making assumptions that just because the person happens to have a learning disability they will not be capable as parents. Our experience provides evidence that, with support, families where there is an adult with a learning difficulty can care adequately for children.

Q90 Annette Brooke: Support for parents with learning difficulties is obviously very patchy across the country.

Margaret Dillon: It is.

Q91 Annette Brooke: It is tragic to have babies taken away when there are options. Is there some way that we should be aiming for a more universal approach in this area? I mean universal in the sense of across all councils.

Mary MacLeod: One of the big issues for social workers and local authorities is anxiety about the level of risk. Because they are frightened that something will go wrong, social workers may rush into decisions that the family cannot care for the child. That is bound to continue to be the case if social workers feel that the level of support for families—the 24/7 call-out and all of those things—is not there. I do not know whether any of you have been social workers, but those nights when you cannot get to sleep because you are worrying about whether a baby is safe at home are terrible. I suppose that as a nation that we have to come to a decision about the level of support that is required. Are we prepared to put the money in? Such services are not cheap, and they are generally required for the life of the child. As Margaret said, children can be cared for wonderfully and very lovingly in families where parents have learning disabilities, but most will need support.

Chairman: I think I will have to call Fiona now. Is that all right? All the Committee want to come in on this section, so I remind Members that we are limited in time.

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Q92 Fiona Mactaggart: I am struck by something that I have been hearing from you. Margaret was talking about how services have been in silos, and Mary spoke just now about responsibility shifting. It seems to me that that is the key to the issue. I am trying to work out in my head what the Government—as opposed to anyone else—can do about dealing with the continuum of ensuring that you do not responsibility shift and do not operate in a silo. That is the question that we need to be able to answer if we are going to be able to produce a report that is of any use.

Mary MacLeod: I would love to be really helpful and give you the answer, but I think it is a hard one—it is tricky. The social exclusion task force report “*Think Family*” that I mentioned before is a step in the right direction. There is Government support for the current project with local authorities called Narrowing the Gap. There is no magic bullet, but Government obviously need to set guidance and protocols that will say thresholds have to be the same. One simple thing for adult social care might be noticing whether an adult coming in for support about drug or alcohol misuse or whatever has been asked, “Are you a father or mother?” or, “Are you responsible for a child?”

Q93 Fiona Mactaggart: Are you saying that that question is not automatically asked?

Mary MacLeod: It is not automatically asked. Margaret says it is the same with adult psychiatric services. Drawing from my own experience, as a social work student in an adult psychiatric hospital I dealt with a father going through a schizophrenic episode. I have to confess that the child at home, who it emerged had anorexia, I did not see. I really did not see—that is the kind of perspective in operation. Your perspective is that this is your focus and you do not necessarily think more widely. It is a matter of training and box-ticking protocols as well—but joint protocols. I think that there can be a shift.

Professor Tunstall: I think that Government are doing quite a lot. There are various measures that could be built on. The CAF is a huge step in the right direction, putting flesh on the bones, where you actively engage, in a whole network, a variety of workers who see themselves as sharing the responsibilities for safeguarding, as we said earlier. I think that safeguarding is a much more helpful concept than the narrow one of child protection, because it is something that people can relate to and see at various levels. I think that that is going on and that the key challenge would be encouraging people to engage in the CAF and not to lose their nerve just as it gets to a Level 2 or 3. How one does that, I do not know, but it is the key thing in the frame. We have talked about the continuity of contact with people—whether they are social workers, early years workers or whoever—so that they do not immediately flunk it and opt out, or make the wrong sort of referral at the Level 2 to Level 3 category. Part of that is about training, part about

Government messages and I guess part about putting money into child and adult mental health services and a whole range of things that can make the most enormous difference at any one point in time—but if they are not there, the differences are really negative.

Q94 Fiona Mactaggart: Does this issue link? What you were talking about—I have heard it in comments the other witnesses have made—is that there is a potential hole between Levels 2 and 3 that people can disappear into, and we need to find ways of bridging that. I think that that is what I am hearing, which in a way connects with the question about a continuum of longer-term work with families and being able to intervene in crises. That is also part of the between Levels 2 and 3 story. How can we get that continuum working better? I have heard lots of, “That is what we need to do.” I have heard, “It’s hard.” I have heard that there is no magic bullet. But you have to know better than we can know how we can get that working better, and I have not yet quite got it.

Margaret Dillon: I could give you a description of a family in one of our intensive family support services. Those services work with families that are socially excluded, are in the antisocial behaviour category or are living on very problematic estates where there are lots of complaints and where they might be at risk of losing their tenancies. Those are the families who are at risk of homelessness, and the children are at risk of being accommodated. One family who were referred to one of our services had nearly 30 different agencies engaged with them, but were still in that kind of mess, so the service sat down and did what was almost a mapping exercise. It worked out what all of the statutory professionals were doing with members of the family, who needed to be doing what and what was the focus of what needed to happen to allow change for the family. The service slimmed down and identified the needs, was much clearer about who was going to do what, delivered a range of services with the intention of building on the family’s strengths, so that the family worked on what worked for them and were able to move forward, stabilise their lives and tenancy and remain within the community. We did that with a multidisciplinary team so that we could deliver the services from a multidisciplinary group and so get the holistic approach within the team. We did not have a range of agencies across the locality all sending in people to deal with housing welfare, educational welfare, special needs and the support for children and adolescents. They were very well known, but the situation had become intractable.

Q95 Chairman: Thirty agencies went down to how many?

Margaret Dillon: Four.

Q96 Chairman: Could you give us a list of those 30 agencies, because that would be very useful for us?

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Margaret Dillon: Yes.³

Q97 Fiona Mactaggart: It sounds as though that family illustrates another issue regarding adolescents. A lot of what we have been talking about relates to intervention with very young children. It seems from the evidence that we have had that there is a gap affecting adolescents and that they are seen, as this family clearly was, to be antisocial and a social problem for their neighbours. It sounds to me as though it is the adolescents within that family who are at risk of criminal justice interventions.

Margaret Dillon: Absolutely.

Q98 Fiona Mactaggart: Did they have services that met their needs as part of early intervention? It seems that we are not bad at provision up to the age of seven, but from seven onwards we seem to get worse. These young people suddenly stop being children and start to be something else—something rather feral and aggressive—that we are angry about. I wonder whether you have any suggestions about how to deal with that.

Margaret Dillon: This goes back to an earlier question on pilots and short-term funding, because the funding stream for the children's funds, which will come to an end at the end of this month and move into mainstream local authority budgets, was very much targeted at the five to 14-year-olds; it was deliberately intended to reach out to those groups of children who had needs and needed support to avoid failing at school, to get them to attend school and not to get into trouble with the police or the community. A lot of those services are going to the wall. We have closed a number of those services in the past 18 months because the ringfenced funding is soon to end. So, there is a gap and we remain concerned about that.

Q99 Fiona Mactaggart: Local authorities still have the money.

Margaret Dillon: They have the money, but they have significant challenges about how they spend their money, which we recognise. One of the things that NCH is exploring with a number of partner local authorities is whether there is a way of doing more with children's centres so that they are not just focused on the very young. That will look at whether a range of services and outreach work could be delivered from within a children's centre, because the centres are in communities and those little children who attend or are involved almost invariably have older siblings, as families do not just come with an 18-month-old and a three-year-old. Families come with an age range of children, and those children come in all shapes and sizes.

Professor Tunstall: I just want to say two things about taking away the age restriction around children's centres. First, I think that children's centres should be opened up, so that they take account of the fact that families have children of different ages. Secondly, I think that very clear

messages should be given, both to professionals and parents, that problems are likely to be episodic. It is very difficult at the moment—professional training has partly aggravated this—to have a system that gives you permission to go in and out of it. There was always an expectation that a service will deliver the silver bullet within a particular time period; all will be well, that is it and if it is not, either the service has failed or the parent is deficient. One message that politicians could give to service planners, local authorities and everybody else about the reality of need in families, is that it is episodic. You may go in and out of a system, but some families will need an ongoing offer of long-term support. It is not that they will be in the system all the time, but they need to know, as we probably know from our own networks, that they can go and access those services when they need them. In this country, there has been a situation, aggravated by social work theory in some cases, where services are “task-centred”, “brief-focused” or all of those words that somehow make it not permissible to go in and out of the system. That is a very simple thing; I do not know how you get the message across, but it is a powerful message.

Chairman: Mary, and then some quick ones, because I am conscious that I have to move a little.

Mary MacLeod: I will be very quick. Thinking about what Government can do, one thing that is really important is cross-departmental work, because departmental agendas can conflict. There also must be some thinking about what the appropriate targets are, because if you are thinking of children aged eight and above and teenagers, the world outside also has an enormous impact on how a family copes. It is not controversial to say that. For families raising children in social housing as it is now, it is much more challenging to prevent children getting into trouble, because of the housing and the local environment. Local authorities and Government need to think about regeneration and about the impact of housing and locality on families' capacity just to maintain themselves and to keep their children out of trouble. I do not think that I would argue for more structural change. Although I come from Scotland and I think that the children's hearing system there is a very good one and that we have a problem in having welfare and justice divided in the way that they are in England, if you go and look at the results in Scotland for families I do not think that you will find that they are enormously different to the results in England. So I do not think that structural change will do it. However, sharing targets and sharing funding might help.

Anne Scarborough: I was going to add, from a practical viewpoint, that that is certainly where most local authorities are now. One of the things said at the beginning was the importance of having pathways, so that you know what your continuum of support is within a local authority. You know the families that are likely to be at risk, and therefore you can predict what kind of services you are likely to need in the future. You cannot predict some services that you will need, because sometimes you have families that come into an area and you have to

³ See Ev 53

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do something different for them. However, if you can achieve that continuum, you can go through the commissioning part, which is what I think we are coming to now. In some respects, I suppose that local authorities do not really want to build new services as such, if those services are already out there and they are rigorous, robust and good enough to support what they want to do as a local authority. That is where we would be coming from. One of my newest best friends, as it were, is housing. Housing can give me a lot of intelligence about which families are likely to be at risk of losing their tenancy, or which families are at risk of costing the council enormous amounts of money because of the way that they leave their houses. Hopefully, within the next few years we can start to have an impact on that. We have to look at intervention projects in housing, which will hopefully prevent escalation. That must be sustainable because, as people have said today, we can not just put in an intervention and hope that it will work, because families come back. That must be built into what we do with our budget and resources and those services must be developed. That is where we need to be.

Chairman: I want to take a point from Andy on this. We will come back to the issue if we have time at the end, as we are dealing with a vitally important section. Andy, if you would like to come in briefly—Sharon will lead us on this matter, and then you can do the next section.

Q100 Mr Slaughter: I am very sorry for making a flying visit to the Committee, but I have fallen on my feet by arriving for the part that I wanted to be here for.

Chairman: You have been watching it on television.

Mr Slaughter: I want to pick up on earlier comments about finance. I appreciate that there are different types of provision and local circumstances, but I am concerned about consistency across the country. I was not aware of that issue with regard to family support. I was aware of it in other areas of social care—domiciliary care, for example, where there are huge differences in how and what is provided and things such as charges. I am also aware that we had a good level of care in my locality, but now that seems to be changing; there is less provision, or provision is charged for. How much of a factor is that? Are you concerned that there may be areas in the country where there is a lack of provision, expertise or sharing of good practice? Within that, how widespread is charging, and how much is it a factor?

Professor Tunstall: During my national evaluation of SureStart research, charging seemed to be a significant deterrent to the use of day care. I imagine that in the area of children and families, the major negative way in which charges might impact would be in day care. We know that being able to use day care is associated with a range of positive outcomes for children and parents. Anecdotally, some people might worry that there are children's centres which are being effectively "taken over" by the more affluent middle classes. That will lead to a vicious circle, as not only can the less affluent people in that

area not afford it, there is also a deterrent and a stigmatising effect. I work very closely with ATD Fourth World, which is hugely conscious of people living in poor conditions. Those people will feel very uncomfortable going into a children's centre where a charging policy has accidentally skewed the profile of the service users.

Q101 Mr Slaughter: It is an area that I am becoming familiar with—charging for things like counselling and respite and matters of that kind seems, to give a personal view, to be rather counter-productive. If we are dealing with families who are on the edge, it is a barrier which, apart from any moral considerations, might cost the state more in the long run. How prevalent is that?

Professor Tunstall: I suspect that it is not very prevalent. It is that paradox of the universal services being high-quality services and being good enough at Level 1 to attract the likes of most people in this room. The danger is that as you go up the continuum, a range of other things kick in—the offer that you cannot refuse or the fear that you might lose your child. I do not think that charging is the problem at that point, but we could do more about capitalising on the money that comes in from parents who are happy to pay for high-quality day care because they have well-paid jobs to go to—I have no idea what happens in Calderdale. However, the issue is inextricably linked with the local employment situation.

Chairman: I am conscious of the time and there are quite a few sectors, so one more answer to Andy and we will then move on. Does anyone else want to come in on that?

Q102 Mr Slaughter: I am not necessarily asking you to name names, but are there areas of the country that you have concerns about, simply because of the lack of provision or the lack of quality in provision?

Margaret Dillon: There is a variability of provision, which is one of the challenges. Where local authorities choose to put their resources, in terms of the services that they are shaping and delivering, will look very different, and that is because needs vary across the country as well.

Q103 Mrs Hodgson: I have just a couple of quick points to round off the section. You mentioned the pilots that we are moving away from for the seven to 11s and teenagers. Fiona asked this question: if the money is there and local authorities have it, is it all skewed towards children's centres and early intervention rather than towards teenagers and adolescents because of the Government's emphasis on early intervention? I will round in the second part of my question to save time. Fiona asked about it being harder for teenagers and adolescents to hook into the system—how many of those teenagers trying to get into the system are above the radar for the first time? Have they at various points dipped in and out and are therefore not totally unknown to the system, or do you get teenagers—with whom there is no history of intervention—who hit 13 and all of a sudden require help?

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Professor Tunstall: I suspect that there is deficit in knowledge on the part of parents about parenting older children. All the handbooks are about parenting but parents lack confidence. In the papers all this week it has been obvious—at the NUT conference or wherever—that parents are rather iffy about parenting adolescents, that they are frightened of saying no and a whole range of other things. All the evidence shows that youth offender teams work very well because they have been purposefully put together. They are multidisciplinary teams, working with that particular age group in local authorities but, ironically, only of course when they are triggered because adolescents come into contact with the youth offending system. There are some perverse linkages, where you get a really good service but only at the point where you have hit the spot. I am on the management board of Cafcass. We have family support workers who do a supremely good job resolving family conflicts, but you only have a chance of getting one of them at the point at which a court order has been made. It may not have gone through the court hearing, but it is hitting the high spot thing. I am not quite sure where I am taking us on this one, but it is a combination of parents' confidence and systems that perversely reward bad or tricky behaviour and do not offer a service early enough to those who are merely still at the stressed stage.

Mary MacLeod: What we find is that when children are coming into the age group called tweenies, it begins to become apparent that things have not been wonderful at home. We have been talking about early prevention and the importance of that, but there are a great many more problem families—or families with problems—that are impacting on children than we are picking up. So yes, children do end up hitting the radar because their acting-out behaviour is a response to things that are happening at home that nobody has—

Q104 Mrs Hodgson: It was not picked up?

Mary MacLeod: It was not picked up and nobody knew about it. I would not be too blaming about that, because it can be very difficult. One of the studies that I did when I was at ChildLine was about calls from children about parental misuse of alcohol in particular. Children are very frightened of what will happen if they ask for help. They are aware that a juggernaut could hit the family and that then everything would be out of control. Therefore, they involve themselves in ways of managing what is going on in the family that is not good for them, for example, by going to see their auntie at the weekend when things are very bad, or whatever. So, there can be families in which the children have been in quite dire straits, but where it has not been obvious. Behaviour such as running away or getting into trouble is then the first sign of what has happened.

Q105 Mrs Hodgson: The flash point often occurs in adolescence, I would imagine.

Mary MacLeod: Yes.

Q106 Mrs Hodgson: Is the emphasis on more early intervention Government-led, in your opinion? Are we encouraging that? Personally, I think it is right that we should focus on early intervention.

Mary MacLeod: I think it is quite driven by Government picking up on the importance of the early years. However, children and families can be worked with later, and it would be a great pity if what you are talking about as one batch of funding and resource was to shift there from here, rather than deciding what is needed across the board.

Chairman: Okay. Sharon, take us on to the relationship of family support to care thresholds.

Q107 Mrs. Hodgson: It follows on nicely, actually. Is family support primarily a measure to prevent children being taken into care? If that is so, does it not polarise the sort of families who receive that support? So the “children in need” category gets the support rather than the wider group of vulnerable children.

Chairman: There are lots of shaking heads. Who will start? Anne?

Anne Scarborough: I go back to my former point that family support is a complex area. It encompasses a lot of different things, so it is needed at many different levels. It is for every family, but the challenge is getting families to understand what support there is for them. There is probably a difference between family support and parenting support. We have talked about the two, and I think that there is a difference between them. As we have just discussed, parenting support for an adolescent is very different to that for a nought to three-year-old. We have found that the gap in numerous services is between the ages of five and 10. That period is crucial in a child's life, from when they are at primary school, but also supporting their transition to secondary school. The points of transition for families and parents are crucial to how they parent and how they support their children. The nought-to-three period is when SureStart and children's centres are provided, normally in connection with health services, because that is when you receive a lot of support for health. In the transition to the next phase, the information and intelligence about families at risk needs to be passed on. Hence, I refer back to pathways and transitions. Passing on the intelligence is the important bit. When a child gets to 11, let us say, and goes off the rails, there is probably, as Mary alluded to, a whole history behind it, but it is only just starting to manifest itself in a particular form of behaviour.

Professor Tunstall: It is awfully important not to see merely keeping children out of care as an achievement. Care needs to be seen as part of the package of things that help us enhance outcomes for all children. A seminal piece of research done by Jean Packman back in the 1960s and 1970s showed that when parents went with difficulties to what was then social services they were asking for reception into care of often slightly older, more difficult children and were refused it, but not offered

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anything else. That was a profoundly important study because it showed how valuable a short-term period of planned respite care could be at that point, and that if you were going to avoid it, you needed to offer other things. It is a great sadness that other European countries see things slightly differently, and do not regard it as a badge of failure if a child goes into care. For some children, a care period might be the right thing for them. However, given the other concepts of shared care that we have talked about, care does not need to mean wrapping-up a red spotted handkerchief and going off for ever, but a range of partnerships. The emphasis should not be on keeping out of care *per se*, but on approaching children on the basis of their individual needs.

Margaret Dillon: I support that. Packages of family support can include shared care with a foster carer. Parents often say when they have received that package that the foster carer was immensely helpful in enabling them to understand their child better, and helping them with techniques to manage the child's behaviour back in the birth family setting. That would have been at the request of a parent who said, "I don't think that I can quite cope with Johnny and Jane at the moment. Is there a possibility?" That is voluntary accommodation. We see that as part of the package of support to the family. Unfortunately, a great stigma is associated with the concept of in-care.

Mary MacLeod: Family support should not only be targeting families who are very troubled or whom we are anxious about. It is important that families whose relationships could be improved can have access to family support. At the moment, you can do that if you have money. You can have counselling for family problems but, unless you have a big problem, it is much harder if you do not have money. It is a big resource issue.

Q108 Chairman: Is not that one of the problems that we have not talked about today? Is it not the responsibility of the health sector to provide? The amendment to the present Bill that was discussed in the House of Lords was about a duty on health providers to provide the crucial therapeutic care that so many young people need at the time that they need it, rather than just at a crisis point. Is health a failing partner?

Professor Tunstall: The children's trust evaluation showed that joint commissioning between social care and health was the most complex. The best commissioning partnership was social care and education. Often health is the missing partner. It might play a part in some of the centres that are funded by everyone else, but it needs a much more robust engagement. Services such as child and adolescent mental health services might be the patchiest of any that we have talked about.

Mary MacLeod: But there are good examples. You might be interested in finding out about the Marlborough Family Service, which is funded jointly by three London authorities across education, health and children's services. It deals with very troubled families, but goes out to schools.

It is a beacon service in the country and I am sure that it would be of interest to you. It is in Maida Vale, surprisingly.

Chairman: Any suggestions of things that we should look at are gratefully received.

Q109 Mrs Hodgson: Taking into account what Anne said about family support, it is not about just preventing children from going into care. Andy Slaughter spoke about the varying provision of family support across the country. We have looked at the number of children in care. Is there any correlation between those two statistics? Where are good family support services and which local authorities have reduced the number of children in care?

Margaret Dillon: I am looking for the detail. We, in the Vale of Glamorgan, deliver a crisis intervention service that was targeted specifically on preventing children from coming into care. It commenced in April 2004 and, in nine months to the end of December, 15 successful interventions were made. At that point they had 200 children in care in the vale, and the average length of time for the children being looked after in the Vale of Glamorgan was just over three years. We did a cost benefit analysis of the savings on those 15 children who would otherwise have been accommodated and looked after. The Vale of Glamorgan could see the cost benefit of investing in the intervention service, which reduced the costs of the looked-after population. We have a number of such services giving that evidence—we have a similar one in Merton at the moment.

Chairman: We have 15 minutes to wrap up the last questions. Is that okay? The people I want are Fiona, Graham and then Annette.

Q110 Fiona Mactaggart: We talked a bit about commissioning, but a bit sideways. I am just wondering what outcomes commissioning bodies look for from family support services. What are they looking for? Are they asking for the right outcomes when they commission family support services?

Professor Tunstall: I do not think that I can answer that.

Margaret Dillon: In our experience, in the last two to two and a half years, local authorities have become more able to be specific about the outcomes that they are seeking. What is problematic is that that tends to be numbers-counting things rather than qualitative measurements about improvements to children's well-being. It remains a complex area to measure the outcomes being sought. With our intensive family support services around antisocial behaviour, you can see more specifically what the outcomes are as a result of those services. They are much more measurable: maintenance of tenancies, reduced complaints from neighbours, improved school attendance from children. Those are much more tangible, whereas a range of other family support services are often much harder to capture in measurements of what you are seeking and in evidence for successful outcomes.

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Q111 Fiona Mactaggart: But things have not got worse. How do you ensure that?

Anne Scarborough: I would say the same really. If we go out to commission, we would have a fairly rigid contract with whoever we were commissioning. There would be outcomes on it. One of the issues that we have probably not discussed today is the qualitative one, which is the information from the families themselves. When we were commissioning things for children and young people, we asked their views. We certainly did that for our parenting strategy, and got qualitative information. However, it is normally the harder information that we are tasked with—our performance indicators.

Professor Tunstall: Harking back to the big, university of East Anglia, Government-funded study, commissioning is incredibly influenced by the nature of pre-existing partnerships. In a sense, it holds up a mirror to what the cross-departmental and agency partnerships were like in that local authority. In a sense, it is a sort of virtuous, or unvirtuous, circle. There is a huge tendency for commissioning to be around the targeted—in theory, more countable—bits of the system, rather than about, as we have been labouring to tease out this morning, the need for this broad-based menu of easily accessible services at each level.

Margaret Dillon: One of the challenges with commissioning is that there has been a phenomenal level of investment in a commissioning structure within local authorities, and within a set of processes and procedures. It is incredibly complex, particularly for the voluntary sector, in terms of delivering pre-qualification tender documentation with incredibly tight timetables. We find that the commissioning arm of the local authority is not necessarily having the right conversations with the referrers to the services—the operational arm—be they health, education or children's social care services. There is a slight and sometimes major disconnect between what is commissioned and what the operations arm of the local authority perceives as the needs in reality. Anne is nodding. There are some challenges with that issue.

Anne Scarborough: It is a really difficult area. Most authorities are at the starting blocks with commissioning. One of the tensions is about releasing the funding for commissioning. To do that, you have to decommission or decide which of the services you really want. Decommissioning local authority services creates a tension in itself.

Mary MacLeod: I am not sure whether users—children or parents—are involved in commissioning processes.

Anne Scarborough: We do ask parents.

Mary MacLeod: You do.

Q112 Fiona Mactaggart: There are guidelines in *Every Parent Matters* about having a commissioning strategy and about a single commissioner for priority services in local authorities. It does not sound to me as though that has made much difference to anything. It sounds like it is the same old story of struggling through and making choices, but sometimes not making them in a way that fits

with what is happening on the ground. What recommendation should we make to shift that, apart from engaging children and families and assessing whether things work, which I have heard about?

Mary MacLeod: Give it time.

Margaret Dillon: Yes, give it time and share the better practice. Have the right players at the table when understanding the needs of a community and the families within it. Do not have siloed thinking, but have a more holistic approach. Gather the information from all players within the local authority. Anne made a very good point that that should include housing workers, who are often excluded from the social children's welfare agenda.

Anne Scarborough: It should really come back to the children's trust. Our children and young people's management group is very well versed in knowing exactly what is available in each of the areas within what is the quite diverse, small area of Calderdale. We have that information and we rely on it. It will now go forward into commissioning. Councils are at very early stages on commissioning. For instance, we commission organisations such as Home Start and the Pre-School Learning Alliance and have done for quite a long time. I would say that perhaps our commissioning processes have not been as robust and rigorous as they need to be. Again, this is not about creating a bureaucratic nightmare for people who want to take on contracts. It is about creating a process that gets the service that will deliver for the people.

Professor Tunstall: It would be a great shame if the commissioning process got into an unhealthy relationship with what I call the "what works agenda". The Government are rightly concerned with a knowledge base for practice, but some things are not amenable to random control trials and evaluation in the most positivist, experimental sense of the word. It would be a great shame—this is very germane to supporting families—if local authorities got to the point of being allowed to commission only services and interventions that have been subjected to random control trials and evaluations. (One example is the Webster-Stratton programme, which is very important in its own right). These are often manualised programmes because, by definition, those are the easiest to evaluate and they appear to produce the magic answer. I am just cautioning that whatever the guidance on commissioning, it must take account of the commissioning of the broad menu and not just the narrow number of programmes that have been subject to what some researchers feel is the only gold standard of rigorous evaluation. It is not the same as the National Institute for Health and Clinical Excellence.

Q113 Fiona Mactaggart: I am hearing a difficult tension. One of the things that I think all of you said earlier was that you need some expert, quality services that are tried and trusted and that might reach beyond a single authority. You probably need that to be centrally directed to some degree. The system now has a lot of flexibility around how a local authority can decide to spend its money. You talked about bringing people round the table and working

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it out together, and the system seems to meet that. I wonder whether you want both of those things? Do you want one more than the other? I am not sure that I know.

Mary MacLeod: I would say both. You lose a lot of knowledge if you do not support the national services. A lot of those services are voluntary sector or third sector and there must be some central discussion and thinking about how that support is delivered alongside a localist agenda. With regard to the parenting strategies and services commissioners, it is very early days. They have just been set up and parenting strategies are only now being developed. It is too early to say that it is not working; with help, it will work and it will deliver more and better than was previously the case.

Chairman: We are running out of time, so I will call Graham and Annette. Unfortunately, Prime Minister's questions is close upon us.

Q114 Mr Stuart: Margaret, you touched on some work in Glamorgan. Do we need more economic analysis of the impacts of different local authority approaches?

Margaret Dillon: Yes, absolutely.

Mary MacLeod: May I draw your attention to one piece of economic analysis by Leon Feinstein? He looked at the outcomes of children's offending in a number of authorities. Some had only the educational maintenance grant, but some had particular youth offending support. He found that where both were present in authorities, there was a better outcome for children—fewer children were offending and they were getting out of offending more quickly. That kind of analysis would be hugely helpful to local authorities in planning services. We need to look at the impact of a number of different interventions that seem to be disparate, but might actually work together to give a better outcome.

Professor Tunstall: Just a point of information: there is a large review called *The Costs and Consequences of Child Abuse*, which is being set in train at the National Institute of Economic and Social Research. It will try to pull together all the different bodies of knowledge and show the short, medium and long-term consequences of what *not* addressing problems in families leads to down the line. It is under a range of headings—housing, the economy, everything in the world.

Q115 Mr Stuart: What is the right ratio for spending on children in care and family support?

Mary MacLeod: It depends where you are. If you start off by aiming for prevention, once you begin to provide good preventive services, you begin to find those children that we were talking about—the ones that we get to only in adolescence. For a period of time, you have to invest very heavily in both before you see the reduction in spending on children in care that you would hope to achieve by increasing preventive services.

Q116 Mr Stuart: So where do you aim to get to? You said that it depends where you are, okay, but what is the end point? What should the ratio be?

Mary MacLeod: I would like to see more family support.

Mr Stuart: At the moment the average is three to one or, in some places, 10 to one.

Professor Tunstall: Yes, there has to be more support. Mary is right; there needs to be an interim period of double-track funding. We tried hard with the last Government in the '90s to argue that we needed some short-term, double-track funding for what we were doing. Yes, if push comes to shove, that is where the emphasis must be, but I do not think that it is as mutually exclusive as we may think.

Q117 Mr Stuart: The economic analysis in my previous question is what will be needed to convince people. I have one last question. I am going off at a tangent, but should the same assessment that is used before removing a child from the parents, namely that of safety, be used for grandparents, uncles, aunts and those in the immediate family, in accordance with the presumption that, if children cannot be with the parents because of a safety issue, they should be with immediate family members rather than having the decision about what is in their best interests in the broadest sense handed over to the social worker?

Mary MacLeod: If you are asking whether we should be doing more about kinship care, the answer is yes we should. I think that most people would say that that is where you start. You would start looking there, and a way of doing that is through family group conferencing. Kin who do take on that responsibility are often poor, and get different allowances from what is provided to foster parents, and that is a huge disincentive, particularly for the grandparents who did not ever think that they would be parenting their grandchildren. They will need more support and we cannot just wash our hands and say, "Well that is the family and that is fine."

Q118 Mr Stuart: What about the threshold, because grandparents could be willing to take the child on, but the social worker's opinion might be that that is not the best place for the welfare of the child? Should we create a higher threshold that they need to be in danger before the presumption is that they are put with kin, rather than wherever else the social worker wants to put them?

Professor Tunstall: That is a terrible trick question. However, there has to be an assumption, subject to all the financial caveats that Mary has just laid out, that a different threshold would be incorporated within one's wider kinship network, but that is not to say that the local services should forgo all their responsibility. Although I am not yet a grandmother, I guess that I would come down on the side of expecting to be seen as the first port of call to look after any grandchild who happened to get to the point of being formally taken into care, without having every aspect of my life combed over.

Q119 Mr Stuart: Is that a yes?

Professor Tunstall: I think it is a yes. I think that I am on your side and that it is a lower threshold.

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Q120 Annette Brooke: There are many questions on *Care Matters* that we could ask Margaret while she is here, but I would like briefly to ask her about unaccompanied asylum seekers. Many people see that as a missed opportunity as far as the legislation on child care matters and young offenders is concerned. With regard to the so-called joined-up thinking within the Department, which has some responsibilities that were former Home Office functions, why are they missed out and what should we do about that?

Margaret Dillon: The reasons why they are missed out are somewhat complex, but I think that you have to see both unaccompanied asylum seekers and young offenders as children first, with the same needs as a whole range of other children. Therefore, you need to plan services that will best meet their needs. I think that that is the challenge and that there is a greater understanding across Government Departments of the need to bring everyone who has responsibility for different cohorts of children together around the table to say, "What can we do that best meets those needs in a much more joined-up way?" I think that if central Government can model that, it will certainly help local authorities to improve the ways in which they integrate thinking on joining up services that will meet the needs of children.

Mary MacLeod: If the Committee could make a really strong statement about the use of physical restraint with young people in the prison estate and in young offenders institutions, it would be really helpful.

Professor Tunstall: I have to say something about money. It is a Catch-22, but I am sure that local authorities would wish to do the very best that they can for asylum seekers. There will be pockets of local authorities who are under very much greater stress, depending on whether they are near Heathrow or wherever, which probably—if I can put in a plea on your behalf, Anne—need some more money.

Q121 Chairman: This has been a fantastic session. We are on a steep learning curve. I hope that you have found it valuable. If we are going to write a good report we need you to maintain your relationship with the Committee. If you think that there are things that we have missed, and of course there have been, please communicate with us. I think you know how to do that. We are keen to make this an extremely good first report from the Committee. Will you stay with us?

Margaret Dillon: I wanted to make an offer, and this applies to Anne too: if any Member wants to visit any of our services, we can facilitate that. That might enable you to see what a service looks like and to talk to some of the service users and hear from them at first hand.

Chairman: That would be extremely valuable. If you could do that individually for members of the Committee near their constituencies or together, that would be brilliant.

Margaret Dillon: We will work with the Committee.
Chairman: Thank you very much for your attendance.

Supplementary memorandum submitted by Action for Children (formerly NCH)

Further to our conversation, apologies again for the situation as it now stands. Unfortunately we are unable to locate the evidence from research which substantiates the agencies involved in the case mentioned.

However, from the DCLG publication *Anti-social Behaviour Intensive Family Support Projects: An Evaluation of six pioneering projects* (October 2006) it is shown that:

"The fact that a family was referred to a project did not mean that there was no prior input from agencies trying to tackle the problems with which the families were presented. . . . It was rare for families to have no involvement from other agencies, and most had three or more agencies involved." The table shows that 8% of families had six or more agencies involved with the family at referral (Page 80).

February 2009

Monday 21 April 2008

Members present:

Mr Barry Sheerman, in the Chair

Ms Dawn Butler
Mrs Sharon Hodgson

Paul Holmes
Fiona Mactaggart

Memorandum submitted by The Fostering Network

EXECUTIVE SUMMARY

1. This paper seeks to build on some of the issues raised in our initial submission to the inquiry on the Children and Young Persons Bill, and raise new topics that relate to the wider *Care Matters* agenda and beyond to improve support for children and young people in care and the foster carers who look after them.

2. We address five of the key themes raised by the Committee for further study in this inquiry. These themes are:

The role of the practitioner

- Recognising the professionalisation of foster care.
- Improving the status of foster carers.
- A more normal life for children in care by giving foster carers more responsibility for everyday decision making.
- Expanding learning and development opportunities for foster carers.
- Registration of foster carers with the General Social Care Council.
- Improving the handling of allegations against foster carers.
- Creating a fair system of remuneration for foster carers.

Transition to adulthood

- Relevance of the new duty for the Secretary of State to promote the well-being of care leavers, to the regulation of placements 18 to 21.
- DHSSPS scheme in Northern Ireland for placements between 18 and 21.

Care Placements

- Recognising the importance of long-term placements.
- Improving the treatment of unaccompanied asylum seeking children.

Education

- Fostering Achievement in Northern Ireland.

Corporate Parenting

- Developing the links between corporate parents and local Foster Care Associations.

THE ROLE OF THE PRACTITIONER

3. The Fostering Network believes that strengthening the role of foster carers—the practitioners with the greatest involvement in the lives of the majority of children and young people in care—is the key to improving outcomes. We believe that recognition needs to be given to the increasing professionalisation of foster care and that by devolving greater responsibility to foster carers, developing their skills and providing them with better financial and practical support, they will be able to help transform outcomes for looked-after children.

RECOGNISING THE PROFESSIONALISATION OF FOSTER CARE

4. We consider the meaning of “professionalisation of foster care” to be the expectation on foster carers and their colleagues in the children’s workforce that they will deliver a professional foster care service.

5. The role of the foster carer has to be recognised as having equally valid contribution to make in decisions about the child. Foster carers have to be recognised and rewarded for their contribution to improving the lives of some of our most vulnerable children.

6. Foster carers are at the centre of a multi-disciplinary team of professionals who work on behalf of young people in public care. They are required to deliver highly personalised care within a professional framework and need to approach what they do in a professional manner: report writing, assessments, home reviews, dealing with paperwork, attending placement agreement meetings, involvement with the police, attending court and giving evidence, managing contact, doing life-story work, and all the while continuing with parenting and meeting the emotional and physical needs of the child in their care in a way that safeguards the child and themselves.

7. Foster carers must receive training before they are approved and there is an increasing expectation that foster carers, like other professionals, will require continuing professional development.

8. Foster carers are expected to deliver a high quality service; to be able to reflect on their practice, to attend training in order to maintain and develop their skills; and in many cases they are required not to work full-time outside of the home in order that they can devote themselves full-time to the children in their care. The tasks and activities that foster carers undertake are monitored closely; they are visited regularly and their work must meet required standards and is subject to annual review.

9. A foster carer has to manage their feelings so that they are providing a safe home for children, whilst recognising that in most cases they are going to have to say goodbye to the child at some point, and may never have any further contact with them. They have to be clear about their role at all times, and to hold the child’s needs at the centre of their actions. Being a foster carer means adding a professional approach to the task of caring for, or parenting, a child or young person.

IMPROVING THE STATUS OF FOSTER CARERS

10. Recognition of the professional role foster carers perform by improving their status is critical to improving standards of practice. In England foster carers are recognised as part of the children’s workforce. They are included in the footprint of a sector skills council, the Children’s Workforce Development Council, and local authorities are required to consider workforce planning issues for foster carers as they compile their workforce plans. However, there is much more that needs to be done to ensure that on the ground foster carers are respected, their opinions considered and their skills and experience recognised. Feedback to the Fostering Network from foster carers has included cases where:

- Foster carers have not been consulted or involved in decision-making even when they have a child placed with them for many months or possibly years and when they are clearly the ones who know the child best.
- Foster carers have not been consulted about arrangements for a child’s review and either not invited or unable to attend.
- Foster carers are not given reports on a child they are fostering because of “confidentiality”.
- Foster carers’ views have not been taken seriously despite often being the only people at the review with any significant relationship with the child.
- Children and young people are being moved without account being taken of the relationships they have with their foster carers and their family, and of contact decisions being made without any recognition of the impact of the decision on the lives of the foster carers and their families.

11. There is a particular difficulty in the way children’s social workers treat and regard foster carers, compared to those in the fostering service who may have a greater understanding. Too frequently they do not value their expertise and knowledge and this is compounded by their own lack of familiarity with foster care and often the children they are responsible for.

12. Despite the increased expectations on foster carers, it is clear that we have some way to go until foster carers are recognised and regarded as professional colleagues by the other workers in the child’s life.

A MORE NORMAL LIFE FOR CHILDREN IN CARE BY GIVING FOSTER CARERS MORE RESPONSIBILITY FOR EVERYDAY DECISION MAKING

13. Children and young people in foster care often miss out on the opportunities available to other children because foster carers are not allowed to make everyday decisions that would normally be fulfilled by a parent. For example, at present foster carers are not able to sign school consent forms for activities and trips, or allowed to take a child for a haircut without consent. These decisions have to pass through social services processes and we often hear of cases where children and young people are unable to participate in activities due to bureaucratic delays in this process. There is a great degree of variation around what

decisions different fostering services will allow a foster carer to make, but in general there is a culture that is both highly bureaucratic and risk-averse that makes it very difficult for children and young people to take part in everyday activities. This culture is at odds with the DCSF's recent strategy as expressed in *Staying Safe* that seeks to avoid "wrapping children in cotton wool".

14. At present there is also a conflict between education law, which considers foster carers to have responsibility for children in their care, and children's services regulations and practice that can often prevent the foster carers from engaging with the school or signing for school forms.

15. As we move towards the acceptance of foster carers as professional members of the children's workforce, there needs to be a greater presumption of foster carer responsibility for everyday activities laid out in the child's plan, particularly for long-term placements.

16. Lord Adonis speaking in the House of Lords has argued that "schedule 6 to the Fostering Services Regulations sets out, for example, the matters that should be covered in the foster placement agreement, which the responsible authority must enter into with the foster carer before a child may be placed with that carer. These include the circumstances in which the carer must obtain in advance the responsible authority's approval for the child to take part in school trips or to stay overnight away from the carer's home".

17. However, the reality on the ground is at odds with what the regulations suggest. Foster placement agreements are far from universal, and when one does exist it often will not give any clear guidance on how to deal with the specific issue of school trips. We believe there is a need to consider a wider range of areas for potential delegation beyond the two specified in schedule 6, particularly to encompass a wide range of school consent forms and permission for everyday events such as holidays or out-of school activities such as scout or guide camps, but the issue of school trips is not currently being addressed effectively. One ridiculous example included a foster carer being asked by their local authority to provide them with a risk assessment before the child would be given permission to use the local authority's own climbing wall.

18. In 2004 the Department for Education and Skills and the Department of Health produced joint guidance, Local Authority Circular (2004)4 on "Guidance on the delegation of decisions on "overnight stays" for looked-after children", one of the areas covered in schedule 6, that radically transformed local authority practice. The guidance significantly reduced poor practice within local authorities that was preventing children in care from staying overnight with their friends who had not been CRB checked and minimised discrepancies in practice between authorities.

19. We believe that the Government should produce guidance similar to the 2004 circular that helps local authorities clarify their positions on the delegation of responsibility for signing for school trips, as specified in schedule 6, and other school related issues where they are given responsibility under education law but are prevented from taking decisions by social workers. We also believe that the Government should assess a wider range of everyday decision-making beyond the school gate, in order to give greater clarity to local authorities so that they can delegate more decision-making to foster carers in order to give children in care a more normal life.

EXPANDING LEARNING AND DEVELOPMENT OPPORTUNITIES FOR FOSTER CARERS

20. Learning and development expectations on foster carers are inconsistent across the country. Unlike social workers, foster carers are not required to attend training as part of their continuing professional development. Pre-approval training (most commonly the Fostering Network's *Skills to Foster* (2003) is now almost universal, but, following approval, the picture is much less clear. In England the *Training, Support and Development Standards for Foster Carers* (2007) produced by the Children's Workforce Development Council have set down the training requirements for foster carers at the pre-approval stage and in their first year following approval. The Green Paper *Care Matters: Transforming the lives of children and young people in care* in England, suggested a national qualifications framework for foster carers and a new Foundation Degree in working with children in care. However, the *Care Matters* White Paper¹ was silent on both these proposals.

21. The provision and take-up of post-approval training across the UK is very varied. Some fostering services report difficulties in encouraging foster carers to attend training, and some foster carers report that the training on offer is not relevant, updated or even arranged at times that make it possible for them to attend. It is often the most experienced carers who are the least likely to attend such training. Other fostering services seem much more effective at providing ongoing training that is welcomed by foster carers.

22. There is evidence² to suggest that if foster carers regard fostering as parenting, their response to the suggestion that they need training may be interpreted as a criticism of their parenting skills. In such circumstances training may be seen by them as unnecessary. By implication, the obverse may be true: when fostering is seen more in terms of providing special care and special parenting to children in special circumstances, training may be seen as helpful and even necessary. It is essential that training provision looks at methods of accrediting the skills of longstanding foster carers and ensuring that foster carers can influence the training provided and the structure of the courses offered so that it meets their needs year on

¹ *Care Matters: Time for Change* (Department for Children, Schools and Families, 2007).

² Brannen J *et al* *Coming to Care: The work and family lives of workers caring for vulnerable children* (Policy Press 2007).

year. Methods of training delivery must develop to enable those foster carers who have heavy time commitments to access training in different ways—through training in the home, web based learning and access to training at different times of the day/evening or over weekends.

23. In addition to providing learning and development opportunities to foster carers, the Government should work with universities to increase the emphasis on fostering issues within the core modules of social work degree courses. This should particularly include engagement with foster carers either through speaking to the class, students meeting with a foster care association, or where appropriate visiting foster carers' homes.

24. Improving learning and development for foster carers and those who work with them will lead to higher standards of practice, enhancing their ability to support a child in their care. Nationwide we would like to see:

- A requirement on all foster carers, except family and friends carers, for continuing professional development.
- A range of accredited courses for foster carers up to foundation degree level but including courses for foster carers who do not wish to pursue academic training.
- Fostering services ensuring that a high quality and easily accessible programme of training and professional development is available to all foster carers. This requires consideration of the times that training is delivered, the relevance, the need for training to be regularly updated and for it to be delivered in formats that are accessible to foster carers.
- Training programmes and learning opportunities that are regularly reviewed and meet the needs of the foster carers in the area.
- Foster carers are funded and supported to undertake appropriate training and learning for the placements that they receive.
- Training developed that meets the needs of the sons and daughters of foster carers. This may include the provision of support groups. The sons and daughters of foster families have a hugely important role to play in making or breaking foster placements but their contribution is often unnoticed and unrewarded.

REGISTRATION OF FOSTER CARERS WITH THE GENERAL SOCIAL CARE COUNCIL

25. Foster carers have long called for the introduction of a national registration scheme for foster carers through the General Social Care Council as is available for many other members of the children's workforce. We believe registration would enhance the status and standing of foster carers in the public mind, improve the respect and treatment they receive from other workers, and should be seen as a key part of a strategy to transform foster care and the outcomes of children in foster care.

26. In addition registration will help to drive up standards. It will offer a mechanism for ensuring that foster carers are responsible for maintaining up-to-date knowledge of children's educational and development needs by requiring foster carers to attend training in order to remain registered. The current review of the *National Minimum Standards* could be used to specify the criteria for registration enabling the development of a registered foster care service.

27. Registration will not only assist to bring about cultural change and confirm the status of foster carers as part of the professional workforce, it will also provide significant practical benefits for foster carers and fostering services, enabling foster carers to transfer their accreditation between fostering services, rather than the present farce of experienced foster carers undergoing lengthy approval processes designed for new foster carers. However it is important that a registration scheme be phased in to prevent short-term problems for recruitment and retention.³

28. The Fostering Network is deeply disappointed that the Government at present is not sympathetic to these proposals based on the misguided assertion that the current framework provides adequate satisfactory system for foster carers.

THE HANDLING OF ALLEGATIONS AGAINST FOSTER CARERS

29. The Fostering Network's submission to the first stage of the inquiry addressed the very important issue of allegations against foster carers and focused on a proposed amendment that would enable foster carers to continue to receive fee payments while effectively suspended. However, we would like to now address two issues touched upon during our initial submission, the timescales in which allegation investigations are undertaken and the provision of independent support to help foster carers through the traumatic process.

³ For a full discussion on the benefits of registration, see *The Registration of Foster Carers* (The Fostering Network, 2006) www.fostering.net

30. Our previous paper noted the dramatic failure of local authorities to meet the timescales set out in the Government's *Working Together to Safeguard Children* guidance. Our 2006 survey⁴ showed that 50% of allegations investigations against foster carers lasted more than three months and 10% lasted over a year, whereas the *Working Together* guidance states that 80% of cases should be resolved within a month, 90% within three months and all cases should be resolved within a year. What is of great concern is that aside from the Fostering Network's own data neither the DCSF or Ofsted are collecting the information about how swiftly allegations investigations are resolved in foster care. We believe that in order to bring about a significant reduction in investigation times Ofsted needs to collect information from local authorities about the time taken to complete allegations investigations and this information used to inform enforcement against a set of timescales. We believe that the *Working Together* timescales should be incorporated into the National Minimum Standards as part of the current review and Ofsted should rigorously inspect against them, using their enforcement powers where appropriate.

31. We believe a similar approach is required to achieve compliance with existing National Minimum Standard 22.9 that states that independent support should be provided to foster carers during an allegation investigation. Our survey showed that in 61% of allegations investigations independent support was not provided to foster carers and even where it was given, foster carers often believed the level of support provided to be substandard. The then DfES and the Fostering Network produced a joint publication on allegations which outlined the key attributes of independent support:

- “Information and advice about the process of enquiries and the rights and responsibilities of all Parties.
- Emotional support for foster carers and their families.
- *Mediation*—the process of an allegations investigation can put an enormous strain on the relationship between foster carers and their fostering service.
- *Advocacy*—some foster carers may wish their independent supporter to advocate on their behalf, for example in meetings”.⁵

32. However, beyond these four bullet points in this document there is not any official recognition of what format independent support should take. We believe that more detailed guidance to local authorities about how independent support is supposed to be provided, that reminds them that this is required to be provided in all cases covered by 22.9, and that it should be delivered in a timely fashion, would be very welcome. Again in order to make significant improvements to compliance action from Ofsted is required. Currently Ofsted do not consider this to be a key standard to inspect against and do not collect data about whether authorities are providing independent support. We believe Ofsted must start to push for compliance through its inspections and enforcement mechanisms to ensure all foster carers get the support they desperately need during an allegation investigation.

CREATING A FAIR SYSTEM OF REMUNERATION FOR FOSTER CARERS

33. At present far too many foster carers receive no remuneration for their work, skills and experience, and when they do receive a payment, it is usually at very low rates. Remuneration for foster carers is normally known as fee payments and is not to be confused with allowances (the financial support provided to foster carers that are designed to cover the full cost of care for a child in foster care). Both allowances and fee payments vary dramatically between different local authorities and independent providers.

34. A recent survey⁶ by the Fostering Network showed that across the UK 40% of foster carers do not receive any form of fee payment while 77% of foster carers receive less than £200 per week. Despite this in many cases one of the foster carers within a family is expected by the local authority to be available full time to support the child or young person in their care. Even when this is not the case many foster carers feel they need to be able provide full time care for that child or young person. Foster carers are expected to be able to provide support whenever the child or young person needs it. They need to deliver personal, therapeutic and emotional care as well as administration, meeting with social workers and arranging contact. As a result two-thirds of foster carers do not undertake any additional work outside the home. In England only 11% of foster carers have full time employment outside the home, 18% have some form of part time work and 17% of foster carers rely on state benefits for additional income.

35. There are those who question the motives of foster carers who are paid, and say that it is not right that a foster carer should be paid as they should foster out of their commitment to improving children's lives. Foster carers are absolutely clear that this commitment is the reason they foster but they believe they should receive remuneration for their work, skills and commitment. The availability of payment is often the determining factor of whether a foster carer can afford to foster, while many others endure significant financial hardship in order to look after children and young people in need.

⁴ Swain *Allegations in Foster Care—A UK study of foster carers' experiences of allegations* (The Fostering Network, 2006).

⁵ The Fostering Network on behalf of the DCSF *Protecting Children—Supporting Foster Carers—Dealing with an Allegation* (DCSF, 2006).

⁶ Swain *Can't Afford to Foster—A survey of fee payments to foster carers in the UK* (The Fostering Network, 2007).

36. No other profession that works with children is expected to do so altruistically, and no other professional has the responsibility to look after a child who is not their own for 24 hours a day, 7 days a week, 52 weeks a year with little or no respite. Foster carers are being given increased responsibility and asked to perform more tasks on behalf of the child and the fostering service. Yet in many cases fostering is still not seen as a job of work; foster carers are not recognised for the role they play in looking after a child on behalf of the community, nor as performing a professional role with a right to professional levels of remuneration.

37. The guidance to the National Minimum Fostering Allowance states that “from April 2007, in order to ensure proper transparency about fostering allowance rates, it will be necessary for all fostering services to publicise their allowance rates, clearly separated from fees (the “reward” element of fostering payments)”. The *Care Matters* White Paper has proposed extending this principle to “require all fostering services to publish details of their foster carers, in relation to the nature of the task being undertaken and the level of training required”.

38. We welcome the proposals on fee payment publication in *Care Matters*, as we welcomed the requirements in the National Minimum Allowance guidelines. However, as with the National Minimum Allowance itself, compliance has been extremely patchy, with too many authorities—particularly Independent Fostering Providers—failing to comply with the current guidance, leaving understandable concerns about potential compliance with these new requirements. There have also been concerns raised that the full details of each payment scheme will not be published in line with the *Care Matters* commitment. Without full publication of the different criteria for each fee payment scheme it would be almost impossible to compare schemes across different authorities, particularly when many similar sounding schemes have very different requirements and availability. So we want to ensure that this *Care Matters* commitment is implemented in full with clear mechanisms to monitor and enforce compliance through Ofsted.

39. However, improving the information available to foster carers about payment rates will only have a small impact on the overall rates of fee payment foster carers receive. In order to meet the severe shortage of foster carers, on 2004 estimates a shortage of 8,200 in England and 750 in Wales, and effectively tackle foster carer poverty, a step change is needed on fee payment. We believe that a fee payment system equating with comparable employment in the children’s workforce would aid in the recruitment and retention of foster carers, as would a framework that ensures payment for 52 weeks of the year. Furthermore, adequate provision for respite that is planned and managed in a way that does not undermine attachment with the children they are fostering must be available for foster carers. If we expect foster carers to continue to provide homes and support to children in care we need to ensure that their skills, commitment, abilities, and experience are appropriately recompensed and rewarded.

TRANSITION TO ADULTHOOD

40. Our first submission to the inquiry on the Children and Young Persons bill highlighted the lack of progress towards enabling young people to stay with their foster carers until they are 21. We believe that developing the ability for young people to stay with their former foster carers until they are ready to leave home is critical to improving their life chances.

41. Since the first submission, the Government has introduced a new Amendment 8 that creates a duty on the Secretary of State to promote the well-being of care leavers and others of a prescribed description up to the age of 25. This clearly places responsibility for former relevant children within the remit of the DCSF, undermining the Government’s assertion that responsibility for regulating placement provision for this group might fall within the remit of the Department of Health.

42. We would also like encourage the Committee to examine the Northern Ireland Department of Health, Social Services and Public Safety scheme to support foster carers who continue to support/accommodate young people who are engaged in Education, Training, Employment or Prevocational Initiatives. This scheme enables all former relevant young people meeting the above criteria to stay with their former foster carers up to the age of 21. Initially the scheme had a target of 150 young people participating at the cost of £750,000 per year but this is now being extended to 180 young people as a result of the demand.

43. Although not formally regulated, it is a government directed scheme that has set a series of core standards and due to the direct funding and the geographical nature of the province the DHSSPS are able to ensure compliance in a way that would not be possible without regulation in England. These placements are handled by the leaving care/after care service of the HSS Trusts, and do not require re-approval of carers, as their approval as foster carers is deemed acceptable. These placements continue to receive an annual review to ensure their suitability.

44. While this scheme does not achieve all we would want in a system of provision post-18, particularly in that it provides support for those who are doing well but not those who are perhaps most in need of this extended stability, those who are not in education, employment or training, it does seem to be a more ambitious scheme than the handful of pilots proposed in the implementation plans for *Care Matters*.

CARE PLACEMENTS

45. Our initial submission to the inquiry highlighted the how the commitment in the *Care Matters* White Paper to create a statutory requirement on all local authorities to provide sufficient and diverse provision of quality placements has been watered down in the Children and Young Persons bill to an implicit requirement created by the restrictions on out of authority placements. We again suggest the Committee looks at ways in which this requirement will be made clear to local authorities and argue that this is not the most appropriate way to ensure local authorities get the message. Furthermore the requirement to place within authority area needs to be tempered by common sense, particularly where children live near local authority boundaries. For example under the mechanisms proposed by the bill, the requirements placed on local authorities would encourage Cornwall County Council to prioritise placing a child from the eastern edge of Cornwall with a foster carer in Penzance over a placement over the county boundary in Plymouth, despite the latter being considerably closer geographically.

LONG-TERM PLACEMENTS

46. Providing stable placements is critical for turning round the lives of children and young people in care. For around a third of children and young people care is not a temporary stop gap before returning home, but a longer term arrangement, where it is essential they are given stability to help them develop and succeed. Adoption may be an appropriate step for a small proportion of these young people but for the vast majority it is not suitable or wanted by the child, with most retaining contact with their birth families. Therefore it makes long-term foster care critically important for these children and young people so that they can develop attachment, permanence and a sense of family membership rather than constant movement between short term placements.

47. However, there are several key issues that need to be addressed in order to ensure long-term foster care is able to maximise the stability and support it can provide for children and young people in need of long-term care. Firstly the issue of delegated responsibility for decision making, raised earlier in the paper, is critical to help build a family environment that is as normal as possible in long-term foster care. We believe the arguments for delegated authority to give permission for everyday activities is particularly strong for those in long-term placements; that a foster carer who has cared for a young person for 5, 10 or even 15 years may well still required to get permission from social services to enable the child to participate in activities or trips at school for example seems overly bureaucratic and wrongheaded.

48. A highly troubling development in some fostering services has been financial discrimination against foster carers who provide long-term care for children and young people. These fostering services are paying or are looking to move to a system where they pay lower allowances (the financial support to cover the cost of looking after a child in care) and fees to those who take on placements long-term creating a clear financial disincentive for foster carers to take on long-term placements. We believe fostering services should be encouraging foster carers to provide long-term stability for these young people rather than making it more difficult for them.

49. While special guardianship may be a suitable development of some long-term fostering placements, it is far from appropriate in the majority of circumstances. It should be promoted as a development of a long-term fostering arrangement only where suitable for both the foster carer and young person and where all relevant financial and practical support is maintained.

50. There needs to be a recognition of the importance of long-term foster care. It needs to be seen as an equally valid option to provide stability and permanence for children and young people in care to adoption and special guardianship. Despite being the primary source of permanence for the vast majority of looked-after children and young people, the status of long-term foster carer is in need of improvement.

UNACCOMPANIED ASYLUM SEEKING CHILDREN

51. The Fostering Network is concerned that currently the needs of Unaccompanied Asylum Seeking Children (UASC) are not being adequately addressed by the current arrangements for care placements. We believe that UASC should be regarded as children and young people first and foremost. However, because the legislative umbrella that is applicable to their circumstances encompasses the Border and Immigration Agency as well as the DCSF, we believe that specific reference needs to be made to them in the Select Committee's assessment of the *Care Matters* agenda. We endorse the recognition in the *Better Outcomes: The Way Forward* paper January 2008 of the need for the legislative umbrella for UASC to encapsulate a more holistic view and joined-up approach to UASC needs through a twin-track approach to care planning in the future between the respective Government departments.

52. The majority of placements for UASC are emergency, often same-day placements, a factor which is determined by the circumstances of the young person's arrival. Many may also be cross-cultural placements. The role that foster carers and their families can play in facilitating the building of a support system for these young people and a providing continuity of relationships which facilitates the process of their successful adjustment to living in the UK is well documented. We believe that it should be possible for UASC to remain in their foster placement if they wish to, post-16 and bring to an end the situation where most UASC are

deliberately moved into independent living at 16 to break bonds of attachment that have been built with foster families prior to removal at 18. Indeed we would argue that it may be appropriate to enable “former” UASCs to stay with their “former” foster families post-18 in some circumstances.

53. We acknowledge the proposed reform to place newly arrived UASC with specialist authorities later in 2008, but think that it would be important to ensure that the commissioning process for this builds in as many opportunities as possible to facilitate the transfer of knowledge and experience in a multi-disciplinary context from those authorities who have already developed considerable expertise in the field. It is important to note that such a transfer of knowledge is equally applicable for foster carers, many of whom have built up a great level of personal expertise in relation to the specific issues that caring for these young people involves.

54. The development of specialist authorities could potentially enable improved provision and placement choice for children and young people through a more streamlined and informed process of referral and matching, that could facilitate greater placement stability. However, the location of the specialist authorities is also an important variable in terms of the capacity to provide diversity in placement provision and support services. For UASC we need to be particularly mindful that siblings are the primary source of family identification in circumstances where they have experienced loss of people who were significant to them; it is therefore imperative that placement planning strategies have capacity to ensure that siblings can be placed together.

55. The intention as outlined in *Better Outcomes* for clarity about the outcome of a young person’s application for refugee status to be arrived at an early stage is welcomed by the Fostering Network in principle, as a means of facilitating a more co-ordinated care planning process for that young person. It is well known that many UASC demonstrate a great deal of resilience and the impact of traumatic experience may not manifest for sometime and/or they may have different coping mechanisms to deal with psychological distress. The assignment of a case worker from the Border and Immigration Agency and a greater emphasis on developing communication skills with children and young people could be helpful in facilitating an improved service in assessing claims.

56. As is acknowledged in *Better Outcomes* the current process of decision making in relation to status for UASC post-18 places many “in limbo” for long periods, years in some cases. The impact of this on the well-being for USAC is well documented as it affects every aspect of life, education, housing, eligibility to different benefits and support services, and restrictions as to work, depending on the stage of the young person’s claim and whether or not they are subject to any reporting requirements. Whilst it is acknowledged that the intention is to address this in future legislation for newly arrived UASC, we must take note that at the present time there are many young people whose emotional wellbeing and mental health is being affected because of the uncertainty about their status and whether their future lies within the UK or elsewhere. This is clearly a situation that appears to run contrary to the ECM and *Care Matters* agendas.

EDUCATION

57. The number of proposals to improve the educational outcomes for children and young people in care is one of the key strengths of *Care Matters*. However, we would like to draw the Committee’s attention to a government funded scheme in Northern Ireland run by the Fostering Network and Include Youth—Fostering Achievement.

58. Fostering Achievement is a pioneering scheme that seeks to enable every child or young person between 4 and 17 who has been looked-after in foster care for six months or more to access an annual education credit of on average £800 per child. The credit is used to provide equipment, services and training for the children and young people with provision tailored to individual requirements by a team of development workers who also provide a wide range of advice and support for foster carers beyond the administration of the credits. Launched in September 2006, the scheme is due to run until 2012 and currently costs £1.04 million to run.

59. The definition of education used by the schemes is education in its broadest sense covering personal development, discovering new interests, self esteem and academic achievement. For example credits could be used to:

- Provide foster homes with computer equipment, to assist with school projects, homework and the access of information.
- Purchase garden play equipment to help improve the dexterity and co-ordination of children.
- Purchase specialist equipment against the specific needs of children and young people.
- Purchase sports equipment to promote social inclusion and the development of natural abilities.
- Purchase musical equipment to develop ability.
- Fund private tuition against educational needs.
- Fund tuition for an interest or ability in sport, music, dance, etc.
- Enable a child in care to own a bike.
- Give 17-year-olds the opportunity to take driving lessons.

60. In addition to the credits, Fostering Achievement in 2008 will be running a series of 5-day GCSE revision class programmes on behalf of LACE and summer schemes that combine education and play for primary age children.

61. The initiative also provides training to foster carers, against identified specific or general needs. Currently, the scheme delivers four specific workshops that foster carers can freely attend. These currently cover the topics of; basic IT skills, internet safety, the education system in Northern Ireland, self esteem, advocacy and numeracy and literacy. Two other topics for possible workshops are currently under consideration, “combating bullying” and “understanding behaviour”.

62. The scheme recognises that for children and young people in foster care, foster carers are the key to providing an environment in which they can develop and achieve and gives the lead role to the foster carer in conjunction with the development worker in determining the priorities for the child in their care and how they can benefit from the scheme. In its first year of operation it had an overall uptake rate of 58%, figures confirmed by the DHSSPS in February 2008 that are in excess of the Fostering Network’s initial assessment, and it is on course to significantly exceed this rate in the current year of operation. We believe this scheme is a considerable improvement on the more limited proposals in *Care Matters* that would provide up to £500 to be spent on a more limited range of options for those children and young people who are already failing educationally and where the role of foster carers in helping guide how the money is spent is not yet clear.

CORPORATE PARENTING

63. Good corporate parenting is critical to improving the lives of children and young people in care. Those who work with children in care feel that too many Councillors do not seem to fully understand the problems facing the children and young people they care for and have little or no interaction with them. Developing greater contact between local councillors, the foster carers who look after children and young people on their behalf and where possible and appropriate the children themselves, could lead to corporate parenting duties being taken more seriously and children in care being given a greater priority in local authority decision making.

64. We believe that local Foster Care Associations can form an important bridge between local councillors, foster carers and children in care. A foster care association is a local voluntary organisation set up and run by foster carers, usually together with social workers and sometimes with others involved in, or interested in, foster care. The foster care association will aim to provide mutual support for foster carers, to represent foster carers as a group, create opportunities for children and young people to meet together and develop foster carers awareness, knowledge and skills.

65. Usually, all the members of a FCA work with the one service, eg their local authority. This is because FCAs try to improve the fostering service provided by their service through joint working, consultation and lobbying, which is difficult if members work with different fostering service providers. Other people may be allowed to attend meetings or events as guests. These might include foster carers who live a long way from their fostering service, health/education/housing professionals, police officers, residential workers, children’s rights workers, councillors or adult children of foster carers. Often these people will come for support, to take part in social activities or to find out more about foster care.

66. We believe a framework should be developed where all local councillors make contact with the Foster Care Association in their local area and develop their link to the foster carers and the children and young people for whom they are corporate parents, so that local councillors can see the effect their decisions make on the lives of their children and provide a platform for better support. We believe that MPs have a responsibility to make contact with their local Foster Care Associations as well so that they can gain a greater understanding of the key issues in foster care and see how they can help.

February 2008

Witnesses: **Professor Ian Sinclair**, Research Professor, Children and Young People's Social Work Team, University of York, **Robert Tapsfield**, Chief Executive, The Fostering Network, and **Kevin Williams**, Chief Executive, The Adolescent and Children's Trust (TACT), gave evidence.

Q122 Chairman: I welcome Professor Ian Sinclair, Robert Tapsfield and Kevin Williams to our deliberations. I thank you for giving your time to help us with this inquiry. We have been told during the inquiry that the politically correct term has changed—it was “Looked-after Children”, and it is now back to “Children in Care.” I am not sure how you stand on that, but we are keen to remain up to date. If you do not mind, we tend to slip into relatively informal mode, and perhaps, Ian, we can use first names rather than “Professor”. Is that all right?

Professor Ian Sinclair: That is fine.

Chairman: Excellent. Are first names okay?

Robert Tapsfield: Fine.

Q123 Chairman: I usually give people who are to give evidence to the Committee the chance, for a couple of minutes, to say where they think we are, and what they think the most important part of this inquiry should home in on. If you could do that in a nutshell, we shall get started. Ian, would you like to start?

Professor Ian Sinclair: My research was initially into residential care for children, then into foster care, and more recently into how the care system works, why children move, how they move, and that sort of thing. I should like to raise three points, or hope that you will be able to discuss them. My first concern is the quality of care and placement, how children and carers behave towards each other, and what relationships they form. My concern is not that that is not normally high—in foster care it is often extremely high—but that it is extremely difficult to influence, and that as that is the heart of the matter, the problem of how the director of children's services, or whoever, achieves high quality care in placements is crucial. I am not convinced that performance indicators and various other things are an effective way of going about that. My second concern is the use of resources. I am concerned partly about the proportion of resources taken up by residential care, partly by the fact that it should be possible to have more children than is currently the case in the various forms of permanent care to provide them with a family, if not for life, but at least in the long term, and partly that we have lost the idea that some placements were designed to help children to sort themselves out. That used to be the role of residential care, which has now been greatly reduced, so what will take the place of that? My last concern is what happens after care, when children either go back home or enter a rather cruel wide world at a much younger age than most other children, often with little in the way of qualifications. That is often the Achilles heel, particularly of foster care.

Chairman: Thank you.

Robert Tapsfield: The Fostering Network is a UK-wide organisation, but for today's purposes we are talking about England. Our members are local authorities and almost all independent fostering providers, with around 24,000 fostering families and

around 38,000 individual foster carers. The three points that I want to make may repeat some of what Ian has said. Absolutely central to what happens to children in foster care, and to how well they do, is the quality of their relationship with their foster carer and what the foster carer does—or is allowed to do—with them, to them and for them. Getting that right is the key to improving foster care, which is where 71% of children in care are placed. The second point is the key importance of allowing children to remain with their foster carers after they are 18. Ministers have said very clearly in their pronouncements on care matters that they want that to happen. Everybody now recognises that most young people stay much longer in their families. Young people in care are a particularly vulnerable group, so helping and enabling them to stay longer with their foster carer is key to improving their outcomes. What the Government propose is extremely disappointing, to say the least. It amounts to nothing very much. We have to do much more to help young people to remain with their foster carers. My last point encompasses a bunch of issues to do with what we call the professionalisation of foster care. If we want to improve foster care, we must improve and clarify our expectations of foster carers, their training requirements, remuneration, status, and their authority to take decisions. A key area is how we look after foster carers when an allegation is made against them—inevitably, some will have allegations made against them. At the moment, we look after them very badly when that happens. Those are my three key points. The last thing that I want to say is that I am also chair of the Kinship Care Alliance, which is a group of voluntary organisations working to improve the situation for kinship carers. I am happy to share some of our thinking on kinship care.

Chairman: We have a section of questions on that very subject.

Kevin Williams: I just want to mention The Adolescent and Children's Trust.⁷ We are the largest charitable fostering provider in the UK, the largest provider in Wales and a major player in England. We are also the newest approved adoption agency. I have three points as well. I support a lot of what Ian and Robert have already said, particularly around transitions. We are particularly concerned that children leaving care are among the least well educated. They are more likely to find themselves not in employment, education or training. They are the least well supported, financially, emotionally and practically, and they are often placed in the poorest housing. An inevitable consequence of that is that young people leaving the care system are more likely to resort to alcohol and drug misuse, have mental health problems and commit crime. Enabling young people to remain in the care system longer will reduce the cost to the state in the longer term. The

⁷ See TACT written evidence published in the First Report from the Children, Schools and Families Committee, Session 2007–08, *Children & Young Persons Bill [Lords]*, HC 359, Ev 19

huge cost to the health service and prisons in particular will be diverted to the care system. My second point relates to commissioning. We are particularly concerned about the current system, which seems to be a postcode lottery. Lots of different local authorities approach commissioning very differently. We recognise within the Bill the need to move towards regional commissioning, but we are still concerned that the main drive on commissioning is around price. It is not based on a drive for equality or delivering outcomes, but is about trying to reduce costs for local authorities. In the longer term, our concern is that a number of small, high-quality providers will be squeezed out of the market, and that is particularly true with the onset of venture capitalists. We worry that another Sedgemoor—the Northern Rock of child care—will happen. With venture capitalists in the market, the price of placement will increase rather than decrease, because of the current pressure to reduce prices and squeeze other people out of the market. The third area that I want to talk about is preventing criminalisation. There are a number of systems and processes within the care system that lead to children becoming criminalised. For example, children in residential care may break a window in anger or frustration and, as a consequence of that, may be charged with criminal damage. Also, a child who arrives late back to a foster home may be reported as missing. Inevitably, the police will interview that young person, when they may admit to criminal offences. We are concerned about the care system criminalising children as well as about their leaving care at an early age, as we have already said. Lastly, just a quick note: we talk about foster care as if it were a single entity, but it is actually a complex set of arrangements for young people. Some young people are there in short-term arrangements, some are there on a more permanent basis and some are there as part of a task-centred approach for task-centred work. We need to be really clear when we talk about foster care that we recognise that although it is a single entity, with young people being cared for in somebody else's family, there is a whole range of different arrangements to meet the needs of children in care.

Q124 Chairman: That is very useful. Thank you very much for those introductory remarks. Having read an awful lot of stuff and listened to the evidence so far—as I said to you outside, the Committee is getting slightly dangerous now because we are learning all about this new field of interest—it struck me that this all seems rather British and amateur. I have read that there are 150 care systems and 150 fostering systems, so there is great diversity, and no one is quite sure of the quality across the piece or of a person's entitlement when they go into care. Nowhere in the literature that I have read so far—except in an allusion in Professor Sinclair's writings—have I read that we should do a study when people exit care or even find out what they think about care five years after leaving it. The picture is of something rather chaotic, nice,

essentially English and a bit stuck together, rather than something that would be recognised as a proper system. Am I getting the wrong impression, Ian?

Professor Ian Sinclair: If you look at local authorities, you will find that they behave in very different ways, and that is particularly so in relation to the decisions that they can take. Some will send a high proportion of children and young people home very quickly after they have arrived, some will be much more likely to keep them on, some will put many more in residential care than others and some will get more adopted. On all those decisions, they seem to have varying policies, and you get big differences that cannot be explained by differences in the kinds of children that authorities have. If you look at things like how “happy” the children or young people are, you see that that varies much less, if at all, by local authority. It varies according to the kinds of people with whom they are living. So, on the one hand, people have the mechanisms for standardising certain things, such as the nature of the care system. For example, the proportion of children you might be aiming to get adopted could be standardised a lot more. On the other hand, you have major difficulties trying to standardise something that is basically a matter of human relationships. How do you do that? My personal view is that part of the solution in the end must be about how you train, select and support people. We know something about how to support people, but we know much less about how to train or select them. In a funny kind of way, part of the difficulty lies in the enormous amount of inspection effort that goes on the managerial aspects of the system, rather than its quality. An enormous number of different things are measured, and there is a great variety of measurement, but the failure to say that certain things really matter and that we will home in on them to try to get everybody up to a high standard across the board works against that inspection effort. If you said, “Well the key thing is the quality of the care in the individual places,” the quality of the quality assurance system in local authorities would be key. How do they know what that quality is? They might major on crime, for example, and inspect that, which might send a message that that is what they are really on about. However, in fact, so many messages are going out that you can pick and choose to some extent—there is a great variety of different things. I do not know whether that quite answers your question.

Q125 Chairman: I think that it convinces me that I was right to ask about the lack of systemic features—it looks fragmentary rather than like a system.

Professor Ian Sinclair: It is a lack of being really clear about what things really matter.

Q126 Chairman: Robert, would you agree with that?

Robert Tapsfield: No, I do not think that I do. At times, I can be a pretty fierce critic of the system. The key is to strike the right balance between the state setting rights, entitlements, expectations and the

overarching principles on which the system relies and allowing some local discretion to deliver services to meet local needs. I do not think that that balance is always struck. Actually, in the past 10 years or so, we have had the advent of national minimum standards for the foster care system that govern how fostering services are run. They describe the expectations on fostering services provision. We have an inspection regime that has begun to report on standards, which has had an impact on driving them up. I accept that they may not always be the right standards for the right outcomes but, nevertheless, we have that national regime, and it has had an impact on services. We have seen more children placed in foster care as a proportion of the overall population. There are clear elements of a coherent system, but that is not to say that it is working in all places at all times—it clearly is not. Things need to be done to improve the system, but I do not think that I share your initial description of it.

Q127 Chairman: I did not mean it in a negative sense; I simply thought that it was worth going over. It did not seem to be a system. We are used to looking at local authority performance, and when we recently looked at special educational needs, we found that some authorities had one method of delivery—special schools and so on—but others had gone further down the route of inclusion with hardly any special schools, or exporting children across local authority boundaries. We know about the diversity of local authority services. I suppose that we are trying to get a handle on how you judge how good the services are across the piece. Anyone can say to us, “It depends where you look.”

Robert Tapsfield: It does depend on where you look, but if you look across the piece, you will see evidence that young people in care are getting something out of it, so it is generally better than not being in care. However, we are absolutely clear that we could be doing so much better for those people. There is a task for the system significantly to improve outcomes for young people in care. I have no doubt that we can and should be doing much better for them.

Q128 Chairman: If you look at such issues—we shall say more about this later—and ask what is the quality of educational performance and delivery, for example, you must look at the quality and training of the staff involved. However, when I go around asking questions in this Committee and elsewhere, people tell me that it is not to do with qualifications or the skills of the people in the care system, but, rather, about their ability to provide a supportive home background. We therefore end up not quite knowing what is the skill set or whether there should be one at all in the care system. Should there be a skill set? Should there be any sort of training for carers?

Robert Tapsfield: Yes, absolutely—I have no doubt at all about that. We ask and expect foster carers to undertake an extraordinarily difficult task. Not only do we want them to be good parents and to have good parenting skills, but, if they do not know about

the rules and regulations that govern children in care, they are going to fail at times. The same is true if they do not know what children expect of them. If foster carers do not know very clearly what some of the challenges are for young people who have been ill-treated or abused, they are likely to come unstuck in caring for children who do not simply respond in a straightforward way. Increasingly, children in care are presenting those challenging behaviours. If foster carers do not feel comfortable in working with and communicating with schools and teachers, it is unlikely that they will be able to help the children that they are caring for to overcome difficulties at school. We must have a set of very high expectations of foster carers, which really means that they must be skilled parents and then have “plus, plus, plus” on top. The “plus, plus, plus” on top is only likely to come from training. Exceptionally, it may come from some people who have not had training, but we would not want to place children in foster care where we had not made clear those expectations or talked to the foster carers about the particular challenges that they are likely to face. That is also true where we have not talked to them and had them think about how they can safely care for children who, for example, have been sexually abused and where there may be risks of children misinterpreting signals. There are real challenges for carers in performing their function in a way that keeps both carers and children safe. We cannot afford foster carers to be untrained any longer, if we are going to ask them to carry out this complex task.

Kevin Williams: Coming back to your earlier point about whether there are 150 different systems, I disagree, because I do not think that there are 150 different systems. I think that there is generally one system and that that system is well understood by the professionals working within it with foster carers and young people. However, I think that there are local differences, which are about local need. We work with most local authorities in the UK, and if you look across local authorities, most policies and procedures are fairly similar. What often changes is the relationship that children have with their social worker. If there is a consistent social worker with a consistent care plan, we see better outcomes for that child. Where we see difference is where there is inconsistency of social worker—changes of social worker often lead to a change in the care plan. There is a single system that responds to local need, but underneath that is the relationship between individual social workers, foster carers and young people. In relation to the point about foster care training and support, we wholly agree with Robert’s comments on training. We say, first, that it is about pre-qualifying training. Our concern is that, while there is a level of consistency of pre-qualifying training for foster carers, there is not accredited pre-qualifying training for foster carers. We would certainly like to see accreditation for foster carers, which would then lead to registration. Secondly, training is something that needs to continue and be ongoing. There is certainly some work around at the moment from the Children’s Workforce Development Council which looks at ongoing

support for foster carers and training and development, because it is about continuing development. We have recently undertaken a study with Professor Bob Broad from South Bank University. As yet, that is an unpublished study, but one of the key findings is that foster parents tell us that the relationship that they have with their social worker—ongoing support with their own social worker, not the child's social worker—is important in helping them to manage the tasks that they do. Foster parents also talk highly about the training that they receive—both pre-qualifying training and ongoing training—and about other support systems, including a lot of practical support. Often, foster carers find that practical support is invaluable. The other area that we need to address is that it is not just foster carers themselves who are involved in foster care, because it is a whole family commitment. It involves both the nuclear family in that particular household, including the children of foster carers, and the extended family. Fostering is often an extended family activity, supported by the foster carers' wider extended family and friends.

Chairman: Thanks for that, which has got us all warmed up.

Q129 Fiona Mactaggart: You have both talked about how the population of children in care has become more challenging and how their problems have become more complex. I am interested in learning whether foster care can deal with the problems of the most difficult children, including those with behaviour problems, problems in terms of their relationship with the criminal justice system, psychiatric issues and so on. Is foster care capable of meeting those children's needs?

Professor Ian Sinclair: I need to distinguish between the things that I say that are based on research and the things that I say that are not. One thing that I say that is not is that some young people are one-man or one-woman crime waves and continually run away, or whatever. In the end, it is extremely difficult not to lock them up. Clearly, foster care is not going to cope with them, because it is not adapted to be a single prison. It is clear that foster care can, in one sense, deal with much more difficult people than was thought possible in the past. In Scotland, a highly supportive form of foster care has been provided for young people who are supposed to be in secure accommodation, but it was not clear from the study whether it produced better results. However, it was clear that it was rather cheaper, and it was also clear that the roof did not fall in. In other words, none of the foster carers left, for example, although it would be quite untrue to say that none of the young people committed offences. To the best of my memory, the researchers said that they thought that about a third of the people going into this very extreme form of care probably could not be coped with and that, for some people in that third, the solution would be for them to start in secure accommodation and then graduate out of it. The limits of that scheme are perhaps less than have been thought. However, if you are to do this kind of thing, you clearly need to provide good support. Again, the foster care scheme

in Scotland is, in my view, an excellent example of the kinds of things that are needed, many of which have been mentioned by Robert. The only other thing that I would add relates to what Robert said about training. I agree that, in the end, training has to be part of the solution. We also need to face the fact that we have very little evidence. We have evidence that training improves the morale of foster carers and that they like it—it keeps them from turning over; it makes them feel part of a professional group; and they meet other foster carers—so it has all sorts of benefits. It is very difficult to get any evidence showing that it improves their results with young people, but it is worth going for the first set of things anyway. It is crucial that we do not just assume that training is a good idea simply because, in the end, it must be. We should go on trying to work out what sort of training is needed until such time as we get a form of training that really produces results. I am happy that Robert said the kinds of things that he said, because in the end that must be the solution. Again, as he said, it must build on the basic parenting qualities: you actually like these kids or, if they are young, you love them; you are clear about what you want; you do not let them wind you up; you show that you are the sort of parent that all of us would wish to be. In relation to the question about very difficult young people, if you are that sort of person, it is highly likely that, if you are given some skills and behaviour management and so on, you will do a better job than if you are not. However, that needs demonstrating, and we need to put effort into demonstrating it, because at the moment very little research has been done on training.

Robert Tapsfield: Two things. Foster care is dealing now with some exceptionally difficult children and young people, so I do not think there is any question but that it can deal with them. The Government have invested quite a lot in multi-dimensional treatment foster care, which is a fairly rigorous programme of expensive foster care designed to treat some of the most disturbed and challenged young people. That is undergoing evaluation as we speak. I think that they are optimistic that it is showing encouraging signs at the moment, but I am sure they would not go further at the moment, because it is still relatively young. Fostering services are now caring for some very challenging young people. We know that to ask and expect foster carers to care for the sorts of young people you are talking about, you not only need to build in a much bigger support service with much quicker and more immediate access to clinical psychologists and other support experts, but probably need to pay them well, because you are asking them to do a very difficult job. You also probably have to have far more intensive review mechanisms to review the placement and the child. However, local authorities are doing that as we speak, and the question is that those services are in themselves expensive—not as expensive as a residential alternative, but nevertheless expensive. I have no doubt that foster care is coping and can cope with some of the more challenging young people.

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Kevin Williams: Absolutely. I support that, and I would add that different challenges come from different people's behaviour and the group that you described are not always necessarily the most challenging for some of our foster carers to care for. Young people who may self-harm can be equally challenging, but not as overt in that challenge to the community in which they find themselves. I also agree it is about making sure there is the appropriate team around the child. It does come back, I think, to relationships that are developed between foster carers and young people, but I also think it is possible to have a relationship between residential care and foster care. I do not think the two systems should be seen as bifurcated. There is the possibility of having children who move from residential care into foster care, who have a relationship with residential providers who continue to support them while they are in foster care. I think too often in the care system we move children from placement to placement and see the previous placement as an end rather than as a transition into the new placement. So I think I would like to see foster care for those very challenging, difficult young people you have talked about having greater relationships with residential care, so it is not seen as an end when they move on from residential care into foster care, but is seen as part of the continuum and a transition, where they may need to go back to residential care for periods, for support.

Q130 Fiona Mactaggart: I am struck by the use of the concept of relationships, because I was acutely aware of Ian's early statement, in which I think he was trying to suggest that some of the sorts of things that we inspect get in the way, to some degree, of the core issue of the relationship between the cared-for child and the caring adult. You are saying that as well as that vertical relationship, if you like, there is also a set of horizontal relationships, which can enable the child's transition through different bits of the care system to work better. I am not hearing—and in the evidence that I have read I do not know that I have seen—shining examples of mechanisms that support those sets of relationships well. I have heard people talking about the need for better support from social workers, and better training and so on, all of which relate to that matter, but are there shining examples of how to help to reinforce the adult-child relationship and the foster carers' relationships with those around them who will also intervene in the child's life?

Chairman: Who wants to take that? I am not going to give you all the chance to reply to every question, or we shall not get through our seven sections. Who would like to lead on that?

Professor Ian Sinclair: Clearly, relationships are extremely difficult to create, so you cannot say, "You two shall get on." What you can do is celebrate and acknowledge when people do get on, and try and support that. One thing that Kevin said, I think, is extremely important, which is that children in the care system who are moved around a lot frequently speak of previous relationships that they have had which were very valuable to them, but which were

treated as though they were totally at an end. For example, if someone goes back into the home of their birth family, it can work very well if the carer who looked after them also gets on with the family—taking them on weekends, supporting both and so on. That is a minority, but when one sees it, it is a highly impressive way to use relationships. Clearly, the whole issue of contacts and all that relates to the child's relationship with its own family, and there are lots of things to be said on that. There are things to be said about practice in terms of flexibility. If a placement is chosen by both sides and if, although it was supposed to be short-term, they really get on and want to stay together, that helps, although it is not automatically guaranteed. The last thing is that long-term fostering often starts when the child comes in at four or five and works fine until they start going to secondary school, when there is a bust-up and it breaks down. I feel that instead of being treated in the same way as it would be treated if it happened in a family—pulling out all the stops to keep the two together, or bringing them back again if they have to break up—that is treated as though, "Well, this is fostering; they can't get on anymore", and they move on, having lost something that is very valuable. I suppose that I am saying that that cannot be created, but there are lots of ways in which it can be profited from, because it grows naturally.

Q131 Fiona Mactaggart: Is it the fact that in some foster placements there are a large number of unrelated children? Does that help or hinder it?

Professor Ian Sinclair: You cannot have rules of thumb. In some places, it is like they are your foster sister or foster brother, and you really get on. In some places, they really get on your nerves. It varies. In some places, they bully you, or even worse. Again, one must be very conscious of what is actually going on, I would say.

Q132 Fiona Mactaggart: My last question concerns that kind of setting: a foster family with a number of unrelated children. One of the things that I am interested in is whether we are right in Britain—we are different from the rest of Europe—to think that as far as possible, families rather than institutions are the best place to put children who need care. I am interested as well in where the boundary is—where something stops being a family and starts being a quasi-institution. It occurs to me that some such settings might come close. I can see Robert shaking his head. He is saying that we are right. Maybe, Robert, you are the person who should start answering.

Robert Tapsfield: One of the things that we now have is a rule that foster carers should not care for more than three children. That rule can be broken, if there are very good reasons and exceptional circumstances—a bunch of siblings, for example—but generally, we are looking at foster carers not taking more than three. Part of the reason for that rule was to find a way to draw a distinction from what otherwise might become more akin to residential care, and I think that it has been largely successful. In Scotland, where that rule does not

exist, there is also concern that some foster carers are encouraged to take more children than is probably best for them or the children. That is not so good, and it is not as successful. I think that the rule of three that we have here is helpful in casting a limit around the number of children in a foster care house. It means that those are genuine families and do not become quasi-residential institutions.

Kevin Williams: I would agree with that. We should also consider the relationships that foster carers have not just with children currently in placement, but with those previously in placement. Often, a very positive message is sent to children in current placements, if their foster carers keep in touch with children whom they have looked after previously—they take on a family-for-life notion for a number of children. We have a number of foster carers who, during festive seasons, will have 10, 11 or 12 previous foster carers around the table with their children, so it becomes a wider networking community. That is a very good message to send to children in care: it is not just about an end when they turn 17 and move to independence; we are there to provide ongoing support.

Chairman: That leads us on to our second section, on placement stability and permanent options.

Q133 Mrs Hodgson: The *Care Matters: Time for Change* White Paper advocates a consistent focus on stability—an emphasis reflected in two performance indicators in particular. With those performance indicators in mind, can you tell me about what is going wrong in these placements or, indeed, what is going right, using those indicators as a guide?

Robert Tapsfield: One of the things is about the status and standing of long-term foster care. My understanding of the research evidence, in terms of what works and is helpful for you people, is that it is about living in a family with whom they want to live for as long as possible, and that actually the legal status probably is not the key indicator in determining whether they do well. I think that the *Care Matters* White Paper goes some way towards making a very positive statement about long-term foster care. Although local authorities are encouraged to seek permanence as an option for children, for them long-term foster care does not count as a permanent solution. They are judged on the number of children who are adopted and the number subject to special guardianship orders, but they are not allowed to count among that group those placed in long-term foster care. I do not think that that is helpful, because it also means that there is a lack of clarity up and down the country about quite what long-term foster care is and means. Different councils describe it in slightly different ways: some have permanent foster care and long-term foster care, but some have one or the other. It would not be easy, however, to count the number of children in long-term foster care, because there is no agreement, and the Department for Children, Schools and Families does not require local authorities to count in decisions on whether the placement of a child should be long-term or permanent. As I have said, they count adoption, and

special guardianship. I think that it would help if they were required to count long-term foster care as well. On the one hand, the quality of the relationship is what counts, and some evidence suggests that what you do structurally might not make the key difference. However, I think that it would be helpful to tell a family and child that a placement is intended to be long-term. You could then consider the levels of delegated authority given to those foster carers, so that fewer decisions have to come back to the local authority. Foster carers could be empowered to make decisions on things such as school trips, photographs and so on—otherwise, they have to go to the local authority. It would also be helpful if, at each review, the reviewing officer was not required to ask whether the child can return home, because the decision will already have been made that they will grow up with the foster family. In various ways, we could do with constructing a category for long-term foster care along with adoption and special guardianship, because it would emphasise the fact that some groups of children are intended to remain with their foster carers long term. Through targets and other things, we should encourage local authorities to make that decision, but, to start with, the DCSF should be more proactive in defining long-term foster care as a desired outcome and status, and to take steps to measure whether it happens.

Q134 Mrs Hodgson: I understand that there is considerable local variation amongst these indicators. Is there any particular reason for that, or is it just local circumstances?

Robert Tapsfield: Part of the challenge is that the system is so complex and there are so many different variables that can impact on what is happening that it is very difficult to identify a single variable that is likely to make a difference. What has been shown in terms of the report—the work that Jane Held and others have done on stability—is that you are looking at a range of factors. You are looking at the quality of decision making that goes into the placement decision at the beginning, at the quality of foster care and social work, and at the support that is given during the placement. You are looking for evidence that those working with the child are listening to the child and the carers—are you picking up when things are going well or not going well? Key to local authorities doing better is that they have a better decision-making and matching process at the beginning. The system is so complicated that the danger is that you pick out one thing and focus on it to the exclusion of a lot of other things. You do not then see the desired outcomes because the other things were also very important—if that makes sense.

Professor Ian Sinclair: Moves are generally to be deplored and should be avoided if possible because they are worrying, cost money, are disturbing for the child and so on. But having said that, there are very different kinds of moves. If you move after you have been in a placement for five years and you thought that it was a placement for life, that is a totally different kind of thing than if you are three months

old, in hospital and someone decides that you have been abused, and you move from hospital to somewhere else. That is a move, but it is a different kind of thing. Like Robert, I distinguish between when someone has decided that they want a long-term permanent place, which they want to work out and really do not want to break if they can help it. However, there is one caveat to that: when someone becomes a teenager they are to some extent able to break placements where they are unhappy, but when they are five or six years old, it is much more difficult. There is the odd sturdy toddler who can do that, but it is much harder to break placements at that age. If you talk to foster children you will find some who say, "We were very unhappy for three, four, five years. It looked like good news in that particular foster placement, but they didn't like us." The first thing is that you need to distinguish between different kinds of moves. The vast majority of moves are in fact intended: they are moves in, moves back home, moves to longer placements and so on. One might think that the movement indicators measure breakdowns, but they do not. The second thing is that the data on which they are being measured are extremely inaccurate. If we calculated these indices on the data that the DCSF would have to use to calculate them and then recalculated them in a way that we thought was a bit more accurate, there would be a totally different rank order. The third thing is that they do not take account of the backgrounds of the children. If you take account of the fact that different authorities have to take in different kids and so on and allow for that, you get a different order yet again. These things are useful to know, so I certainly think that people should measure them and that Robert is right in saying that we should have a category called something like "permanent foster care". We want to see how often that breaks down and whether it lasts. But there is an awful lot of concern about the "three moves in a year" measure or the "however many moves in 30 months", and one needs to do an awful lot of unpacking before one understands what both the variations are about.

Q135 Mrs Hodgson: Can you say something about the relationship between stability and permanence in placements, and the outcomes that those children experience?

Professor Ian Sinclair: One thing that does seem fairly shocking is that when one looks at children who are 17, say, who came into the care system under the age of 11, when they were mostly being placed in foster care—they could have been in the same placement for five years or more—you will find that they are there, but, from memory, about 18% of that particular lot who were in a five-year placement have achieved something that long. It seems to me that it should be a lot more than that. Having said that, it is true that children who move a lot are more "disturbed, difficult or challenging" than those who move less, but it is not clear which is chicken and which is egg in that scenario. It is also true that quite a lot of children are moved a lot—three or four times—early on in their placement before they find somewhere that suits them and they settle down. So,

although moves are to be discouraged in every possible way, the belief that they are the sole thing mucking up the system is over the top.

Q136 Mrs Hodgson: Which groups of children in care are less likely to have long-term foster care placements and why? Is there a particular group?

Professor Ian Sinclair: Sorry, who are you asking?

Chairman: There will be plenty of different categories in which the other witnesses will lead. Please carry on, Ian.

Professor Ian Sinclair: If you come into the system aged under five, particularly under one, there is a choice between adoption, long-term fostering and going home. Quite a lot of the children in that age group are adopted. They will frequently hang around in the system for two or three years until they are adopted, and then they move out of it. As far as is known, they tend to have very stable subsequent careers. If you enter the system over the age of five, or fail to be adopted and stay in the system past the age of five, you have a reasonable chance of getting a long-term fostering arrangement, but if you start to break down in your teens, you are quite likely to have some disturbance. If you enter the system in your teens and cannot go back home for some reason, you are highly likely not to have a long-term fostering arrangement, partly because there is not that length of time available and partly because you may not be looking for that: you may want something else because you feel that you have a family of your own. Another reason is that such children are frequently quite a handful and it is quite difficult for anyone to cope with them on a long-term basis.

Q137 Mrs Hodgson: I have one more question about financial discrimination. Is there ever financial discrimination regarding who may get a long-term fostering placement, or does that issue not enter into things? Some of the evidence that I have read mentions instances of financial discrimination.

Professor Ian Sinclair: Very quickly, there are disincentives to adopting for foster carers, because if you adopt, or if you used to go for residence orders—I am not quite sure about the special guardianship relationship—there is quite a healthy financial disincentive. There is also a disincentive regarding whether you will get support from local authorities, which some of them like.

Q138 Mrs Hodgson: So, when you adopt, the support stops?

Professor Ian Sinclair: It is likely to be less. My view is that there should be more of a level playing field if at all possible. Some children are really keen to be adopted, but that is the last thing in the world that other children want, although they do want a home from home. You need to be able to cater for these different needs without their being distorted by all sorts of other considerations.

Kevin Williams: There is certainly anecdotal evidence of local authorities making decisions based on finances, particularly for children in the independent sector, as well as for their own carers.

There is huge pressure on local authorities to see that their own carers are cheaper and provide better outcomes, but there is no evidence to suggest that. In fact, a recent report by The Fostering Network and the British Association for Adoption and Fostering on the true cost of foster care says that the average cost of a low-charging independent-sector placement is the same as a local authority placement. However, we have pressure on our foster carers to take out special guardianship orders, for example, with threats along the lines of, "If you don't move into special guardianship, we may need to move the children," although the placements are perfectly stable. We think there is a worry there, and it is probably driven to some degree by financial pressures on local authorities. That goes back to the point that I made about commissioning. There is a move to drive down individual costs on individual placements, rather than to take a coherent look at how to save money and deliver best value through a different commissioning strategy. That could include a discount for long-term placements from the independent sector and recognising that the stability of long-term placements is about not only the relationship between the foster carer and the child—as important as that is, and our research suggests that it is the most crucial relationship—but the support that the foster carer receives to develop that relationship. There is the ongoing support from their supervisor, social worker and network. Too often, when a placement becomes stable, local authorities assume that it will remain stable if you remove other parts of the jigsaw, but it is the whole that supports placements. There is some pressure for finances to dictate care planning.

Robert Tapsfield: I support that. Some local authorities pay slightly lower allowances to children in long-term foster care and some want to negotiate a lower fee with the independent agency if the placement becomes long term. In one sense, one understands that that is because of the assumption that a placement that has become long term has become simple and straightforward and is just like a family life, so the authority does not need to pay as much. However, the real concern for local authorities should be that long-term placements are not happening often enough, and authorities should want to make them happen more often. Where they do happen, it is often because long-term foster carers have made them possible by putting in high levels of skill, work and support for the children. So our efforts should be aimed at making such things happen more often, not at seeing whether we can get them more cheaply when they do happen.

Chairman: Let us move on to placement choice and placement success.

Q139 Paul Holmes: Before I ask about that, may I go back to something that Ian was saying. You were saying that quite a few children in care move on through a number of placements, but you were not quite sure whether it was chicken or egg. Had they come from disturbed backgrounds and therefore had problems with relationships, or was the system

not handling them very well? To a layman, it would seem fairly self-evident whether it was chicken or egg. Why is it difficult to establish the cause?

Professor Ian Sinclair: If you do the statistics on it, which I did, the "disturbance" seems to be the more important factor—placements were breaking down because this was a very difficult child. However, I just did not believe the statistics, and it is probably a bit of both. Irrespective of that, however, it is clearly undesirable to have a child going through placements like a knife through butter. So I do not put enormous weight on that particular finding of mine.

Q140 Paul Holmes: Some of the evidence that we took earlier from people who had been in care, along with other reports, shows that one thing that children in care would very much like is more choice about the placement they go into—a more gradual introduction and more chance to feel their way in and to back out before they are fully committed. How do we achieve that? Why do we not do that? What are the barriers?

Robert Tapsfield: The main barrier is the shortage of foster carers. That is not the only barrier, but it would be impossible to improve practice with the current supply. One of the standards in the report was about matching, and the fostering services that generally did pretty well on inspections did not do very well on that. You are right: we know from what children and young people in care have said that they do not often get any choice, and we also know that from what foster carers say. There is insufficient choice, and insufficient effort, before a placement is made, to engage foster carers and young people in the decision about whether the placement is right. Such involvement would help to make the right placement more often. It would not make things perfect, but it would help in the process. There is absolutely no doubt that we should be doing much more, but there is a shortage of foster carers. That increases the pressure on local authorities to find a placement. They may be reluctant to go to the independent sector, so look to squeeze placements into their own resources to avoid doing so. However, the independent sector may have a better match than is in their own resources. The failure is in securing sufficient foster carers but also in commissioning. One of the issues at the moment is that most placements in the independent sector are spot-purchased. By that I mean that a local authority finds that it needs a placement—it has done everything that it can to place the child within its own resources but cannot—so at the end of the process it sends information around to the independent sector and then gets offers of placement from which it chooses. That gets one-off placements from the independent sector, but it has not necessarily worked in a more proactive way to secure in advance the placements that are needed from the independent sector. The failure better to commission the placements that people want and the shortage of foster carers, particularly among local authorities, are the biggest factors leading to the matching process not being anything like good enough.

Kevin Williams: A couple of issues come out. First, I agree with Robert, particularly around commissioning. We often find that young people are placed inappropriately through in-house provision within the local authority, which leads to breakdown and further disruption. Actually, that adds to the difficulty of the child in placement, so that a cycle develops. The independent sector looks after children who are likely to have had a greater number of breakdowns than perhaps they need to have had on those issues. Also, I think that commissioning is improving. Where there are good commissioning relationships with the independent sector through preferred provider relationships, there is a greater understanding about the particular local authority's needs in commissioning placements from the independent sector. Working much more in partnership leads to improvement of foster carers and placements with them. I was surprised by the figure in our study that indicates that 58% of our carers are new to caring. I think that there is an assumption in the independent sector that we are recycling local authority foster carers, whereas the evidence is that we are bringing new people into the system, and that because of the way that we support, train and remunerate them, we are bringing in people who have qualifications in child care from elsewhere. They may be teachers, youth workers, residential social workers—a range of people are now moving into foster care and seeing it as a profession. At any one point, there is a vacancy rate of between 20% and 25% in the independent sector. Therefore, if commissioning were improved, there would be a greater ability to match children. However, even with that vacancy rate, we still have a shortage of foster carers. We need to promote foster care and the work that it does, and see it much more as a professional role.

Q141 Chairman: Let us get this straight. That is the vacancy rate in the independent sector.

Kevin Williams: Yes. We formed Fostering through Social Enterprise, which is a group of all of the medium and small not-for-profit sector organisations. On our benchmarking, at any one point, the vacancy rate was between 20% and 25%. Some of that is because a foster carer might be approved for two or three children, but because they have a difficult placement, two places are blocked. Another reason is that local authorities might be unwilling to commission from the independent sector because they believe that it is more expensive.

Q142 Chairman: You are talking about the independent and third sector, but what about the independent commercial sector?

Kevin Williams: I do not have the figures for the commercial sector, but my guesstimate is that there are similar vacancies.

Professor Ian Sinclair: You need to distinguish choice at the point at which it is made. Often, the initial placement needs to be made quickly. However, because of the number of factors on which social workers ideally like to match—ethnicity, age, the skills and location of the foster carer, how many

children will go in, and so on—it is mathematically extraordinarily difficult to have enough vacancies to cope with the variety. Also, you have to cope with how long a child is going to be placed for. To some extent, social workers tend to accept a less-than-perfect match for the first placement—that is the force majeure. After that, they tend to hang around and wait until they get something that fits, which consequently puts pressure on the first placement. Having been told that the child will only be with them for three or six months, for example, a foster carer still has them after a year because the social worker is waiting to find the right placement. Like Robert, I think that more foster carers are needed, and that the second placement needs to be really carefully matched. It is probably impossible to ensure that you can do that at the beginning, because of the variety. You must probably accept first that a certain level of vacancies will be necessary, and you must pay foster carers with vacancies if you are to have choice, but you must also have some flexibility initially, so that you have highly professional foster carers who are able to take a wide variety of children for a length of time. Otherwise, you will need an infinite quantity of vacancies and an awful lot of foster carers hanging around with nothing to do. That way, costs will go up and you will not be able to pay them more, which you would want to do. There is a major logistical problem that must be tackled.

Q143 Paul Holmes: Both Robert and Kevin talked about a reluctance on the part of some local authorities to use the voluntary or commercial sectors. Why is that? Is the barrier inertia, loyalty—authorities might say, “We’ve recruited our foster carers and we must use them”—cost or ideology?

Chairman: I shall give you a brief time to answer that because we are lagging behind my timetable.

Robert Tapsfield: It is a variety of factors. If you have your own fostering services, you must make use of them. It is very inefficient to do otherwise, so you are bound to use your own services first. Actually, the cost assumptions mean that local authorities believe that the independent sector is far more expensive than their own services. They may or may not be slightly more expensive, but the disparity is nothing like authorities believe because of how costs are accounted. However, from the point of view of the manager on the ground, it is much more expensive, so they try to avoid it. There is also an ideological reluctance. However, the number of children in foster care in the past few years has risen progressively, by small numbers, year on year. Until a year ago, the number of children whom local authorities placed with their own foster carers had fallen year on year on year. Last year, it showed a very slight rise, but it was smaller than the increase of the number of children placed in foster care. That increase has been achieved because of the independent sector, which are here whether local authorities like it or not. That is part of the world that we now live in. The challenge is for local authorities to adopt commissioning strategies that ensure that children receive the foster care that they

need, and that local authorities do not end up having to make use of the foster carers that happen to be available on the day that they are needed.

Kevin Williams: Through that commissioning, notions of best value are used, because spot purchase and using the independent sector as a last resort is probably more expensive. One of the new targets, which we generally support—the 20-mile radius—can also mitigate against finding the right placement, particularly for younger children, when a permanent option is looked for and contact with the family may be minimal. There may be a disincentive for local authorities to look externally because of the 20-mile radius.

Chairman: I am sorry that I am always the spoilsport in moving us on, but we must cover as many matters as possible. We shall now consider professionalisation of foster care support and payments to carers. Dawn will lead us.

Q144 Ms Butler: I want to talk about payments for a moment. I understand regional variations in terms of payments for foster carers—the London weighting element and so on—but different payments seem to be administered by local authorities without rhyme or reason. Can you explain that to us?

Robert Tapsfield: All foster carers receive an allowance that is designed to cover the cost to them of caring. We recommend an allowance and the DCSF has now set a national minimum allowance in guidance. There is reasonable consistency in the allowances that are paid, although in our view they are still not high enough, but there is enormous variation in payments, and there is no national guidance on those payments, so local authorities are entirely free to develop payment systems that meet their own needs or are affordable within their own budgets. That has led to the growth of different payment systems in different authorities. The other key matter is that we are in a process of change and, 15 or 20 years ago, few foster carers would have received a payment on top of their allowance. However, demography, changing requirements on foster carers and women in the marketplace have all led to changes, which mean that it is simply not possible now to recruit foster carers and it is not possible for people to be foster carers unless we pay them. They would not do it for the money, but they would not be able to do it unless they received some remuneration. That shift has placed a big demand on local authorities to find systems and ways of paying foster carers within limited budgets, and has led to a plethora of different arrangements.

Q145 Ms Butler: In 2006, the Government set guidance on allowances. Do you think that they need to set guidance on payments?

Robert Tapsfield: I would like the Government to issue guidance on payments. That would be a good thing. It would also be a good thing if there were some standardisation. Having said that, my understanding is that it goes against many Government policies to start instructing local authorities about what they should pay foster carers.

There are some real complications, because foster care is so extraordinarily varied that you need a complex system to take account of all the different types of foster care. Certainly, a more standardised approach to payments would be helpful, because that would help people who are considering becoming foster carers to make sense of what is on offer and what they are being told. The picture today is confusing.

Q146 Ms Butler: For clarity, what factors should be considered when determining payments?

Robert Tapsfield: We are also in a process of change, and many local authorities offer a payment-for-skills model, which brings foster carers in either with no pay or with low levels of pay, and as they are trained and gain NVQ qualifications and so on, their level of pay increases. The independent sector tends to offer a different model, which is more about paying for the job that it recruits people to do. It tends to be a simpler payment system. More local authorities are moving towards a payment system in which foster carers are effectively paid for the particular fostering task that they are doing. Therefore, they may have a range of models, depending on what they expect from their foster carers. If they expect one of the foster carers to be at home, for example, and to attend a lot of meetings and they expect to place a range of children with them, they will be paying those carers differently from those who are on a different contract—for want of a better word—with the local authority. We are moving towards a system in which foster carers are being paid for what they are being asked to do. We have moved away from paying for the difficulty of the child that you place with them. In that situation, if you do well and the child's difficulty reduces, you can suddenly find yourself being paid less money because the task is much easier. You are paid for the job that you are being asked to do at the moment you are asked to do it. We are still in a system in which only 60% of foster carers receive any fee at all, and fee levels are often quite low. Only 23% of foster carers receive a fee of £200 or more a week, which is not very much.

Q147 Chairman: What percentage are you seeking?

Robert Tapsfield: In our survey in 2006, we found that 61% of foster carers were receiving a fee on top of their allowance. While that is worryingly low, that was up from 49% in 2004. That indicates that the percentage of foster carers who are being paid a fee is changing quite rapidly. If you ask local authorities in England today whether they are paying a fee to their foster carers, almost all will tell you that, with the exception of family and friends carers, they are generally paying fees to all the foster carers that they are recruiting with one or two exceptions.

Q148 Ms Butler: I have one last question because we are running out of time. How can we ensure compliance with any guidelines that we write?

Robert Tapsfield: Simply, the 2004 Act gave the Government the power to introduce guidance for payments and allowances. By asking the Government to enact that, it will be possible to get

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them to issue statutory guidance. That would be a way of addressing the issue of foster carers who have allegations made against them. Currently, we ask a lot of foster carers. Unlike teachers or social workers, if they have an allegation made against them and are suspended from working as a foster carer until the allegation is resolved, they will often receive no fee and no allowance. The children are removed, as are all their fees and allowances. In effect, we are asking foster carers to put their lives, and the lives of their families, on the line for these children and when an allegation happens, we are often leaving them completely unsupported until the allegation is resolved. That is in marked contrast to how we generally treat teachers, social workers or residential workers who are suspended on full pay until the issue is resolved. If the Government were to introduce guidance on payments, they could specify that the payment of fees and allowances should continue for foster carers who are effectively suspended while an allegation is investigated. That would improve how people feel about becoming foster carers and should improve the way that we look after them when they fall victim to an allegation.

Kevin Williams: I have a couple of points to add quickly. While it is right to pay foster carers both the allowance and the fees, we make one of the highest payments to foster carers. That really helps our recruitment and our attempts to diversify the type of people that we want to become foster carers. We want to attract people from current paid employment to become foster carers. We also have a high expectation that those foster carers are available to the child all of the time. Therefore, because of the needs of particular children, they cannot work as well as being foster carers. It is also important to stress that that is not the key issue for foster carers. Foster carers want to be paid and have a payment that is suitable for them, but before that, they want a level of support, and ongoing training. They want to feel valued and respected, that they are treated well and that when they make requests they are acted upon. Payment falls within that at a later stage. So people do not come into foster care for the payments, but payments are essential if we are going to recruit people to foster care. Foster carers want a high level of support alongside those payments. The Government have introduced a positive tax benefit in relation to foster care. The tax benefit was set three years ago and it is probably time for a review of the amount of allowance, but it is a good system in terms of trying to ensure that payments that are made to foster carers are not lost through tax.

Q149 Mrs Hodgson: What level of support is given to private fostering arrangements and kinship fostering?

Chairman: We are doing kinship at the end.

Mrs Hodgson: Well, what about private fostering?

Robert Tapsfield: Private fostering is very different. The expectations on local authorities are different for that. They are supposed to provide services for private foster carers but they are at nothing like the

level that they are supposed to be for foster carers who are looking after children in the care of the state. So it is a very different arrangement.

Q150 Chairman: What is private fostering then? What are the essential ingredients of a private fostering arrangement?

Robert Tapsfield: An unrelated child who is living with a family for six weeks or more is technically a private fostering arrangement. The concern is that there are numbers of young children in private foster care arrangements. Those private foster carers are supposed to notify the local authority and are then supposed to be registered as private foster carers and have Criminal Records Bureau checks and one or two other checks done on them. The concern is that not enough is done to ensure that we find, register and then provide support for private foster carers: too often, it is an undercover service and so there is potential for abuse and ill treatment.

Q151 Mrs Hodgson: Are there large numbers of these arrangements?

Robert Tapsfield: Part of the problem is that the numbers, by definition, are unknown. Certainly the numbers that are known are only a small proportion of the number of children who are living with private foster carers.

Q152 Chairman: Do you all agree that you want a registration scheme for private fosterers?

Kevin Williams: Yes.

Robert Tapsfield: Yes.

Chairman: Ian, you did not nod.

Professor Ian Sinclair: I do not know anything about private fostering.

Q153 Chairman: Does it sound like a good idea to have a registration scheme for private fosterers?

Professor Ian Sinclair: Yes, because two people whom I respect have just said so.

Q154 Ms Butler: Should foster carers be registered with the General Social Care Council?

Robert Tapsfield: Yes. Registration with the General Social Care Council has been seen by the Government as a key element in the strategy to both drive up standards and reassure the public about the social care work force. Foster carers provide an incredibly personal service to some of the most vulnerable children and fit the criteria of people to be registered. Registration would reinforce and emphasise the status of foster care and the high regard in which we hold it and the general public should hold it too. It would set continuing professional development expectations and requirements. It would incorporate a code of practice for foster carers. It would also assist in the transfer of foster carers between one agency and another. If you were an approved foster carer with one local authority and moved, you would probably be surprised to know that you had to go back to the beginning and be completely re-approved by the new

authority. You are not allowed to transfer your approval with you. A national registration scheme would deal with that.

Chairman: I knew that because I heard it on “Woman’s Hour” on Saturday.

Robert Tapsfield: Good.

Kevin Williams: I agree with everything that Robert has said. If you are to have registration you need to have pre-qualifying accreditation. Most foster carers do a pre-qualifying training, but that is not accredited anywhere to ensure that the standards of that training are consistent across all agencies. We think that there should be accreditation on that level.

Q155 Chairman: I want to go on to skills and training. Sharon is going to take us through that—oh, it will be Paul. I am sorry, but members of the Committee are in short supply today because they are on other Committees. Please forgive us for being a small band—it does not mean that we undervalue you, it is that there are other Committees today involving our members. As you were talking in that last section, something that came through very clearly in the literature was about what kind of people are attracted to do this. Do people like you, Ian, evaluate that? What sort of people do it? Do they do it because they are religious and think it their Christian duty, or that of whatever religion they belong to? There must be a profile of people who become carers.

Professor Ian Sinclair: There is in the sense that if we compare them with ordinary families in the United Kingdom, the women would be less likely to be under the age of 30—they tend to be between 30 and 50, so there is a demographic profile to that. Research asking people why they do it typically says that it is because they want to help. That arises from a variety of reasons: it can be religious or because someone has been in care themselves and wants to repair it. Carers are more likely to come from religious backgrounds. It is certainly said that they are less likely to come from ethnic minority backgrounds, but if you set out your stall and determinedly go to recruit ethnic minority carers, you can do it. People vary, and in my view—this is very soft evidence—there are varying immediate motivations. Some people like a challenge; they like to look at a teenager and think, “I’ve got a right one here”, and that is what they want, whereas other people want a sort of waif and stray to whom their heart can go out. Those people tend to be good with different kinds of people. I have not given you any detail about the demographic profile because I cannot remember it, but a lot is known and you can get that information. We know a certain amount about what people say if you ask them about recruiting, and they also differ among themselves in some of their more subtle motivations.

Kevin Williams: In our study, 75% of the respondents said that their motivation to foster had a faith base. That is significantly higher and we are a non-denominational organisation, so we were quite surprised by that finding. Other demographics range completely. Our youngest foster carers in this study

were 32, although we have some who are much younger than that, and they go up to the age of 64. Foster carers come in different ethnicities, we have same-sex carers, single carers, male and female carers who have previously looked after their own children who then moved on from home into independence. Some people have chosen to foster rather than to have children, so it is a very mixed group of people.

Robert Tapsfield: One of the key characteristics is that they are families who are prepared to devote their lives, or a big part of their lives, around the needs of the foster child or children. That is an important characteristic. The only other thing to emphasise has been said already and is that the sort of characteristics and motivations that lead people to want to foster a troubled 15 or 16-year-old, will be very different from those of a family that wants to foster babies or that wants to take a disabled child. Families that want to take one or two very long-term children will be different from families that will take numbers of children one after another. We are talking about a wide group but a big study in Scotland showed that a high proportion of people had previously had some work in one of the caring professions—it might have been with adults, not necessarily with children, but with some previous involvement.

Q156 Paul Holmes: Is there any obvious difference in class or educational background across the range of foster carers?

Professor Ian Sinclair: Yes. Certainly in our study one of the things was that there is an extreme difference between different local authorities. In the posher parts of Derbyshire—even within the same local authority—you will recruit a very different sort of foster carer than you do in mining villages in other bits of Derbyshire, say. In our study, I think it was 40% estimated by the social workers not to have GCSE or equivalent, which is quite low. The numbers said to be managerial and above were quite low. That was not a good measure, but it seemed to me to be in keeping with what the other research says. One thing that I should have said earlier was that a common theme in this sort of research, way back into the 1950s, is that they tend to be a bit more traditional. Although you do get same-sex couples and so on, you are more likely to get couples who are together and so on, rather than others. They have different ideas about how a child fits into their family. Some of them would say, “Well, I will foster up until my children go to school”, or the children have fled the nest and that is why they will foster. That is another sort of arrangement.

Q157 Paul Holmes: Does the educational background have implications for the sort of skills and training that you should be providing? Is there a danger that you try to turn foster carers into middle-class clones? Would that deter people from becoming foster carers?

Robert Tapsfield: Knowing as many foster carers as I do, I think it unlikely that you would turn them into middle-class clones. But there is substantial evidence

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that, with the training that many foster carers do, you need to deliver it in different ways that acknowledge the fact that you have very different sorts of people and educational backgrounds who are becoming foster carers. How you deliver that training needs to vary and to take account of that. So, where you are recruiting foster carers whose own educational background is very poor—they may make very good foster carers—then that determines the level of support that you may need to put in to help them get the qualifications and training that they need. They certainly need that training to be foster carers and good foster carers, but delivering that training is a complex business. We have for the first time standard training, support and development induction standards for foster carers, who, from 1 April, are required to reach a common set of standards within their first year. That will be the first time that that has happened. But one of the challenges for that programme is to ensure that it is delivered in ways that respect and take account of the different background of foster carers.

Kevin Williams: And it is about how agencies can support those foster carers through practical measures and support. For example, there is an expectation that a foster carer keeps a diary, but it does not necessarily have to be a written diary—you can use voice and other ways to keep a diary. It is about supporting foster carers to be innovative and creative in making sure that they meet the standards.

Q158 Paul Holmes: Like the Chairman, I also listen to *Woman's Hour*. Once or twice a year, different bits of the media will go on a crusade about how we are short of foster carers, but that all these middle-class professionals are just deterring people who want to do the job, through the demands they make or the training and their requirements. Is there any truth at all in that?

Robert Tapsfield: I do not think that there is. Yes, being assessed as a foster carer is tough, and I am certain that we could be doing it better than we are. I would be very happy to look at how we assess. But for all of us, if any of our children were going to live with someone we did not know—had never met—and the local authority or the independent fostering service was saying that they were an approved foster carer, then we would want to know that they had been very properly and thoroughly assessed, and that people were absolutely satisfied that they were going to care for our child properly and well. We would probably have not been invited to make a choice about that ourselves. I think we absolutely have to put people through a very thorough fostering assessment. I do not think that there is evidence that people are being put off by having to go through an assessment. They may be put off by other things, but I do not think that that is one. Certainly, there are foster carers who are attracted by the training and support that they are offered as foster carers. For them, that is a key part of what they are becoming a part of.

Kevin Williams: We have been part of a planning study that has helped our foster carers to improve their own literature and BAAF's. That has had a

huge knock-on effect on their ability to support children in placements. It is for people who have come back to education after a long period without it. We recruit carers from a range of different backgrounds, classes and economic situations. It is about them finding the level of support that each individual needs. It may be more about educational support for some carers than for others.

Q159 Paul Holmes: Finally, what are the key bits of training that should be provided—interpersonal skills, the law, awareness of child abuse or the literacy to support children at school? Does it differ depending on what group we are talking about?

Robert Tapsfield: There are some basic core skills that are common to all foster carers, but then it varies very much according to the nature of the fostering task. People fostering adolescents will almost inevitably need training in managing difficult behaviour, in its challenges and in understanding some of the issues that adolescents bring to placements, but that will not be needed by all foster carers, some of whom are doing a very different task. The training, after the initial common core, must then be specific to the type of fostering undertaken.

Kevin Williams: It is training in its widest sense—training and personal development. There are lots of ways to get knowledge that is not just training.

Q160 Chairman: How did you all feel when you saw the film about the orphanage on Channel 4? Were you angry or hurt?

Robert Tapsfield: I did not see it, actually. I heard about it, so I can comment—

Q161 Chairman: But you know the principle—that there was a lot of faffing around, instability and amateur rather than professional activity in the care world. Should we go back to the system in which young people in care go to institutions, albeit very modern institutions? Institutional care is much more the norm in many other countries.

Robert Tapsfield: I also remember the Waterhouse report and other reports, which talked about some of the effects of residential care and what was happening in residential care. Clearly, there is good and bad residential care, but my recollection of the film about the orphanage is that it glossed over a lot of the abuses and ill-treatment that happened in residential care during the time that it was reporting on. Residential care has moved on, but whatever we do, I do not think that we want to go back to a stage where children were not well looked after in residential care. I would hope that the residential care provided today is a vast improvement on what was provided years ago.

Professor Ian Sinclair: I need to be extremely careful about this, because my wife is a residential care worker and is sitting watching my performance. I think that a major problem is the cost of residential care. We looked at that three or four years ago, and as far as I remember, it was about £67,000 a year, or £1,500 or so per week. That does not add up, exactly, but it was that sort of amount. That is a great deal, for about 12% of the children in the care system, and

there is an issue whether it is equitable to spend the money in that way. There is also the issue that some of those children can spend two years in the same residential home, or in different ones. If one works out what that costs, it is very large. If you were the parent of one of those children and had £200,000 to spend, would you really blow it all on two years in a residential home, or would you put some in trust and use it later? I think that the cost is a very major difficulty of doing it. Also, it is a major difficulty for residential care, as it makes it very difficult to keep kids in that type of care for as long as they might otherwise want. Personally, I think that residential care at the moment faces a lot of extremely difficult problems, which will make it very hard for it to succeed. Clearly, residential care has major potential and it could succeed, but until somebody has produced some clearer models of the way that it will work and has shown that it will work, one would be extremely unwise to think that that type of care needs to be expanded.

Kevin Williams: We certainly see that there is a place for residential care, but it should be at the smaller end rather than providing care for the majority of children. The care system is also about preparing children for adulthood, and most children are brought up in families and people need to have had an experience of family to understand how families operate. The other argument against residential care is that often a group culture can exacerbate individual difficulty. So, if you have two, three, four, five or more young people with difficult experiences and difficult behaviour all living together, you are more likely to get a group culture that exacerbates those behaviours, which leads to further difficulties rather than mitigating difficulties. However, there is a place for very good residential care for a small number of children for a period of time.

Q162 Paul Holmes: From some of the briefings that we have had, we have been told that in western Europe a lot of countries, such as Denmark or Germany, have a higher proportion of children in care—that was what the Channel 4 programme was about—and we have a much lower proportion of children in care. Are we leading the pack or are we trailing behind other people?

Kevin Williams: I certainly think that the two cultures are very different, in terms of what is offered as a universal service and what is offered as a specialist service. There is a comparison somewhere between apples and pears, but I think that the right way for our society and our culture is for children to be brought up in families, because that is the norm and the tradition.

Professor Ian Sinclair: I certainly think that the crude comparisons are apples and pears, because in some of these places you have about 50% of children in care in residential care and here we have 12% of children in care in residential care. We have tended to reserve residential care, as it were, for “the most impossible children”. If you go to Denmark, you will find some children aged three in residential care and that seems to me to be a thoroughly bad idea. It is indeed one of the plus points for the British system

that we have good foster care. The difficulty of residential care when I examined it—our research was published in 1998, which admittedly is some time ago—was that, at that stage, it was reserved for kids who could not be anywhere else. There was a big geographical imperative, so you tended to put a lot of children who had very little in common—both the abused and the abuser—in the same place, for different lengths of time. It became extremely difficult to provide a clear account of what these things are doing. The second factor, which is generically difficult, is that residential care in the past has flourished on the back of strong beliefs: for example, the English public school system, the Israeli kibbutz, the Russian residential care for their elite people, and so on. Those systems have been built on clear ideas about what went and what did not go. Research that was published in about 1974 tended to show that a clear value base was extremely important. Those systems also tended to deal with keeping children in the system for some time. It seems to me that all of that is very much harder to do now. There is much more of a dispute about whether you are allowed to display condoms in the washrooms, or whatever the issue happens to be. Therefore, some of the conditions for that type of residential care are harder to achieve. The theory of residential care, because it was taken over by social workers to some extent, I am afraid to say, has become very individualistic, whereas the essence of residential care is that it is a group experience and that is the important thing about it. By contrast, the ideas about how you were doing it and manipulating it have become very much more individually located. The last major difficulty is that, whereas residential care clearly has a massive effect on the behaviour of the children who are in it, for good and for ill, there are large variations between the different residential homes without any evidence that that has anything to do with backgrounds of the children that are there. It is difficult to export any positive things subsequently. The link between the positive changes that are achieved in residential care and what goes on later is hard to achieve. Until there are consistent answers to its theory, how it is going to deal with costs, how it will transfer long-term benefits and how it is going to ensure some reasonably high standards, you would be extremely unwise to expand it. Having said that, it has major potential and some way of unlocking it needs to be found.

Chairman: I gather we have five minutes to cover enabling foster carers to act as parents, family and friends care and kinship care.

Q163 Fiona Mactaggart: I was struck by the evidence of TACT and the Fostering Network which showed that a child in care with a foster parent is often at a disadvantage because of risk-averseness, failure to communicate with the foster parent and foster parents being excluded from decision making about the child in their care. What can we do to stop that?

Robert Tapsfield: We can do two things. The Government could issue guidance to push local authorities to delegate more authority to foster

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carers. A few years ago, foster carers could not agree to overnight stays and it was terrible. The Government said, "We don't need to issue guidance; it's perfectly possible for local authorities to agree to this." But many local authorities did not do so. In the end, the Government did issue guidance, which solved the problem almost at a stroke, because local authorities then followed the guidance and were happy to delegate, unless there were reasons why they should not. So clear guidance from the Government about delegating authority would make it easier for local authorities to get over some of their natural risk-averseness, which they have at the moment, and would make it more difficult for them to hold blanket decision making at local authority level. Last week, I was dealing with a local authority—it is not by any means the only one—with a blanket policy of not allowing young people in care to be photographed and for the photograph to appear in the press. That is because, if you are not careful, one photograph could appear and that can be unfortunate. However, actually, for many children it is perfectly fine and is a moment of great pride. So we are denying young people the option of having a normal family life by simply not delegating enough. In respect of some of the decision making, there was a recent consultation on personal education allowances. The Government are going to give a notional allowance of £500 for each child in care to improve their education. But how that £500 is spent will be at the discretion of the local authority. We run a scheme called "Fostering Achievement" in Northern Ireland, with an organisation called Include Youth, which deals with that matter entirely differently. The Government have given a notional allowance of £800 a child to us and Include Youth to make it available to foster carers who apply. So foster carers are taking the lead in saying, "We need a computer; we need driving lessons," or whatever it is, including some extra help with tuition. Subject to some checks to ensure that that is a reasonable decision, the resource is given. That puts foster carers in the driving seat in getting the resources the children need. That is not the model proposed in England, which leaves the control and determination within the bureaucratic structures of the local authority. That is less efficient, less effective and takes away from the responsibility and expectations of foster carers. The scheme in Northern Ireland called "Fostering Achievement" framed foster carers as the first educators for the children in care, trying to reinforce the fact that it was foster carers who needed to be supporting and pushing the education of the children in care, just as parents do for their own children.

Q164 Fiona Mactaggart: Why do you think the Government have not done it that way? They must know about the Northern Ireland scheme. Why do you think it has not been done that way?

Robert Tapsfield: You would have to ask them. There is always an innate reluctance to really push things out. It is easier to retain the decision making. The reality for the Government here was that the £500 was not new money but was money that they

had already given in some other way. So if they were to take it away from local authorities entirely and give it to someone else, it would have caused more difficulties. It was partly that they lacked the imagination, but the circumstances made it more difficult for them to make that change.

Q165 Fiona Mactaggart: Would it be possible for local authorities to administer those grants?

Robert Tapsfield: It would be difficult, because putting it outside and to voluntary organisations means that the access point is different. However, it would be perfectly possible to do that, and I think that it would also serve to reinforce the authority and decision-making expectations on foster carers.

Q166 Fiona Mactaggart: Kevin, in your evidence, you say that young people suffer because foster parents are not given the right to make decisions.

Kevin Williams: Absolutely. We support the whole notion of delegation as low down to the child as possible when reaching decisions for them. We can quote examples where children have missed school trips because of the inefficiency of local authorities and the bureaucracy of needing a signature from somebody with parental responsibility. We can quote foster carers going on holiday where it has been very difficult for children to get passports, because of the bureaucracy involved with the local authority. Such children miss out on a whole range of opportunities. I think that foster carers already have the skills to reach appropriate decisions. Of course, the level of delegation would depend on the nature of the placement. If it is a very long-term placement, you would expect more delegation to the foster carer, as opposed to short-term placements with a view to rehabilitation back to the family, where you would not expect the foster carer to change a child's hair or clothing style, if they are looking to return. However, if it is a long-term placement, you would expect the main care giver to reach decisions on clothing style and hair, depending on the age of the child, of course. I think that some children miss out on opportunities because of bureaucracy. Someone asked about being risk averse. I think that our society and the culture within the care system is risk averse—

Chairman: Not just in the care system.

Kevin Williams: No, not just in the care system. I think that generally we are risk-averse, as a result of which, children in care, in particular, miss out on opportunities.

Q167 Fiona Mactaggart: So do I. I like the idea of delegating more, but I am anxious about the Government having a national rule book telling people how to do things. What is wrong with the Government instructing local authorities and measuring them against the level of delegation that they give, or something like that? I am worried about having a set of national rules, because it will always create unintended consequences in particular cases.

Robert Tapsfield: You are absolutely right: decisions need to be individual to placements. However, we could make clear in guidance the expectation that

decisions can, and should in certain circumstances, be delegated to foster carers—perhaps there should even be a presumption of delegation in many circumstances—but hold back decision making. That would leave it to the local authorities' discretion, but stop the presumption being, "We will hold it all to our chest." We have to leave it to individual judgment.

Kevin Williams: That needs to be seen in the context of all the other evidence that we have given on registration, pre-qualification training and all of those issues. Actually, if you up-skill the work force, you would expect them to be able to reach those decisions.

Chairman: Five minutes on kinship.

Q168 Paul Holmes: The key question is: fewer than 8 or 9% of placements are with family and friends, but the Children Act 1989 said that that should be the priority, so what is going on? Why the disparity?

Robert Tapsfield: I think that about 17% of foster care is now with family and friends. However, the key point, to which I think that you are alluding, is that there is an enormous variation between local authorities. In some, more than 30% of foster care is kinship care, but in others it is only a handful. So there are wide differences in how that operates. What further complicates it is that some local authorities with very low numbers of children fostered with relatives actually have very positive policies for supporting relatives. So they will be supporting relatives outside of the care system through section 17 money, residence orders, special guardianship orders and other support services. If one had a way of calculating the total number of children being supported, the figure might well be greater than those for the authorities. However, we have a general situation in which levels of support to children fostered with relatives are pretty good—they get an allowance and support from their fostering services, so they will be reasonably well looked after. However, those who are outside the looked-after system, whose needs and circumstances may be identical but for an accident of circumstance, if they are not in the care system frequently get nothing, or no support. We have a system that is delivering very inequitable support and services to family and friends carers. I think that that is recognised. The challenge is how to deliver more equitable financial and other support to family and friends carers. There are a range of proposals that have been submitted, that are designed to do that. The Government, in *Care Matters*, say they are going to introduce a framework for kinship care, but I am not convinced that their current proposals amount to a new framework. I think that the proposals that are on the table do several things. First, they say that children in care should be considered children in need in the same way that disabled children are, so that you do not have to go

through the hoop of being assessed as a child in need; you can be assessed for services. It does not mean you get those services, but it reduces the obstacles to getting support. That would help children in kinship care get support without coming into the care system. Next, I think you ought to improve the access to support. We have now, through adoption and special guardianship, recognised that adopters who bring up someone else's child are going to need long-term support, so the Adoption and Children Act 2002 introduced a requirement on local authorities to set up adoption support services and a requirement to assess adopters for those support services. Adopters have a right to an assessment—not a right to the service, but a right to an assessment. You could mirror those requirements so that local authorities had to provide a support service for kinship carers—a range of services—and give kinship carers a right to an assessment. Finally, you need to do something about a financial benefit to kinship carers. If there was a state benefit you could probably remove a lot of kinship carers from the foster care system. Currently, many kinship foster carers are foster carers not because they set out or wanted to become foster carers or because they see themselves as part of an increasingly professionalised work force; often it is not because they really want to have the training and induction standards that they now have. They are foster carers because they want to care for their grandchild, to avoid their being with unrelated foster carers or adopters, and they need some financial and other support to be able to do it. If we had mechanisms for supporting them that did not mean that they became foster carers, it would be very likely that they would adopt those. Jane Aldgate, who has written a very good and thorough study in Scotland, has identified that we need to see kinship care as unique and distinct; it is not foster care but it is like foster care, and it is not family support but it is like family support. If we conceptualised it as distinct and different and set up regulations and guidance about how we were going to provide it with a service, we might be getting to a place that could treat kinship carers more equitably, and provide them with support and services in the way they need.

Chairman: I will cut it there, because we have run out of time. I am awfully sorry that there were some topics that we had to skate over a bit. Will you please see this as a relationship that will continue? I know there are some issues, especially in the last two sections that we dealt with, but right across the piece, on which, when you reflect on the discussion we have had, you might realise there was something we did not discuss. Will you remain in contact with us? We would appreciate that, because our aim is to write an excellent report, and we will only do that with your help. Thank you very much for your time and expertise. We look forward to working with you in the future.

Monday 28 April 2008

Members present:

Mr Barry Sheerman, in the Chair

Mr Douglas Carswell
Mr David Chaytor
Mr John Heppell
Mrs Sharon Hodgson

Paul Holmes
Fiona Mactaggart
Mr Andy Slaughter

Memorandum submitted by the Care Matters Partnership

SUMMARY

The Care Matters Partnership (CMP) welcomes the inquiry of the Children, Schools and Families Committee into the Government's proposals to improve the care of looked-after children and the opportunity to submit evidence.

The CMP regrets the omission of the mental and emotional needs of looked-after children and young people. These needs are seen as central to educational outcomes and are facilitated by continuity of care and social work provision and by a well framed and reflective workforce.

INTRODUCTION

The Care Matters Partnership Members are:

- The Tavistock and Portman NHS Foundation Trust;
- British Agencies for Adoption and Fostering; and
- Coram Families.

The Care Matters Partnership welcome the Government's recognition and drive to improve the experiences of children in care, and while agreeing in many of the plans laid out in *Care Matters: Time for Change*, it does have concerns and will be focusing in the coming months on the following objectives:

- To promote a stronger mental health and developmental perspective.
- To promote a greater focus on the psychological and emotional wellbeing of the children and young people as being key to increasing access to opportunities.
- To ensure the message of attachment, enduring relationships and quality of care in relation to resilience and emotional wellbeing are embedded in the whole strategy in a cohesive way.
- To ensure legislation promotes outreach services for children, young people, their families and carers.
- To promote the inclusion of national training for adopters as well as foster carers.
- To highlight the need to improve early detection of problems in the under-fives.
- To highlight the needs of latency aged children (5–11 year olds) and to increase interventions to prevent this group growing up in the care system.
- To highlight the need for the legislation to take account of the complexity of the care system eg, kinship care, special guardianship, retained contact with biological parents.

The Partnership will also concentrate on the following longer term aims:

- To ensure there is future research into multiple models of care, the complexities of the care system and the experiences of service users.
- To improve CAMHS input in the planning and delivery of services to meet the needs of children, young people, families and carers.
- To improve the quality of the children's workforce through training.
- To increase participation of service users in the care system, ensuring that the child's voice is interpreted thoughtfully and that attention is paid to the specific barriers that exist in the involvement of these children and young people.

 THE HEALTH, DEVELOPMENT AND MENTAL HEALTH NEEDS OF LOOKED AFTER CHILDREN

Recent statistics show that—

- Among young people aged 5–17 years, looked after by local authorities, 45% were assessed as having a mental disorder
- Among 5 to 10 year olds, the rates of disorders for looked after children compared with private household children were 42% compared with 8%.
- Among 11 to 15 year olds, the prevalence of mental disorders for children looked after by local authorities compared with children from the private household survey were 49% compared with 11%.
- In terms of physical health, two-thirds of all looked after children were reported to have at least one physical complaint.
- Overall, almost a third, 32%, of the young people aged 11–17 looked after by local authorities were current smokers and only 36% had never tried smoking. Sixty nine percent of children in residential care were current smokers.

(Meltzer, Gatward, Corbin, Goodman, & Ford, 2003)

These statistics demonstrate in an unequivocal way that the health and mental health of children looked after by local authorities falls way below that of the general population. This is in spite of a universal health service, Department of Health Practice Guidance on the health of looked after children and the National Service Framework for Children, Young People and Maternity Services. In fact in the 2004 report, *Children's health, our future* which reports on the progress of the Framework, there is not one mention of looked after children.

Care Matters sets out an objective to publish statutory guidance on the health of looked after children. While this is to be welcomed, the barriers to implementation are so significant and the problems so longstanding, we believe that only when “*PCT's have a primary statutory duty to undertake a holistic assessment of a child's health, development and mental health needs and to ensure that its services meet those needs*” that sufficient priority will be given to addressing this very serious problem.

WHAT DO CHILDREN IN CARE NEED?

Three key themes underpin the CMP's thinking about social care provision for children and young people in care.

1. Emotional understanding is central to care.
2. Children and their carers need stability.
3. Complex needs require specialist services.

These issues will be highlighted under headings linked to the Government's proposals for change. Namely:

1. Corporate Parenting;
2. Family and Parenting Support;
3. Care Placements;
4. Education;
5. Health and wellbeing;
6. Transition to adulthood; and
7. The role of the practitioners (including training and workforce development).

1. CORPORATE PARENTING

Social Work Practices

Summary

Local Authorities will be piloting independent social work practices. Essentially theories behind this are that by enabling profit to be made they are incentivising practices. These profits can then be fed back into services. There are positive benefits of having small, specialist agencies but the interface with Social Services will always be present. In this the Government appear to be aiming to provide an alternative coherent, stable family but in reality the situation will remain complex and instable. By developing private services the Government appear to be aiming to create flagship services that can provide a model and therefore raise standards nationwide.

Concerns

In reality the highest quality staff are likely to be drawn to these practises, having implications on the Local Authority workforce and actually lowering standards.

The Partnership recognises the pivotal role of the social worker in the life of the looked after child. There needs to be adequate support and training for all social workers to ensure the whole workforce is of the highest quality.

Funding within Social Services is often not sustained. Local Authorities do not prioritise funding for social work over other demands. We welcome the drive to improve the quality of social work but are concerned of the necessity for adequate funding to ensure success of this model.

Recommendations

- Ring fenced funds for Social Work.
- Mandatory levels of training, and continuing professional development, for all social workers.
- An adequate support structure, mirroring Clinical Governance models in the NHS, with regular supervisions from senior staff and peer groups.
- Guidelines on case load.

Right to be Cared for

Summary

The right to stay with foster carers if the child wishes.

Concerns

This is a complicated issue as a clear framework has not been outlined to deal with children reaching 18 within foster care, particularly in regards to financial support for the carers.

2. FAMILY AND PARENTING SUPPORT

Family and Friends

Summary

Local Authorities have the power to financially support family and friends carers of a child in need. There has been a technical amendment to include an allowance for the child to not automatically lose their looked after children status if taken into kinship care.

Concerns

There is no change in law regarding the assessment of the suitability of potential kinship carers, they should not automatically be considered the most suitable carer.

There are issues over funding for kinship care. If the child loses their “looked after child” status the LA often relinquishes its financial obligations. The LA should have the same obligations financially to family carers as foster carers.

3. CARE PLACEMENTS

Out of Authority

Summary

There is a restriction on out of authority placements, emphasising placing the child locally.

Concerns

This raises issues of resourcing as there must be sufficient resources in the local area and this may give an incentive to accept lower standards for carers in order to fully resource an area. Quality of foster care should not be compromised by the restriction on moving the child out of the locality.

It was not made clear how the areas will be assigned. Assigning the areas by Local Authority in London would not prove workable.

Private Fostering

Summary

An improvement in the notification of private fostering to ensure private fosterers notify the LA within 28 days.

Concerns

This will be difficult to enforce. Also the Partnership is concerned over the numbers of private foster carers who have no statutory duty to register so little is known of these.

Breakdown Policy

Placement breakdown policy can put pressure on local authorities to maintain placements whilst it is desirable for placements to be maintained there is a risk that policy may override thinking about the best way to meet the needs of the child.

The *individual* emotional and developmental needs of children and young people should be central to placement planning. While for many children, in-borough placements may offer continuity there is a proportion of children for whom a move away from warring or enmeshed birth-family relationships may offer their only realistic chance of developing their own identity and life-chances. Other children may need specialist residential care not available in most boroughs.

Similarly, while ethnic and cultural matching is desirable for all children, individual needs and circumstances should be carefully assessed on a case-by-case basis. Children at risk of later mental health and emotional difficulties have a primary need for emotional continuity. They should not be moved from foster carers to whom they are attached solely on the grounds of ethnic matching/ref to Family Justice Council, Dartington conference.

4. EDUCATION

Key Stage 4

Summary

Restriction of movement of children in Key Stage 4 of their education.

Concerns

There is a huge implication on resources and this will increase the pressure on Social Services. While the Partnership welcomes the minimisation of disruption during Key Stage 4, more thought needs to be given to how this will work in practise.

It also needs to be highlighted that many looked after children struggle with school and may find appointments at the end of the school day exhausting.

5. HEALTH AND WELLBEING

Children who enter the care system have usually been neglected and traumatised. Research shows that this affects all aspects of their development. They can “catch up” through long term, predictable, supportive relationships. Looked-after children are under represented in those reaching Child and Adolescent Mental Health Services (CAMHS). Some local authorities have denied children access to therapeutic services during school time, decreasing their access to services further.

The CMP regrets the omission from the Bill of the mental health and emotional needs of looked-after children and young people. We agree that their educational outcomes must be improved. We think this will best be done by integrating mental health with educational, health and social work provision.

The complex mental health needs of children in care are best met by specialist multi-disciplinary teams of highly qualified, experienced professionals working alongside social services and mainstream CAMHS. For those children who do not have access to appropriate services, their emotional and mental health difficulties can have lasting and damaging consequences. It has been estimated that 90% of children who have experienced sexual abuse receive no substantial support. Untreated children who suffer from abuse—up to 60% of those who enter care—can be of increased risk of adult depression, post-traumatic stress disorder, relationship difficulties, participation in harmful activities, negative self-image and attitudes towards other people. Looked after-children now have priority for school places and this has made a significant difference to their educational attainment. However, the situation as regards their mental health needs is very different. Many, perhaps the majority, of looked-after children, do not receive the treatment they need. Most mainstream CAMHS cannot provide treatment for children in short term foster

placements, who may be going through court proceedings or waiting for long-term placement, adoption or rehabilitation with their family. This is a period when a therapeutic intervention can make a crucial difference.

Local Authorities have set up designated multi-disciplinary mental health teams for Looked-after children. In order to meet the complex needs of this vulnerable client group, these services draw on behavioural, systemic and psychodynamic perspectives to provide interventions in line with findings from child development research and attachment theory that childrens' paramount need is for secure, continuous and stable relationships.

These services provide fast response multi-disciplinary assessment; placement support; treatment; consultation to carers, social workers and professional networks; training, audit and research. Good practice guidelines should be drawn up by existing specialist CAMHS to inform the extension of these services across the country so that there is equity of opportunity for all children in all regions.

6. TRANSITION TO ADULTHOOD

The CMP regrets the framework for post 18 years of age care. Former care adults also have needs not addressed. They often have a very partial picture of their past, family and friends. We would welcome a framework for this group seeking knowledge to enable them to explore questions about their past.

7. THE ROLE OF THE PRACTITIONER

IROs (Independent Reviewing Officers)

Summary

The Bill will introduce powers to strengthen and externalise the Independent Reviewing Officer. Currently IROs are low to mid-level management, and are held by the Local Authority.

Concerns

IROs are currently part of the Quality Assurance mechanisms for Local Authorities and there are complications to externalisation.

While the Partnership think it is right to use independent bodies to hold Local Authorities to account it is concerned that there are many of the clauses in the Bill which emphasise increased independence and scrutiny. There are reservations about this as it is not clear that this is helping improve public services.

Recommendations

Models of good practice need to be gathered.

We agree that a more clearly designated co-ordination role is needed to facilitate effective joint working between professionals working with children and young people in care—who can number over 45 for a single child. IRO's will need to work closely alongside CAMHS and specialist CAMHS. They will need to be well-qualified practitioners with relevant recent experience.

For children and young people who have experienced family breakdown, the professionals working to support them in different areas of their lives have to join together like parents to carry out their responsibilities. But the disturbance and distress of family breakdown can lead to further breakdowns between professionals and agencies unless the psychological processes at work are understood and addressed. The IRO will need substantial experience and training from mental health professionals in understanding the complex dynamics around broken families and mental health difficulty. The IRO's role should include regular liaison with CAMHS.

Visits

Summary

This places a statutory duty on social workers to visit all children in care. This includes all children in youth custody.

Concerns

The resilience and emotional wellbeing of children is largely dependent on enduring relationships and the Partnership is concerned that often children do not have access to stable social workers throughout their journey in the care system. Recognition needs to be given to the complex nature of the relationship between the child and the social worker, with the social worker being subject to a great deal of emotional stress.

Recommendations

- Adequate space for reflective thinking for social workers.
- Continuity of placements of children with social workers.

Personal Adviser (PA) to 25

Summary

Statutory right to personal advisers for looked-after children.

Concerns

The origin of these personal advisers is not clear. There are issues in how these advisers are recruited and trained.

Children and their carers need stability

We need to ensure that children have stability so that they are able to form supportive emotional attachments with their carers and make use of educational provision and opportunities. The quality and continuity of relationships with carers and social workers is central to recovery and future development. Services for children in care need to be stable and sustained so that children have enough continuity in their relationships to form a secure base from which to develop and thrive.

There is a duty to promote the continuity of relationships between professionals and looked-after children and young people. At a stage when continuity is what is most needed, many children in care have to manage repeated and damaging endings.

Stable relationships can only be provided by organisations with stable staffing. Rigorous monitoring of the Bill's provisions for delegated services will be needed to evaluate its effects on continuity of professionals and placements for looked after children and young people.

February 2008

Memorandum submitted by the National Children's Bureau's Healthy Care Programme

Changes that will make a difference to the health and well-being of children and young people in care include:

- National and regional leadership, and advocacy for the health and well-being of looked after children.
- Primary Care Trusts (PCTs) as part of the Corporate Family.
- Named health commissioner for looked after children.
- Children and young people's voices being included in service planning and reviews.
- Partnership working to support children and carers.
- Multi agency teams with a shared understanding of emotional health and well-being.
- Review and update of 2002 Department of Health Guidance as a statutory responsibility for health services.
- Guidance to Ofsted and SHAs on quality indicators.
- Core training for carers and social workers to promote health and well-being.
- Core training for all foster carers and residential workers to include a component on promoting emotional health and well-being, including for children bullied or bereaved.
- Support and encouragement for children and young people in care to take up positive leisure activities including arts, culture and sport.

The Healthy Care Programme in the National Children's Bureau developed the National Healthy Care Standard¹ and has been working over the last six years to improve the health and well-being of children in care. Funded originally by the Department of Health and latterly since 2004 by the Department for Education and Skills/Department for Children, Schools and Families, it has developed a tried and tested multi-agency framework that uses partnership working to deliver improved health and well-being for children in care and young care leavers. Over 90 local Healthy Care partnerships are now in existence and their experience and learning have contributed to this paper.

¹ The National Healthy Care Standard see: www.ncb.org.uk/healthycare or http://www.ncb.org.uk/Page.asp?originx_7194cp_58543156822553f74l_20067313739a

Find out more about the Healthy Care Programme at: www.ncb.org.uk/healthycare

When children and young people were consulted by Myrtle Theatre Company and the Healthy Care Programme to respond to *Care Matters* children said:

“There’s nothing wrong with us, it’s just that our parents don’t want us”.

“They do want us, they can’t cope”.

“A girl at school, she said that I’m spoilt and I said shut up, and she said well at least I’ve got a proper mum”.

1. THE HEALTH AND WELL-BEING OF CHILDREN AND YOUNG PEOPLE IN CARE—KEY ISSUES

1.1 The health and well-being needs of this group of children and young people are high. Statistics continue to tell us that the main reason for children becoming looked after is because of neglect and abuse. The evidence that neglect and abuse of children causes physical and mental health problems is well documented, and some of these problems will be enduring throughout childhood and may continue to impact on physical and mental health and well-being into adulthood. *Care Matters* (DfES 2007 p10) states:

“The task of improving health should be approached holistically—it is not the concern of the NHS alone. Factors such as secure attachment, friendships and engagement in positive leisure activities also promote health and wider well-being”.

1.2 This approach is applauded by the Healthy Care Programme and the 90 local Healthy Care partnerships supported by the programme. The Healthy Care Programme has shown that local and regional multi agency partnerships are a sound basis for translating policy into effective child focused practice that places children and their carers at the centre of improved services to promote health and well-being and address the consequences of early neglect, abuse and need.

A recent England wide study² reported:

- Two thirds of all looked after children were reported to have at least one physical complaint.
- 45% of looked after children aged 5 to 17 years were assessed as having at least one psychiatric disorder.
- Two thirds of those living in residential child care were assessed as having a mental disorder.

Looked after young people are more likely to engage in self harm and risky life style behaviours such as the misuse of drugs and alcohol and are at greater risk of young parenthood, poor sexual health and bullying.

1.3 Looked after children are more likely to have missed out on routine child health surveillance, to have unmet health needs and undetected and untreated health problems such as:

- missed immunisations;
- missed developmental checks;
- undiagnosed sight and hearing problems;
- speech and language delays;
- no preventative health care; and
- no dental checks or treatment and poor oral health.

This is likely to be in addition to the effects of neglect and abuse, the loss of their parents, family and home, which often cause children emotional, behavioural and mental health difficulties. Also their health records are likely to be incomplete and difficult to trace leading to gaps and delays in carers and professionals knowledge about a child’s health status and needs, including food and drug allergies.

1.4 The emotional needs of children who have needed to leave their parents requires the careful support of foster carers and residential children’s workers and their social workers. There is need for effective training and support for carers to ensure they are providing safe and nurturing care as well as encouraging confidence, aspirations and enjoyment. Local authority children’s services and partner agencies in health, education, arts and leisure and youth services have a vital part to play in building services that support children in care and their carers.

1.5 The *Healthy Care Programme Handbook*,³ *Healthy Care Briefings*⁴ and *Promoting the Health of Looked After Children*⁵ describe a considerable body of evidence about the significant health needs of looked after children and young people.

² Melzer and others (2003) *The Mental Health of Young People Looked After by Local Authorities in England*. Office of National Statistics. The Stationery Office.

³ Department for Education and Skills (2005).

⁴ *Healthy Care Briefings* (2005 and 2006) www.ncb.org.uk/healthycare search under healthy care resources then healthy care briefings.

⁵ Department of Health (2002) *Promoting the health of looked after children*.

A young person in care wrote the poem below to tutors who provided a music workshop:

*The music workshop has helped me plan my life ahead,
years ago I wished I was dead.
I've had a tough life now it's about to turn right
so I'm thanking you for helping me along the way
because I'm going home after my SATs in May*

*On my block every life is but a dream
hard times is all we see
every block is kinda mean but on our block we still pray
for people like you to come along.
So one day we won't be scrubbing pots for breakfast
and can buy people things for Xmas.
I really hope we can meet again because I'll always feel the same.*

2. CHANGES THAT WILL MAKE A DIFFERENCE TO HEALTH IMPROVEMENT

2.1 National Children's Bureau has been pleased to develop, support and sustain good practice in the 90 local Healthy Care partnerships, and to work with Regional Government Offices, Strategic Health Authorities, Care Services Improvement Partnership and national and regional arts and leisure providers to ensure sustainable partnership working and effective models of practice.

2.2 National funding from the Department for Children, Schools and Families for development, coordination and support for the Programme by NCB ceased in November 2007; continuation funding was provided by Regional Government Offices and the Care Services Improvement Partnership. NCB is negotiating with Regional Government Offices and the Care Services Improvement Partnership to provide future funding to continue national advocacy, leadership and development to ensure the necessary momentum for change.

2.3 Good physical and mental health enables children and young people to benefit from education and other opportunities that lead to successful and happy adulthood. Looked after children and young people need significant support as well as appropriate treatment and input from preventative health services if they are to achieve the *Every Child Matters* 'Be healthy' outcome. There is much good practice around the country, which demonstrates, tried and tested ways of tackling the health inequalities experienced by this group of children.

2.4 Based on the learning from Healthy Care Partnerships (multi-agency groups that provide a framework for agencies to work together on improving the health and well-being of looked after children and originally developed by the Healthy Care Programme) the Healthy Care Programme proposes that the following should be considered by the Children, Schools and Families Select Committee's Inquiry on looked after children:

2.4.1 National and regional leadership, advocacy and support for local authorities, PCTs and other partners to work together effectively on improving the health and well-being of children and young people in care, sharing best practice and providing a high quality evidence base. National leadership and coordination of regional Healthy Care partnerships and the inclusion of health and well-being in regional pledges and other strategic mechanisms supported by Regional Government Offices, Strategic Health Authorities, public health and the Care Services Improvement Partnership will support local partners in health and local authorities achieve improved outcomes.

2.4.2 PCTs can be part of the Corporate Family. Clarify and confirm the responsibility and contribution of PCTs to the Corporate Parent role. Evidence from the Healthy Care Programme shows that PCTs with executive level leadership and advocacy for health improvement for children in care has resulted in stronger and more effective local partnerships and targeted services for this group of children.

2.4.3 Require all PCTs to identify a named commissioner for looked after children and identify the responsibilities of the commissioner in the revised Promoting the Health of Looked After Children Guidance. The commissioner should have a strategic role in ensuring that the Primary Care Trust is proactively engaged in meeting the health needs of looked after children and young people and in working in partnership with the local authority and others to do this. The strategic championing of looked-after children should ensure continuation of the public health specialist nurse role for looked-after children and young people, important for quality "looked after" health services.

2.4.4 Keep Listening to Children. There is a need to keep re-enforcing the importance of listening to children and young people in care and those of their carers. They know what will make a difference to their lives but are often the last to be asked. Putting children's voices at the centre of service development will ensure services are responding to needs. A Public and Patient Involvement manager worked with the local looked after children's nurse and Children in Care council to design the looked-after health service and young people's Drop In centre.

2.4.5 Joint Services Needs Assessment should include the involvement of children and young people in care within its user groups. Directors of Public Health and Directors of Children's Services and Directors of Adult Services should then report their progress toward delivering their corporate parenting responsibilities (as 2.4.4 above).

2.4.6 Focus on improved interagency work to promote health and well-being, supporting carers and children and young people in care and their families. There is a need for improved cross agency understanding amongst strategic and operational service managers that all services need to work together to provide a healthy care environment. Messages from local Healthy Care partnerships indicate that some areas think "health is Health's business", and in other areas local Children's Services cannot engage PCTs to identify designated Doctors and health practitioners. An example of effective Healthy Care partnership is included as Case Study 1.

2.4.7 Review and update the 2002 Department of Health Guidance "*Promoting the Health of Looked After Children*" and make the guidance statutory for Primary Care Trusts (PCTs) and Strategic Health Authorities (SHA's) as it is for Local Authorities as indicated in *Care Matters* (DfES 2007). Healthy Care partnerships have identified a number of issues that need to be addressed by the review and updating of the guidance and these are listed Appendix 1 of this document.

2.4.8 Issue guidance to Ofsted on quality indicators about health assessments, health plans and public health policies such as sex and relationships and alcohol and smoking.

2.4.9 Issue guidance to Strategic Health Authorities on quality performance management of PCTs in regard to their roles and responsibilities for meeting the health needs of looked after children and young people. The National Healthy Care Standard revised audit tool provides evidence to ensure access to effective healthcare, assessment, treatment and support, which could advise such Guidance.

2.4.10 The core training for all foster carers should include a specific component on how to promote the health and well-being of looked after children and young people to support work on the revision of National Minimum Standards. The Healthy Care Programme has developed such a programme, that is used by many looked-after children's nurses and children's services. Many local Healthy Care partnerships have also developed additional specific training for carers on key health topics.

2.4.11 Training and resources for foster carers and residential workers and social workers in ensuring improved social and emotional well-being. Measuring improved well-being of children who have serious difficulties caused by neglect and abuse is hard. The Goodman Strengths and Difficulties Questionnaire is being piloted as an aggregated measure for Local Authorities and health partners to assess improvement, provide an opportunity to highlight the importance of emotional well-being and address practice in the setting where the child is cared for. Healthy Care Programme has developed training to improve the emotional and social well-being of children in secure settings. NCB Healthy Care Programme is well placed to develop a further training programme and carer resource.

2.4.12 Opportunities for children and young people and their carers to build relationships that nurture and sustain their attachment, and that are supported by effective teams of health, mental health, public health, youth services, arts, sport and leisure, who understand the emotional needs of this vulnerable group of children. Current Arts Council/NCB work on examining how to embed creativity in the lives of children in care indicates that there is need for enhanced support for children, and training for carers and practitioners, to enable looked after children to make use of opportunities to engage in positive activities.

2.4.13 Additional support to access positive activities including the forthcoming Cultural Offer for all children Arts Council England 2008. More work is required to ensure that young people growing up in care, and the families and individuals that support them, can benefit from engagement with the arts and creative.

The use of the personalised education allowance identified in *Care Matters* (2007) should be identified for use by all looked after children to help attain and support their education and developmental needs, and be used to support access to positive activities such as sport, arts and leisure.

NCB was pleased to devise and write the *Care Matters* national template for Things to Do to encourage positive activities, arts and leisure. Arts and creative opportunities can promote health and well-being by providing opportunities to:

- Build positive relationships with carers and other adults.
- Promote self expression, confidence and skills.
- Engage and motivate for further learning.
- Contribute to service planning.
- Improve physical and mental health.

It is clear from NCB work on the Things to Do Template and Healthy Care Creative Participation of looked after children and young people across the country that this group of children need additional support to encourage them to take part in arts and leisure activities. This can take the form of funding, carer encouragement, acknowledgment of progress and support for transport or opportunity.

Cross government programming is needed to help children and young people in care take part and contribute in arts, sport and leisure activities. NCB is well placed to build on current Arts Council partnership working to ensure looked after children and young people are placed to accept opportunities provided through positive activities and the Cultural Offer for all children and young people.

CONCLUSION

National Children's Bureau Healthy Care Programme supports the approach to looked-after children's health and well-being and the measures suggested within *Care Matters* 2007. We believe that the policy intent will need cross government leadership and focused regional support from Regional Government Offices and regional health bodies. The Healthy Care Programme in NCB is well placed to continue to support this work, when funded to do so.

APPENDIX 1

Review and update the 2002 Department of Health Guidance "*Promoting the Health of Looked After Children*" and make the guidance statutory for Primary Care Trusts (PCTs) and Strategic Health Authorities (SHA's) as it is for Local Authorities. Healthy Care Partnerships have identified a number of issues that need to be addressed by the review and updating of the guidance. In particular the review should be asked to examine and include revised guidance on:

1. The multi-agency framework required to enable health and local authorities to work together as partners to meet the health needs of looked-after children and young people (Healthy Care Partnerships provide a tried and tested model as described in *Time for Change* p 96).
2. The role and responsibilities of PCTs in relation to meeting the health needs of looked-after children including appointing a named commissioner for looked-after children to oversee and coordinate how the PCT will meet the health needs of looked-after children in its area (see section 2.4.3).
3. Work with public health teams in promoting education and support on sexual health and relationships, promotion of mental health including dealing with issues such as loss and bereavement, bullying, healthy eating and physical activity and alcohol and drug education, screening and support.
4. The roles of the designated doctor and designated nurse for looked-after children Evidence from Healthy Care Partnerships is revealing a worrying trend for the looked-after children's nurse role to be subsumed into the work of Safeguarding Teams with a focus on child protection. It is important that the valued work and advocacy provided by looked-after children's nurses and their expertise is not undermined or diluted.
5. Good practice for joint working between PCT's and local authorities in promoting the health and well-being of children in care. There are many examples of good practice from around the country that demonstrate how effective joint working is resulting in improved health outcomes for children and young people in care. It would be good to include such examples in the revised guidance. Case study 2 demonstrates effective partnership working and its positive effect on a child.
6. How to assess a child/young person's physical and mental health and well-being holistically including speech and language needs, with examples of good practice and the need for these assessments to be shaped around the child rather than one size fits all. This could include a range of examples from around the country such as that used in Southampton where health assessments are provided by a health team set in the leisure centre which also houses other services such as young peoples sexual health clinics. This enables young people to access health advice and be encouraged to take part in a range of leisure activities.
7. Who is the appropriate person/s to carry out health assessments, and the qualifications, experience and training of health professionals to carry out health needs assessments that are child and young person focused. Young people have told us how the consistent support of a specialist doctor or nurse who provides consistent support can be important to them in an otherwise unstable life.
8. The timeframes by which health needs assessments should be carried out and health care action plans written—the plan which describes how the child's health needs will be met. A review of this plan should be included within the child's annual review, and necessary action taken by the Independent Reviewing Officer.
9. Examples of child/young person friendly and effective health action plans.
10. Who is responsible for writing the health action plan, its implementation and monitoring and how these will be aligned with the child's care and placement plans.
11. The provision of health needs assessments and health action plans, including speech and language therapy needs for children who are placed outside of their home authority including identifying who is responsible for carrying out the assessment, writing, implementing and monitoring the health action plan.
12. The inclusion and support of the needs of children with disabilities and their parents and carers. Work should be done to ensure that disabled children are heard and their needs met within health planning and review.

13. Clarity about the specific health needs of looked-after children from black and minority ethnic groups. NCB is currently funded by Department of Health to identify and address the additional health needs of these children and their carers.

14. Systems for speedy data collection and management of information relating to looked-after children and young people's health. Healthy Care Programme has reports of looked-after children's nurses spending much valuable time "chasing" health records.

15. Training and support for Independent Reviewing Officers about how to ensure health needs are identified and met and how they can work with health teams to ensure this.

16. Systems for ensuring carers receive health information about children and young people as soon as possible and in an appropriate format.

17. Systems for ensuring care leavers are supported to make the transition to using adult health services and that transition to adult health services is covered in their pathway plans. A recent review of care leavers health by NCB indicated that emotional health and loneliness were key concerns for young care leavers, alongside debt, housing and employment.

18. Ensuring adult health services are responsive to the needs of young care leavers—for example this could be through involvement and/or linking with the local multi agency partnership for looked-after children and young people's health.

CASE STUDY 1

North Lincolnshire Healthy Care Partnership

North Lincolnshire Healthy Care partnership has strong representation of health partners including the looked after children's nurse, Teenage Pregnancy Coordinator, and Drugs Agency, as well as representatives from Children's Services including foster carers and care leavers. The partnership also includes the Youth service, Connexions worker, arts and culture organisations, and an employability scheme for children in care and care leavers. The Be Healthy Turning the Curve and Children in Care Health Action Group are chaired by health staff and provide a multi-agency approach to improving health outcomes for children in care and care leavers.

The partnership carried out its Healthy Care audit, and developed an action plan identifying how all services work together and contribute to improving health outcomes of children in care and care leavers. It has now re-audited work for a further year. Arrangements are underway for North Lincolnshire PCT Head of Joint Commissioning to share accountability with the Lead for improving outcomes for Children in Care to the Children's Board. Annual Performance Assessments have recorded improvement, including the development of a mini choices clinic and drug and alcohol service at the Children in Care Support Centre, where all staff receive training in sex and relationships education. A fast track referral service to CAMHS and therapeutic services has been developed. All children and young people in care have a health plan. The health of children in care was identified as an important outcome when the Children and Young People's Plan was reviewed in the Local Area Agreement.

The commitment to the Corporate Parent role is demonstrated in action by a range of service providers including the Leisure services who provide free sports tasters and swim passes for children in care and care leavers. Children and young people's participation is well developed through their involvement in the Children and Young People's Plan, and has enabled children in care and care leavers to shape how health services are delivered from the Children in Care Support Centre.

CASE STUDY 2

An effective Healthy Care Programme delivering the ECM outcomes

Tony is a 14 year old looked-after child placed in residential care. He has been in the same placement for just over one year, having been admitted to the looked after system because his parents were unable to cope with his behaviour within the home. Tony initially presented as an angry young person who was disengaged from education and had been on the edges of offending behaviour although he had no criminal convictions.

Tony has particularly benefited from the initiatives that have arisen through the Healthy Care multi-agency partnership for looked-after children in a number of particular ways.

Firstly, he has always had an interest in sport and particularly in football. Following a partnership between the local Primary Care Trust, Bradford City Football Club, Bradford Youth Offending Team and the Social Services Department, Bradford City Football Club arranged some Saturday morning sessions for young people in residential care which Tony attended. These sessions consisted of some input in relation to healthy living (exercise, healthy diet, not smoking etc.) followed by free tickets to watch the football match on that afternoon. In relation to sport and recreation Tony was also able to receive a passport for leisure to allow him access to leisure centres and he has been a regular attender at the recreation centre near where he lives.

Secondly, in relation to this education the residential home in which Tony lives places a high emphasis on school attendance and as a result Tony has been actively encouraged to go into school. The school and his social worker have used the personal education plan as a way of identifying Tony’s need and the type of support that he needs to meet those needs. One particular issue that arose was that Tony would benefit from the use of a computer and this was able to be purchased for him as a result of some joint funding between the Education Department and Social Services Department. Tony is now more engaged at school and is thinking about commencing his GCSE courses.

Thirdly, health. Following his admission to the looked after system Tony was allocated his own health nurse through the Primary Care Trust and an assessment of his health needs was undertaken within one month. During the course of the assessment concern was raised regarding his emotional well-being. Through the multi-agency partnership the CAMHS services have identified two workers to work specifically with Looked-after children and one of these was able to provide Tony with some individual counselling and support in relation to his emotional well-being. It was possible to provide this support quickly in a way that meant that Tony was able to address some of his feelings soon after his placement in the residential unit. The CAMHS service also provided consultation to the staff at the residential unit which helped them find strategies for supporting Tony.

Finally, Tony has been able to have some involvement with Seen & Heard, a Barnados run project which provides advocacy and consultation for Looked-after children. This service was commissioned by the Local Authority and Barnados are an active member of the multi-agency partnership. Tony has been involved in several events with Seen & Heard including a question time event where, along with other looked after young people, Tony met with senior managers from all partner agencies at which he was able to express his views and raise queries and concerns. As a direct result of this the residential unit in which Tony lives received satellite TV after the young people raised that as a wish with the managers involved. Tony was also involved with a number of other young people in re-designing the child in care review form to facilitate greater participation of young people at their reviews. Tony is just about to commence a training course so that he can be involved interviewing staff and managers who will themselves then work with Looked-after children.

The advantage of the multi-agency partnership for Tony is that it consists of managers from all partner agencies who are then able to ensure contributions are made towards all of Tony’s needs—his education, health, emotional well-being as well as his need for opportunities to express his views and be involved in developments that will impact upon his and the lives of other looked after young people.

SUMMARY OF LOCAL HEALTHY CARE PROGRAMME DEVELOPMENT WORK TO ACHIEVE THE FIVE OUTCOMES

<i>National Outcomes</i>	<i>Local activity and services</i>
Be healthy	<ul style="list-style-type: none"> — Dedicated “looked after” nurse service. — Dedicated CAMHS services. — Sport and healthy lifestyle link including football club membership.
Stay safe	<ul style="list-style-type: none"> — Child centred support and consultancy service for staff in residential units.
Enjoy and achieve	<ul style="list-style-type: none"> — Education support team. — Provision of computers and IT support in residential homes. — Leisure passport providing free entry to leisure provision.
Make a positive contribution	<ul style="list-style-type: none"> — Advocacy service supporting young people’s involvement in service review and planning.
Achieve economic well-being	<ul style="list-style-type: none"> — Universal and targeted services provided through effective strategic partnerships to ensure looked after young people have improved life opportunities.

February 2008

Memorandum submitted by the NSPCC

EXECUTIVE SUMMARY

Approximately 90,000 children and young people will experience a period in care in any 12 month period. At any one time, there are approximately 60,000 children and young people in care, and 40,000 children and young people will experience care for a continuous period of 12 months or more.

The single most common reason for a child or young person to be in care is because of abuse and/or neglect. At any point in time around 60% (c 37,000) children and young people will be removed from their family because they are experiencing acute or chronic abuse and/or neglect.

Removing a child or young person from his/her family is not done lightly. The thresholds for doing so for reasons of abuse and neglect are, arguably quite rightly, high. However, the impact of such high thresholds is that a child taken into care is likely to have experienced high and/or sustained levels of maltreatment, with the mental and emotional trauma with which this is associated.

Fourty five per cent (c 27,000) of children and young people in care are assessed as having some level of emotional or mental health disorder. In 2006–07 only 10,000 received support from Child & Adolescent Mental Health Services (CAMHS). Up to 17,000 children and young people, known to have emotional or mental health needs, received no support at all.

Corporate parenting is the responsibility of all the agencies who must come together to provide a stable and caring environment for the children and young people in their care. There are many excellent and committed practitioner networks, providing and supporting excellent and caring support for these very damaged children, but they cannot do this, and they cannot do it with consistency, without accompanying strategic support from corporate partners.

The NSPCC's key concern is that the emotional and mental health needs of children and young people in care should be adequately assessed and that services should be available to respond to the identified needs. We do not consider that the current performance framework for health agencies and local authorities provide a sufficiently strong imperative to drive an appropriate level of strategic support from corporate partners.

For this reason, the NSPCC considers that the conduct of health assessments, and the availability of appropriate services for children in care must be supported by legislative change—a sustainable lever to drive reform.

SUMMARY OF RECOMMENDATIONS

1. New regulations are required placing a statutory duty on the relevant health bodies to proactively co-operate with local authorities in improving health outcomes for children in care.
2. The regulations must specify the relevant qualifications, post-qualifying training and skills and competencies required to undertake each domain of assessment: physical health; mental health and emotional wellbeing.
3. Statutory provision must be made for a health assessment of children receiving “kinship” care and/or being cared for under “special guardianship” arrangements.
4. Regulations must specify the timescale within which assessments are required to be conducted.
5. The provision of a health assessment must remain the joint duty of health agencies and the local authority even in circumstances where a child or young person has been accommodated.
6. Regulations must provide for the inclusion of joint arrangements by the relevant local authority and health commissioner for the physical, mental and emotional health care of the child in the child's care plan.
7. There should be a clear expectation that appropriate support for children and young people will be jointly commissioned—to include the provision of therapeutic support alongside, or as the most appropriate alternative to, mental health services for children who have experienced abuse and/or neglect and have been assessed as needing this care.

INTRODUCTION

1. The National Society for the Prevention of Cruelty to Children (NSPCC) is the UK's leading charity specialising in child protection and the prevention of cruelty to children. The NSPCC aims to end cruelty to children by seeking to influence legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, lobbying, campaigning and public education.

2. The NSPCC has more than 180 services. These services aim to:

- (a) prevent children being abused by working with parents and carers in vulnerable families to improve their knowledge and skills in safeguarding, and giving children and young people someone to turn to through ChildLine and the There4me.com online advice service;
- (b) protect vulnerable children and young people from abuse by providing direct services in a number of settings, including schools and young people's centres. We also protect them by providing Listening Services for adults to ensure they have someone to turn to with their concerns; by ensuring that abused children and young people are identified and effective action is taken to protect them, and by working with young people and adults who pose a risk to children and young people to reduce the risk of abuse; and
- (c) overcome the effects of abuse by helping children and young people who have been abused achieve their potential.

3. This evidence is presented in the context of our whole-hearted support for the aspirations of the *Care Matters* White Paper (DCSF, 2007). It is intended to support and reinforce those aspirations, and in addition to fulfil the entitlements of children in care as outlined in the *National Healthy Care Standard* (HM Treasury, 2003); to strengthen and reinforce the commitments of the Department of Health *Operating Framework for the NHS in England 2008–09* (DH, 2007); to achieve the Government's *Every Child Matters* outcomes for children and to fulfil the Government's *National Service Framework for Children & Young People* (Core Standard 9), and the *Care Matters Implementation Plan* (DCSF, 2007).

Emotional Wellbeing

4. Approximately 60% of children in care are there for reasons of abuse and/or neglect. Research into the effects of abuse and neglect consistently shows serious and lasting damage to children. Cawson et al (2000) found that 16% of all children had experienced sexual abuse; 25% of all children experienced one or more forms of physical violence during childhood and 6% of children experienced frequent and severe emotional maltreatment.

5. Statistics indicate a disproportionate number of formerly looked after children in young offender establishments (CrimeInfo, 2008); among the homeless and/or experiencing mental and physical dysfunction (Crisis, 2006) long into adulthood.

6. Children in care who have experienced abuse or neglect are less likely to recover from their experiences than children in care for other reasons (Heath *et al*, 1994). Without help to overcome their pre-care experiences positive outcomes in all areas of their lives will continue to be compromised for this very damaged group of children.

7. However, abuse does not always or necessarily result in a mental health disorder. Nor is the impact of abuse likely to be obviously or immediately apparent. More likely is some level of emotional distress, often concealed, which therapeutic assessment and support is designed to reveal and to ameliorate.

8. The NSPCC provides therapeutic support in over 30 locations in England, Wales and Northern Ireland to help children overcome their experiences of abuse. Using a variety of therapeutic models, from cognitive behavioural therapy (CBT) to therapeutic play and integrative arts, our practitioners work with children and young people who have experienced abuse to restore and improve development that has been adversely affected by abuse.

9. We use recognised assessment tools⁶ which help to inform the practitioner's therapeutic assessment and their subsequent planning for a case. The tools are also used in an evaluative way in considering change during the course of the work undertaken with the child or young person.

10. Of the 338 cases closed by the NSPCC in the quarter closing December 2007, 85% of users responding "felt helped" by the NSPCC's therapeutic support services. In the professional judgement of our practitioners (supported by use of the TSCC/TSYP assessment tools), 61% (172) of clients had derived benefit from therapeutic support.

FACTUAL INFORMATION

Background

1. The Government has made a significant and commendable commitment towards improving the mental health and emotional well-being of children and young people.⁷

2. Considerable additional resources have been made available for pilot projects including:

- (a) multi-systemic therapy to prevent children being taken into care;
- (b) improvements in capacity and facilities for children and young people requiring inpatient mental health services to protect them from unsuitable environments and ensure the best possible treatment; and
- (c) the development of the Improving Access to Psychological Therapies (IAPT) project, although this includes only one pilot site in the community for young people.

3. There is no similar or explicit commitment to the significant cohort of children already in the care system, many of whom require support to help them to overcome their experiences before entering care.

⁶ Cotmore, R (2006). A Toolkit for The Trauma Symptom Checklist for Children (TSCC) and the Trauma Symptom Checklist for Young People (TSYC) (a widely used measure in both practice and research). London, NSPCC.

⁷ PSA 12, Indicator 4—Emotional health and wellbeing and child and adolescent mental health services (CAMHS) measured by the percentage of primary care trusts (PCTs) and local authorities who together provide a comprehensive service for this area, using four proxy measures:

- Development and delivery of CAMHS for children and young people with learning disability;
- Appropriate accommodation and support for 16–17 year olds;
- Availability of 24 hour cover to meet urgent mental health needs; and
- Joint commissioning of early intervention support.

The extent of identified unmet need

1. Research and statistical monitoring tell us that:
 - (a) Approximately 90,000 children will experience a period in care (DfES, 2006).
 - (b) Approximately 60,000 children and young people are in care at any one time (*ibid*).
 - (c) Over 40,000 children will be in the care system for a continuous period of 12 months or more (CSCI, 2006);
 - (d) approximately 63% (c 37,000) children and young people are in care for reasons of abuse and neglect (*ibid*);
 - (e) an estimated 45% (27,000) of children in care are assessed as having an emotional or mental health disorder (Meltzer *et al*, 2003; DfES 2007);
 - (f) in 2007 approximately 10,000 children and young people in care received support from CAMH services (Barnes *et al*, 2007);
 - (g) no statistical information is available to tell us how many children and young people received some form of therapeutic support from a service other than CAMH. Thus, up to 17,000 children and young people in care, known to be suffering some level of emotional or mental distress, are likely to have received no support at all; and
 - (h) the startling discrepancy between assessed need and service provision may, at least in part, be accounted for by:
 - (i) perceived differences between, and responsibilities for, emotional wellbeing and mental health; and
 - (ii) the extensive anecdotal evidence we have received concerning very high thresholds for referral for a mental health service. In many areas, if there is no voluntary agency therapeutic service provision, children and young people who have experienced abuse do not receive any support at all.

The Health Assessment

1. Health assessments are currently a statutory duty for the local authority. Health agencies have a general duty to co-operate in the safeguarding and welfare of children (Children Act 1989, Children Act 2004 respectively).

2. The content of assessments, and the qualifications and experience of those undertaking them, are subject to local variation. There is no national framework within which locally specific needs might be accommodated, thus there is no consistency. A child assessed as requiring an intervention in one authority may be assessed differently in another. For a looked after child this is important. Not only is a looked after child disproportionately likely to have an emotional or mental health disorder, they are also disproportionately likely to cross jurisdictional boundaries.

3. The Government is committed to revising and making the guidance *Promoting the Health of Looked After Children* (DH, 2002) statutory for health agencies, and we are assured that this can take place under section 10 of the Children Act 2004. The content of this guidance is important. Nevertheless, it fails to place a *duty* on health agencies to proactively co-operate in the provision of an initial health assessment that includes a rigorous examination not only of physical and mental health, but also of emotional wellbeing.

4. It is evident from both official statistical information and from the wealth of anecdotal reports we have received that additional and specific measures are required if the health and wellbeing of children and young people in care is to be a priority for all the relevant agencies.

The Performance Frameworks for Children in Care

Our vision for improving the lives of children and young people in care is underpinned by the Government's Public Service Agreements (PSAs) and the National Indicator Set for local government. (DCSF, 2008)

5. The performance frameworks for local government and health services, help to shape the design and delivery of local services and can act as a driver for partnership working. However, children in care are not universally recognised as a priority group across the spectrum of performance frameworks, creating a disincentive for agencies to work in partnership. Furthermore, the direct incentives that do exist to promote the health and well being of children in care are flawed and inadequate.

6. The Government has put in place a number of drivers for reform, most notably Public Service Agreement 12 on improving the health and well being of children and young people. The indicators to measure performance against this will act as key drivers for improvement over the next three years. Specific indicators relating to this PSA and in the local government (LG) national indicator set (NIS) include one on the emotional and behavioural needs of *all* children (see footnote 7 above) and one on emotional and behavioural health of *children in care*.

7. Within the health system the *NHS Operating Framework 2008–09* includes a welcome section on the health and wellbeing of children, and is supported by *Operating Plans 2008–09 to 2010–11* but fails to give any explicit recognition to children in care or identify associated indicators.

Barriers to co-operation

8. Lack of an incentive to prioritise the health and wellbeing of children in care:

8.1 There is no explicit indicator for children in care in the *NHS Operational Plans 2008–09 to 2010–11* (the “vital signs”—National Planning Guidance). One of the “vital signs” is “Effectiveness of Children and Adult Mental Health Services (CAMHS) (percentage of PCTs and Local Authorities who are providing a comprehensive CAMHS) . . .”. Performance will be judged against the proxy indicators outlined above.⁸ Scarcely a pressing imperative for children in care. *The failure to adequately recognise children in care through the NHS framework creates a barrier to co-operation on children in care.*

9. There is no doubt that co-operative drivers across the performance systems can be found in other crosscutting policy areas. For example tackling obesity:

9.1 The LA NIS 52 concerns assessing the increase in healthy eating among children and young people.

9.2 In the context of children, The *NHS Operating Framework 2008–09* (DH, 2007a) is predominantly about obesity.

9.3 There is, then, a clear shared driver for partnership working, and it is likely to act as a lever for a generic public health target around obesity/healthy eating which is mirrored by co-operation at a local level between local authority and health agencies.

Unfortunately, there are no similar shared drivers for children in care.

Weakness in existing indicator

10. Local Area Agreements (LAAs) will set out the shared priorities for each local area and will be signed up to by all agencies with responsibility for achieving the target. The LA NIS indicator no. 58 does provide for the emotional and behavioural health of children in care. However, Local Authorities and their partners must identify only 35 of a total of 198 indicators for inclusion in the LAA.

11. The indicator is, in any event, problematic for a number of reasons, as follows:

11.1 There is no explicit indicator for children in care in the *NHS Operational Plans 2008–09 to 2010–11* (DH, 2007). One of the “vital signs” is “Effectiveness of Children and Adult Mental Health Service (CAMHS) (percentage of PCTs and Local Authorities who are providing a comprehensive CAMHS) . . .”. Performance will be judged against the proxy indicators outlined above.⁹ Scarcely a pressing imperative for children in care.

11.2 The LA NIS indicator no 58 provides for the emotional and behavioural health of children in care. However, the indicator is problematic for a number of reasons, as follows:

11.3 Local Authorities must identify only 35 of a total of 198 indicators for inclusion the Local Area Agreements (LAA). There is no certainty that this is an indicator the LA will choose, particularly since there is no directly complementary indicator for health agencies;

11.4 The indicator fails to address the issue of a robust and comprehensive health assessment with associated service provision, *at entry into care*. It will be assessed through the use of Goodman’s Strengths and Difficulties Questionnaire (SDQ). Data will be collected by “primary carers” for all children aged 4–16 (inclusive) who have been in care for at least 12 months.

11.5 We understand from senior practitioners that the tool:

11.5.1 is not designed to identify issues around emotional trauma (a matter of central significance for many children in care);

11.5.2 does not address the needs of children under the age of four years;

11.5.3 does not identify issues for older young people;

11.5.4 does not address the needs of children and young people who spend significant periods of time in care, but are not in continuous care for any 12-month period; and

11.5.5 the indicator is an outcome measure—it is not about thorough assessment or service provision.

⁸ See footnote 7, page 92.

⁹ See footnote 7, page 92.

12. In short, the indicator, and the proxy against which it will be measured (even if it is selected), do not address the need to assess robustly and thoroughly the assessment of physical, emotional and mental health of children at *entry into care*.

Generic CAMHS Indicators

1. In terms of generic mental health, NIS51 provides for the effectiveness of CAMH services.
2. CAMHS indicators are:
 - (a) a full range of child and adolescent mental health services for children and young people with learning disabilities;
 - (b) appropriate accommodation and support provided for 16–17 year olds;
 - (c) 24-hour cover to meet the urgent mental health needs of children and young people with specialist mental health assessments undertaken within 24 hours or the next working day, where required; and
 - (d) early intervention support jointly commissioned and provided by and with universal and targeted services for children and young people experiencing mental health problems.
3. There is no explicit mention of services for children in care. It is true that targeted service provision has improved, though there is still a long way to go, and there is no certainty that targeted teams, many of which were developed as pilots, or for limited periods subject to continued commissioning, will be sustained.
4. Finally, the extensive agenda for reform which the health service is currently experiencing is focused around the forthcoming review by Lord Darzi, the formation of Foundation Trusts and the embedding of world-class commissioning. In the midst of such a demanding agenda, and in the absence of clearly stated, shared and appropriate performance indicators, it is unlikely that a small group of highly vulnerable children and young people will receive the attention they not only require, but that they deserve.

RECOMMENDATIONS

The NSPCC considers that:

1. new regulations should be put in place making clear that health bodies have a duty to proactively co-operate with local authorities in improving health outcomes for children in care;
2. such regulations should specify the relevant qualifications or post-qualifying training required to undertake each domain of assessment: physical health; mental health and emotional wellbeing, thereby enabling those undertaking assessment to identify issues requiring referral to the appropriate specialist service;
3. statutory provision should be made for a health assessment of children receiving “kinship” care and/or being cared for under “special guardianship” arrangements;
4. such regulations should specify the timescale within which assessments are required to be conducted;
5. should unavoidable delays occur in the provision of a health assessment, such that a child has been placed in foster care, the statutory responsibility for conducting a health assessment should continue to reside in the joint powers of health agencies and the local authority;
6. the regulations should provide for the inclusion of joint arrangements by the relevant local authority and health commissioner for the physical, mental and emotional health care of the child in the child’s care plan; and
7. there should be a clear expectation that appropriate support for children and young people will be jointly commissioned—to include the provision of therapeutic support alongside, or as the most appropriate alternative to, mental health services for children who have experienced abuse and/or neglect and have been assessed as needing this care.

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Witnesses: **Helen Chambers**, Principal Officer, Well-being, National Children’s Bureau (NCB), **Sue Dunstall**, Policy Adviser, National Society for the Prevention of Cruelty to Children (NSPCC), **Dr Rita Harris**, The Care Matters Partnership, and **Dr Catherine M. Hill**, Chair of the Health Group Advisory Committee at the British Association for Adoption and Fostering (BAAF), gave evidence.

Q169 Chairman: I welcome Helen Chambers, Sue Dunstall, Dr Rita Harris and Dr Catherine Hill to our deliberations. It is a pleasure to have you here and the quality of your expertise, to help us get under the skin of the health dimension of the provision of health services for looked-after children. When starting these fact-finding sessions, we tend to do two things. First, we revert to more informal terms, so I hope it is all right if I use your first names and not your titles. Secondly, I am the warm-up act, but before I ask any questions and the team drill down on particular sections, could you say something—

you do not have to repeat your CV—about what you think are the big issues facing health provision for looked-after children?

Helen Chambers: I think that the healthy care programme, of which I am the national leader, within the National Children’s Bureau demonstrated that the promotion of the health of looked-after children and the meeting of their health needs requires more than the health community. The health services have specific roles based on the assessed health needs of children entering care. Health assessments of children in care, healthy,

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nurturing care and the opportunity to enjoy feeling good, joined up by interagency planning and delivery, are vital elements of corporate parenting. Members need only think of their own children to know that it is parents who care for the health of their child and that it is often only when they are ill or sick that we contact health professionals. It is the same for looked-after children. The carer and home environment are central to the child's health and well-being on a day to day level. Their care, support and nurture within a positive relationship are key to their well-being. Healthy care needs to be a philosophy embedded within corporate parenting, promoting secure attachment, health lifestyle and self-esteem. So it is essential that local authority children's services ensure that the care environment promotes health and well-being. I have been delighted to be the lead for the healthy care programme developed by the NCB, and funded by the Department for Children, Schools and Families, until November 2007, because it provides a practical means of improving the health of looked-after children in line with the Department of Health's guidance of 2002. That national funding has now been discontinued, so we rely on regional support to improve looked-after children's health and well-being. Yet again, that leads to a potential inequality in health outcomes. It is probably within those areas where the health of looked-after children is best recognised that continuation and focus will occur. To summarise, the health and well-being of looked-after children requires good joined-up services between children's health services, together with youth services, leisure, arts, cultural services and sports. It requires foster carers and residential care workers who are well equipped to promote the health and well-being of the children in their care. Some people talk in terms of a therapeutic model of foster care, and that requires effective training and support. Looked-after children need access to positive activities that give them the opportunity to develop their interests and talents. Finally, we need national, regional and local championing of a group of children who are experiencing great inequality.

Sue Dunstall: My name is Sue Dunstall and I am policy adviser for the National Society for the Prevention of Cruelty to Children. Thank you for inviting me to present evidence here today. The arguments about the need for health agencies to work well with all other agencies are well rehearsed in many arenas. As an agency, we provide therapeutic services in some 34 locations in England, Wales and Northern Ireland. Around 50% of the children whom we work with in those therapeutic services are looked-after children. The looked-after children group is very varied. We know that 63% of children in care are there for reasons of abuse and neglect, and that 45% of children who are taken into care have some form of mental health disorder. The importance of some form of mental health support or input cannot be stated too strongly. Our prime concern is the rescue, recovery and repair of some of these children who are very damaged when they enter care. The thresholds for entry into care are very high. It is not just about social care and putting

things right in a social aspect; it is also about restoring self-esteem and emotional well-being and, in some cases, repairing mental health. We believe that there has been a general lack of priority and recognition in society about the recovery needs of children who have been abused. In particular, we believe that current health assessments for looked-after children do not focus sufficiently on their emotional and mental health needs, and that contributes to the paucity of these services. It is important for a range of child-centred services to be made available, not only from CAMH services, but also from other providers to provide both therapeutic services and assessments. One of the key issues is to identify the extent of unmet need within the system—something that we currently do not do. That is probably all I need to say in my introduction.

Chairman: You will get lots more opportunities in a moment.

Dr Harris: My name is Rita Harris. I am clinical director of the child and family department at the Tavistock and Portman NHS Trust, which is a mental health trust in north London. I am here to represent mental health services, but also as part of The Care Matters Partnership, which is between BAAF, the Coram Family, and the Tavistock Clinic. I am speaking with three hats.

Q170 Chairman: What is BAAF?

Dr Harris: The British Association for Adoption and Fostering

Chairman: Excuse my ignorance; sometimes I help *Hansard*.

Dr Harris: Is it worth saying that CAMHS is Child and Adolescent Mental Health Services?

Chairman: I think we have got that.

Dr Harris: Emotional understanding is central to care, and opportunity alone is not enough. From a mental health point of view, the profound impact of early trauma on children—such as the trauma arising from separation and loss—just cannot be overestimated. We know that people have a built-in propensity to react to new experiences as if they were like previous experiences, and they do not necessarily interpret good intentions in the way in which they were intended. A child may react to very good care by experiencing it as quite damaging and rejecting. The profound effect of trauma and loss on children also profoundly affects adults and those who care for them. Children will often identify with their abusers and be physically and verbally abusive to carers. They can communicate feelings of inadequacy and worthlessness. Carers often end up wondering why they have lost all the confidence that they had gained with their own child to parent a child. Placements often break down because of carers' feelings of inadequacy and impotence. Children can also experience great conflict about loyalty. If they become attached to a new carer, they may feel that they are abandoning or rejecting their own birth parent. The main point that I want to make is that they are complicated children to look after. We know that in order to make stable and good relationships and to have good attachments, children and young people need stable and

consistent relationships. If those are ones that they inadvertently damage, they are a very complicated group to care for. Therefore, support, training and supervision for carers and the professional work force that works with this group of children is essential when it comes to service provision. Also, these children have complex needs and require complex services. There is a danger that structures and services get set up in a rather defensive way, in the same way that children can have very defensive controlling strategies to deal with their distress. They can be moved around systems in a way that prevents the adults from thinking about the distress, guilt and anxiety that children who have been so badly abused can provoke in adults. In order to help such children, the set-up of networks and systems around them needs to be worked out very carefully. The last point that I want to make is that the needs of such children are long term. Short and quick measures do not work with these kids; they have needs that last a lifetime. Helen mentioned our own children; parenting is a lifelong exercise. Quite often, looked-after children are the most damaged in society. They need long-term services and have long-term needs. They probably do not need to leave home at the age of 18 and have nowhere to go back to. We can think of what our own children would be like if they did not have our emotional and physical resources to fall back on. Whatever services CAMHS or other professionals provide, they have to be long term. Sometimes they need to be active and sometimes watchful, but we are talking about a long period of care for these children. I think that the work force is central, as is looking after the carers and giving them decent support, training and advice to understand the meaning of children's behaviour. Often, children's distress is demonstrated in some of the most difficult and challenging ways. Those are my priorities.

Dr Hill: Thank you for inviting me. I am Catherine Hill. I am here principally in my capacity as chair of the health group advisory committee for the British Association for Adoption and Fostering. The group has been established for 45 years and principally supports practitioners in the field by developing guidance and good practice and providing individual support for people such as doctors and specialist nurses working with looked-after children. I am here in two other capacities as well. One is as a practitioner myself. I have worked as a consultant paediatrician with looked-after children for almost 10 years. For some of that time, I have been designated doctor of a unitary authority and also adoption adviser to a shire county. I have a post as senior lecturer in the University of Southampton, so I have had some research interest in the health of looked-after children—what threatens it and what promotes it. A lot of what I would like to say has been said—that is always the advantage of going last. I shall not reiterate at length the nature of the health problems of looked-after children, other than to make two simple points. Sometimes, people simplistically see health as freedom from disease, and I think that everybody sitting on this side of the table is signed up to the concept that it is much

broader than that. There is also a time dimension that we ought to remember, and that is the time dimension looking back. These children come into care with inherent vulnerability. That vulnerability comes partly from their background genetics and from their experience in early childhood. We must also look forward, and in the present time they are vulnerable through health risk and I am sure that we shall engage in discussion on that today. I would like to make a few points about the White Paper and the Children and Young Persons Bill specifically, which I hope we can discuss. The first is a positive reflection—there are enormous positives that health professionals would fully support, particularly around an increased focus on the competency and support for foster carers and the primacy of that parenting role. The second is the enhancement of positive discrimination in education for these children and the promotion of positive participation outside school. All that is very good, but in the rush for *Time for Change*, it is crucial that we also look back at what is good and what is excellent, so it is also time to take stock. From where I am sitting and from looking at the army of health professionals on the front line who are phenomenally dedicated to health advocacy for these children, we need to look at what works well and what we need to shore up and reinforce. I have great concerns that the Bill seems to be neglecting, or at least deferring, the concept of a statutory role for health professionals, while supporting, as I do, the statutory role for a designated teacher. I hope that we can explore that further. As a health professional who has to wrestle for thinly spread resources within the NHS, there is another issue, that of performance indicators. We love them and hate them on the front line, but it has to be said that performance indicators help to dictate and support where resources go in the health service. It has been a long-standing concern of mine that we do not have performance indicators at present that the health services are directly accountable for—they are accountable in partnership with their local authority. I would like to see performance indicators for which PCTs are directly accountable; that would enormously improve my role. The other discussion I hope we can have is around the vulnerability of children when they move in care, particularly when they move distances across boundaries, and the need for enhanced communication between health professionals. In summary then there are enormous positives in *Care Matters*, but we must not neglect the gains that we have made in looking at what works well and let them fall by the wayside as we progress.

Q171 Chairman: I thank all of you for that excellent introduction. Many members of the Committee have more of an education background than a health background, although not all of us. On the other hand, we are not only educational in experience; we are also constituency MPs. I frantically phoned Kirklees PCT to find out whether we had psychotherapy services when I saw that part of the briefing said that most of the psychotherapy services seemed to be in London and the south-east,

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with not much in the north, so I quickly had to check on that. The interesting thing for the Committee is finding out where health does and does not play. Some of us find that when we visit a children's centre, for example, they say that health is the weaker partner. If you want a holistic approach to the needs of children—children full stop, but looked-after children in particular—health is the more difficult side to engage. Catherine, I know you have just finished and you said that there was a penalty for coming last. Is the criticism that we pick up on fair? What is this missing dimension of health care? Is there one?

Dr Hill: That is a surprising comment and I find myself instantly rising in defence of the excellent practice that I see around the country. If you are talking specifically in the context of looked-after children, which we are doing here, there are, at the very minimum, statutory requirements that we have to work to. Subsequent to the Quality Protects initiative and the 2002 document on promoting health, there has been impressive development—to call it an explosion would, perhaps, be a bit dramatic—in many localities of health teams that are dedicated to working with looked-after children. I think they would be horrified by the concept that health is not an equal partner. I think you are probably picking up on inequity across areas. From one PCT to the next, there may be an enormous difference in the provision, not only in terms of man and woman hours but in terms of diversity—that is, whether a health team is a lone nurse or whether it is a group of nurses, doctors, clinical psychologists etc. It is worth asking why that should be. That comes back a little bit to the point that I was trying to make in my introduction about what promotes excellence of services in local areas. Some of it will, of course, be must-dos—we have a statutory must-do—but when we are talking about really achieving health, we are talking about two things. Quality comes through the must-dos, plus the local champion. The group on behalf of which I made my defensive response are those many people who are strong champions for children in the care system. That is not to be naive and say that health is all about health professionals and statutory assessments, because it is absolutely not, although those are some of the crucial foundations that I was referring to. It is about a much more multi-dimensional approach that engages, particularly, health issues in the broadest sense, including participation, self-esteem and positive mental health.

Dr Harris: I agree with what Catherine has just said. I was reflecting, as she was speaking, on the patchiness of the provision. It is fair to say that there is less consistency, certainly in terms of mental health, about which I can speak more clearly. The commissioning process is critical to this. In boroughs where the local authority and health commissioners work closely together, and the balance between health and local authority commissioning is thought about carefully and in partnership, in my experience the needs of looked-after children tend to be met better by mental health services than where a balance is slightly less

equitable. We do not have the same statutory regulation, whereas local authorities have joint area reviews and inspections. They may be powerful players in the commissioning process. Certainly, where I am based, in Camden, there is good joint commissioning for child and adolescent mental health services across all the funding streams, with one person responsible for them who is employed by the local authority, but accountable to the PCT. For us, that is a lever in terms of frameworks that we do not have but local authorities do. So commissioning is one of the elements that makes a difference.

Helen Chambers: I was just thinking about two elements of that. I absolutely agree in respect of the inequity across the country and, thinking about the approximately 90 healthy care partnerships across England that work as partnerships between health and children's services, that is true. I think that health is well engaged, but, going back to what colleagues have said, the commissioning of services varies hugely. The West Midlands regional government office is currently carrying out an evaluation of the Healthy Care Programme. One of the early key findings has been that it is really important for the whole corporate parent, including health, to sit around a table and consider the child-focused needs of our population of looked-after children, and to build services responsive to those needs, so that commissioning is informed by the child and by Ofsted—or the joint area review, as it has been—and information is brought together in one place. The Government office for Yorkshire and the Humber has been working with us on healthy care, and one of the key points that has gone into the regional pledge is that the regional government office should have a challenge and support role in looking at the multi-agency looked-after partnerships or healthy care partnerships that operate to improve health and well-being. Like Cathy, I feel that, at practitioner level, some of our greatest champions—in fact, they were called champions of looked-after children—are our looked-after children's nurses. They are fantastic, and I can think of many who are virtually beaten into the ground by trying to provide for the needs of looked-after children operationally and strategically. In other places, such as Worcestershire, there are wonderful multi-disciplinary teams, focused on the emotional health of looked-after children. There are some great models of practice. A problem is how often plans develop, and services are considered, too easily and separately. Healthy care has been one mechanism, and children's trusts are another, but there is something about people actually focusing on the breadth of need for these children and how, together, we can make a difference. With a corporate parent that may be made up of 16 or 20 staff, that is very difficult. I would certainly say that the health community has done a great deal, but there is a lot more to be done.

Sue Dunstall: I absolutely endorse everything that has been said, but I think that there is a big difference between the excellent networks on the ground among practitioners and the rather less excellent

partnerships at commissioning level. My sense is that we are leaving looked-after children with the presence, or absence, of creative and committed individuals—the champions that we are talking about. I am not at all clear that it is good enough to have champions at network level. We must have those champions at partnership level, where we have senior people, who actually hold the money streams and can commit to services that will be consistent and of high quality. What will drive that quality of commissioning is the performance indicators that my colleague Dr Hill talked about.

Chairman: Right, we have got started, and now I will hand over to David to start drilling down.

Q172 Mr Chaytor: Can I pursue the question of performance indicators? What else is needed? From next year, local authorities will have an enormous list of 158 compulsory indicators and another 50-odd priority targets. What else needs to be included in that list of indicators to strengthen the position of children in care? What more needs to be done in the indicators on the health service side of the partnership?

Sue Dunstall: For me, there needs to be a much clearer drive to focus on the indicators, which unquestionably exist, particularly in the local authority indicator set. At the moment there is no level of comfort that those indicators will be chosen, and considerable comfort that indicators such as obesity, which will be a much softer target for local authorities and health agencies to meet, will be focused on. Indeed, obesity features heavily in the health authority performance outcome framework. It seems to me that there is a clear drive towards obesity, for example, in the health indicators. Nor is there, as my colleague Dr Hill pointed out, a clear indicator specifically for looked-after children. There are some generalised materials—my two medical professional colleagues may give you more details—on the emotional well-being of children generally, but not specifically on looked-after children. As we have said, these are particularly vulnerable children, and I argue that they have particular needs.

Q173 Mr Chaytor: National indicator 58 relates to the emotional behavioural health of children in care. Is not that enough? What else do you want for children in care? That indicator seems reasonably specific.

Sue Dunstall: I want something much more specific. That is a local authority indicator, combined with something much more specific on the health indicator side.

Dr Hill: For me, it is about not more indicators, but accountability. It is as simple as that. At the moment, accountability is fairly firmly placed with the local authority. While there are clearly duties of co-operation between the partners, and some good examples of good partnership working, the indicators by which the PCTs are currently monitored are not specific. They must be specific for looked-after children because there is a food chain in the PCT, and children are quite a long way down

that food chain in my experience. Vulnerable children are a wee bit further down and looked-after children are embedded even further down. Unless you bring them up the food chain in the performance monitoring framework, they will remain lost and embedded among the various social inequality local area agreement targets and so on. Some PCTs bring them into those frameworks, but for me it is to do with bottom-line accountability.

Helen Chambers: Perhaps I could add that before coming here, I asked how many local authorities in one region—the south-west—had addressed the health of looked-after children in their local area agreements, which is the key way of putting the joint strategic needs assessment at local level into action. My public health colleague in the south-west told me that not one local authority had identified the health of looked-after children in their LAA. My observation nationally is that, as Cathy said, they are just not high enough up the agenda and there are many other priorities. The local area agreements and national indicator sets go beyond children, so local authorities must make difficult decisions on the key 35 indicators that they will choose.

Sue Dunstall: May I be absolutely clear that it is not just up to the local authority. Unless the health agencies are prepared to sign that local area agreement, it will not go forward as the local area agreement. It is not just about the local authority identifying performance indicator 58, it is about the health agencies agreeing to identify that as well. It really is important not to lodge this solely in local authorities' laps, because that is where we have gone wrong in the past.

Dr Harris: I was going to underscore that by saying that I would be interested in looking for a statutory responsibility for health to co-operate with the local authority, because that is what is lacking. It feels like good will rather than a statutory responsibility.

Q174 Mr Chaytor: To what extent are the relative issues that you are describing due to the fact that the original 2002 guidance on the health of looked-after children did not give statutory responsibility to health agencies? Rita, do you think that is central to that?

Dr Harris: Yes, I agree with that. It is guidance, and there is no statutory responsibility, so it depends largely on PCTs' interpretation, and there are no measures against which they can be measured in terms of both co-operation and the services that they deliver.

Q175 Mr Chaytor: Catherine, on the statutory and non-statutory issue, you said earlier that we need a statutory role for health professionals, but when you were being defensive following the Chairman's remarks, you said that the NHS has statutory requirements. How do you reconcile that? Can you be more concise?

Dr Hill: To clarify, there is a statutory requirement that looked-after children receive a health assessment—both an initial health assessment when they are first received into care and review health assessments, either six months later for under-fives

or annually for over-fives. That should be done by a registered medical practitioner. That it a process issue that is attended to by a health professional and is nothing to do with the broader role of a designated doctor or nurse for looked-after children. That obviously relates a strategic clinical leadership, governance role that is quite separate.

Q176 Mr Chaytor: Finally, on the process of assessing the health needs of looked-after children, what are the most common gaps, and how do children fall through the gap between health and social care in terms of their assessment? There are statutory time limits in which children should be assessed in relation to health care once they are taken into care. Do you have any view on that?

Helen Chambers: From the breadth of work we have seen within the Healthy Care Programme, I would say that there are a variety of difficulties. One difficulty is that a looked-after child might be invited to a medical by a doctor and when they hear that they have to take their trousers down, they decide they will not go. The foster carer or residential social worker then says, “I don’t blame you,” and that is the end of the story. That is what might happen at one end of the spectrum. In Southampton, where Cathy is lead physician, there is a very good model because there is a weekly drop-in health centre for looked-after children at the Quays leisure centre. In addition to a health assessment, all sorts of great things happen there. In between those two examples there is a huge diversity. I have experience of some health services providing a health assessment by telephone, which does not feel like a good-quality health assessment. Other local authorities will provide a medical assessment or health promotion literature, which is another model. Some of the most effective health assessments are provided by skilled, trained paediatricians and a range of other practitioners, including nurses, mental health workers and others, who see the child face to face and probably spend some time with them over a consistent period. One of the clear issues for looked-after children is consistent placement, and when we have talked to looked-after children and young people about consistency, the designated doctor or nurse who they have got to know through health assessments and support is really key to their sense of well-being.

Q177 Mr Chaytor: Does that mean that there is no formal national guidance about what form the health assessment should take and that people can get away with either just distributing a few leaflets or a quick phone call?

Dr Hill: This is absolutely core and central to the work of the BAAF health committee. In fact, preceding the 2002 guidance—but galvanised by that—we have had a number of working groups consisting of people who between them have extensive professional expertise in the area, and who have developed pro forma formats, which, to some extent, dictate the structure and content of a health assessment. The really important thing to get away from is the concept of a medical. That is history, the

old “freedom infection medical” what I call the veterinary stethoscope and testes approach—that is not there anymore. Such an approach might be an important part of an assessment for a child—and we know that some of these children need diagnostic skills as they have neglected health problems—but the issue is also about a much broader understanding. It is about understanding attachment, the impact of neglect on brain development, how you legitimately access family history and how you package all that up to look into that child’s future. Those are very different skills from any of those I learnt in my standard paediatric practice. On top of attempting to improve the model for conducting health assessments, we know that the forms we have developed and that we distribute via the BAAF organisation have been adopted by two thirds of local authorities nationally and additionally by primary care trusts. We know that they are very broadly used; in fact, they have been put forward in the “Connecting For Health” child health programme as a model for how health assessments should be conducted and the data collected. Of course, what you cannot dictate are the skills and competency, sensitivity and flexibility of the individual conducting the assessment. Those are factors that we are also looking at. With the Royal College of Paediatrics and Child Health, which we are a specialist interest group of, we are developing competencies for paediatricians in practice and I hope that that process will move on in due course, via the Royal College of Nursing, to establish similar competencies for nursing professionals. There are two other points I want to make. First, I cannot understate the fact that this is not a veterinary medical. Secondly, the people engaged in this work are skilled. We surveyed about 50 nurses in 2002. The average post-qualification training time for those nurses was 21 years; these were, and are, experienced senior nurses. Among our medical colleagues, who were surveyed last year, we know that 85% of them are senior paediatricians; they are consultants or associate specialists. So these are people who have a lot of skills and expertise between them. I think that this role and the quality of the health assessment need to be reinforced. However, for children, assessment needs to be efficient and it needs to lead to resources and support.

Q178 Mr Chaytor: That is my follow-up question. What is the link between the results of these individual health assessments and the commissioning process? How does the position of the individual child feed into the commissioning of services?

Helen Chambers: It should feed in to inform a Joint Strategic Needs Assessment (JSNA), which a local authority does in partnership with health and children’s services. I think that there is often the difficulty that commissioning on strategic working does not necessarily hear adequately the needs on the ground. In a sense, the opportunity should be there.

Q179 Mr Chaytor: Am I right in thinking that the known specific indicators for children in care in the core data set off the JSNA?

Helen Chambers: This is a new way of working; it is in the *Care Matters* implementation plan. The indicators that are chosen between local authorities and health services will be overseen by the director of public health, the director of children's services and the director of adult services. I do not know how this new way of working will pan out. My understanding is that the needs of vulnerable groups should be heard within this way of working and I see looked-after children as one of the constituents. However, I am not aware that there is any obligation for them to be heard.

Dr Harris: No, there is not; I think that that is the problem. One of the issues is being able to ring-fence funds within the health pot, if you like, to meet some of these needs. Further, one of the problems that health often has, certainly within mental health, is conflicting priorities. The priorities of looked-after children do not necessarily jump higher than a crisis intervention because somebody has got an early psychotic illness or something like that. Our priorities do not match, if you like, and I think that there is something about identifying those priorities and being able to protect the funding. You will probably be aware that the CAMHS grants that were available for developing services have gone into local authority-based budgets. Some of these have been protected and some have not been. Some of them will be protected for looked-after children and some of them will go into a much wider range of services over which health has no say. So, it is complicated, and the pressures on the health services—certainly speaking for mental health services, once again—are, as I have said, to meet performance targets around waiting lists, quick interventions, or quick throughputs of children. These children do not go through quickly.

Q180 Mrs Hodgson: When a child or young person enters care, I understand that there must be a health assessment within 14 days. We have received written evidence, and we have also heard evidence, of the complexity of these children's physical and mental health needs. The statistics are staggering in that 66% of them have at least one physical complaint, while 45% have some form of mental health problem. Three quarters of that 45% will also have at least one physical disorder; the problem is complex. My first question is whether the current system of health assessments for children entering care is fit for purpose.

Sue Dunstall: No, I do not think so. In fact, the current assessment process is perilously poor, particularly in its inconsistency. I am sure that there are areas where health assessments are conducted excellently and with rigour, but such action is taken with tremendous inconsistency throughout the country. It is simply not acceptable that a child or young person who is assessed as requiring x or y service in one borough would be assessed entirely differently in the adjoining borough. That is not an acceptable way to treat children. My sense is very

much that because there are particular expectations surrounding the attainment of physical health issues, such as immunisation and dental checks, there is tremendous focus on physical health, while the assessment of mental health, particularly emotional well-being, is parlously poorly looked at. That is one of the reasons why the NSPCC has been fighting extremely hard in respect of the Children and Young Persons Bill to get the assessment process undertaken with considerably more rigour than at present.

Q181 Chairman: Can I butt in here? Is there a parallel between that and the assessment of a child for special education needs? When the previous Committee looked at the matter, it made the criticism that the people who were assessing were very close to the people who had to provide the resources that came out of the assessment. Is that one of the inhibitors? Is there a parallel in that, yes, you have to assess, but you have to provide the resources to fund what the assessment suggests?

Helen Chambers: I am not aware of that. Cathy might contribute more, but my understanding is that health services are commissioned, so the doctor or nurse who does the health assessment should be able to say what the health needs of the child are. That should feed a health plan, and the health plan should feed into the care plan. When a child is placed—unfortunately, on occasions, that might be out of the local authority or borough area—the needs of that child will be met in that placement. How services are commissioned and what services are in place is then the responsibility of the child health commissioner in the placing PCT. In a sense, what the doctor or nurse says is needed will reflect back to what can be provided. I am not aware of how that difficulty is sometimes resolved. It is not necessarily that the doctor or nurse is aware of the budget, but actually what the assets can provide.

Chairman: Sorry, I butted in.

Q182 Mrs Hodgson: As for not being fit for purpose, we heard from Catherine about the extremely skilled senior consultant nurses with experience. Where has this fallen down? Is it an issue of co-ordination? I have read evidence about co-ordination and how it often falls to social workers operating outside the NHS. If the assessment is not fit for purpose, where has it fallen down? Whose responsibility is it, and is it working properly?

Dr Harris: May I say something about the gaps. One of the things that I am aware of being lacking in health assessments is the psychological needs of the child. While some paediatricians and doctors are well equipped to do that sort of assessment, not all of them are. A lot of early psychological difficulties are overlooked because the health assessment is not holistic enough. I do not think that it is as broad as it could be. I suppose one of the difficulties is that the children's services commissioning and the CAMHS commissioning often come through separate streams and are not necessarily joined up. So, the gap is probably more with regard to emotional well-being and looking at psychological difficulties than

with physical health. I do not know if that is fair, but my experience is that it is more variable in that domain than in physical health.

Dr Hill: Can I just clarify? I am sensing a bit of a message, or perhaps a misinterpretation of a message, around the health assessment being ineffective. I have heard—I am looking for verification—that it is not to do with it being ineffective, but with quality being variable. That comes back to fundamental training, support and funding of competent practitioners.

Dr Harris: It is the delivery that is ineffective.

Dr Hill: I think that is correct. I do not want to paraphrase anyone, but the issue about emotional health and well-being is critical—both the assessment of and provision for. A project in which we at BAAF have been engaged over the past year is to develop tools for that very thing. The tool is called the Carers report, which is about to go to press in the next month or so. It is designed, for the about two thirds of local authorities that are using the system, to be a part of the initial—and every—health assessment. The group that developed this comprised our representative from the Royal College of Psychiatrists, as well as a lead advocate within the clinical psychology group for looked-after children. This was very much a multidisciplinary development model. It was piloted in the field and we had feedback from foster carers, social workers and practitioners as to how it worked. It is designed to do that very thing: improving the practitioner's ability to screen front-end emotional and behavioural problems—I think it is a gap; Rita is absolutely right. Given the nature of the seniority and expertise of many of the people in the field, if that could be duplicated and replicated across the country, and appropriate training and competencies could be assured, tools like this would be a very good way of screening these children. Then, of course, you have the much more vexed issue of provision of support. I am sure that other people at this table have a lot more to say on that. Certainly, from my personal practice locally, CAMHS is often very reactive. It is often good at meeting the needs of children who present the most overt problem: the children with conduct disorders—typically children who sit on the roof at school, throw furniture around, or are very overt with their problems. It is not as good, necessarily, at responding to the sad, withdrawn child with more internalised problems. I hear from my clinical psychology colleagues—I am sure that we will have a lot more to say about this—that they are very frustrated about their inability to do long-term work with these children. They would dearly love to do long-term remedial work, but they simply do not have the time and resources. That seems to be a big deficit, but there are people here who are more expert than me in that area who I am sure would like to comment.

Q183 Mrs Hodgson: So, this is picking up on the delivery more than the assessment. Are we all going to agree on that?

Helen Chambers: I think it is the planning as well. Something can be assessed, but there must be follow-through into the health plan and then into its monitoring, particularly when a child is placed out of the local authority—that is a really significant issue. There is an understanding that health requires more than health professionals to be working, which is why it must be integrated into the care plan. As colleagues are saying, it is very difficult for child and adolescent mental health services to provide adequate services as things are. The four tier CAMHS structure means that foster carers and residential social workers are not identified as being part of the children's work force at tier 1 of provision. I think that it would be very helpful if they were, and if training was put in place at that multi-professional end of the work, but other services will be needed to support the health needs of looked-after children, carrying through from assessment into planning and monitoring and, a year later, assessing how things have changed. I know that that is the importance of the regular health assessment, but the issue is also how health needs may be met in terms of reports going to the independent reviewing officer, who will look at the child's care on a yearly basis. There is very patchy practice in that way, too.

Q184 Mrs Hodgson: I understand that the guidance is that PCTs are supposed to give looked-after children timely access to services, and they are supposed to give local priority to looked-after children and to put structures in place to manage and monitor their health. Do you think that PCTs are not giving enough emphasis and importance to the guidance?

Helen Chambers: Again, performance is patchy. Saying that would genuinely not do justice to some excellent local authorities across the country, but I really feel that the health of looked-after children falls between the high demands that health services, including public health services, have on their time and resources, and that the DCSF or directors of children's services have. The health of looked-after children is everybody's business, but actually it is nobody's business.

Dr Harris: One of the things that I have observed is how much more effective it is to have dedicated CAMHS services for looked-after children rather than to expect them to fall into the general melee of a CAMHS referral. There is a lot to be said for protecting specialists for work with such children. They would understand their needs and be able to work with them over a longer period of time. I want to echo what Helen said about the breadth of the professionals who look after children's health. Often, a child might prefer to see a youth worker rather than a CAMHS professional about some mental health issue, or they might want to go to a location other than the health location. If one were to use what are, despite the growth in such services of late, rather small CAMHS resources and to be able to use that work force to help train, develop and support a much broader work force, it would be much more likely that some of those things would be thought of. Often, people do not recognise mental

health need until it is overt: when children act up, are difficult, or whatever—the ones on the school roof, for example. It is the quiet, withdrawn, compliant little girl about whom everyone says, “Oh, isn’t she good?”, who will probably become a depressed and acting-out adult who will deliberately self-harm or have other serious psychological difficulties.

Q185 Mrs Hodgson: I would like to change tack slightly for my last question. Rita mentioned things falling through the gaps. One of the things that I worry will fall through the gaps is health promotion, especially in respect of sexual health. Another category of statistics that I looked at show a higher prevalence of teenage conception and pregnancies among 15 to 17-year-old looked-after children as opposed to those who are not looked-after children. What more could be done? I know that carers must be willing to enter into sex education, or that it is often done in schools, but children might miss out if they are moving schools.

Helen Chambers: I would be happy to comment on that. We often focus on sex education, but it is sex and relationships education. One way we learn about relationships is through our experience. Of course, some of our children come from a background of abuse and neglect, so their whole experience of relationships is really poor. How they are cared for by their everyday carer and what is modelled in their environment of care is one of the ways in which they understand more about relationships—almost through osmosis. Also, the relationships that they see around them between the social worker and the foster carer, and the respectful negotiation of what is wanted, are important. I sometimes say that if you cannot choose whether to have salad or cabbage, how can you choose whether to have sex, particularly if you have been abused by somebody who gave you no choice? Working in sexual and relationships education brought me into working on the health of looked-after children. A leaving care manager once said to me, “When they make a public service agreement to achieve a curriculum appropriate for a girl who knows that her mother prefers a schedule 1 sex offender to her, I will understand something about sex education.” There is an issue about not only how looked-after children have frequently missed school—I am sure that that will change—but what is appropriate, good sexual and relationships education for looked-after children. In a sense, we must let them know that they can enjoy positive and happy sexual health and happy relationships, despite what might have happened to them in the past. Our foster carers and social workers need to feel much more supported and to know how to handle such situations. I sometimes need to work with foster carers coming to a panel for selection. Often people say, “Oh, I would talk to my social worker if I was asked about sex by a looked-after child.” If you watch *EastEnders* in the evening, you might hear a young person, as our own children do, ask potentially embarrassing questions. In such situations, foster carers need to know—and probably have rehearsed—the answers. The Family Planning Association and the NCB have worked

together on “Making it Happen” training for foster carers. I was part of a multi-agency group convened by the teenage pregnancy unit to look at guidance for foster carers. Good policy and guidance are important, but it is difficult to actually make it happen, especially in hung local authority governments. Condoms, sex education for abused children and so on are very difficult and sensitive issues for local authorities to take on board.

Chairman: We shall move on to mental health because, in a sense, we have been moving on to the quality and sophistication of health assessments and advice that is given. Do you want to take us through that, John?

Q186 Mr Heppell: In some respects, we can be more specific and deal with CAMHS, rather than health generally. There seems to have been a failure to access children’s services, some of which seems to have been due to assessment, and some the lack of provision. How difficult is it for looked-after children to access services, and why and how does that vary in different parts of the country?

Chairman: Who wants to take that?

Sue Dunstall: I shall.

Chairman: You share out these questions very well—like a good trade union.

Dr Harris: It is teamwork.

Sue Dunstall: As I said at the beginning, about 60% of children are in care for reasons of abuse and neglect. We also know that about 45% of those in care, which equates to about 27,000 children, have some sort of mental or emotional disorder. In fact, the most recent figures from CAMHS tell us that about 10,000 children in care receive the service, which does not sound too bad, until you put it the other way around and consider that it actually means that 17,000 children did not receive it. I am not clear—[*Interruption.*]

Chairman: There is a Division in the House, which means that we shall suspend the sitting until we are quorate again.

Sitting suspended for a Division in the House.

On resuming—

Q187 Mr Heppell: To follow up that question—I thought that it had not been answered—and accepting that it will be more difficult for these people to access services than the general population, we have given priority in school admission, so that is an extra in terms of education. What would be the barriers to doing something similar in health—recognising that some people have less access and giving them extra priority? I am referring to mental health services.

Chairman: You are all aware that admissions policy in education prioritises selection of looked-after children—not that all schools take notice.

Dr Harris: Yes, and there is the rub. I suppose that the short answer is yes. In the same way that looked-after children are given priority for school admission, they should be given priority for the health services that they need. Mental health services would need to be protected and fully funded, because one problem with giving someone priority is

that the services need to be available to meet that need. I think that what we have been talking about is the variety of services that are available, and whether they are dedicated to this population or are part of a wider, more general remit. My short answer is that I would welcome that.

Helen Chambers: Yes, and there are some excellent services that support foster carers and residential social workers in dealing with what is ordinary adolescent behaviour or ordinary behaviour when a child has experienced trauma. In that way, they can greatly help placement stability. I think that expertise grows with looked-after children in those designated CAMHS. I was wondering whether we have sufficient CAMHS staff to meet the needs of looked-after children if they were prioritised. I would be delighted with that, and colleagues may have the figures. In theory, prioritising looked-after children within CAMHS would be great.

Sue Dunstall: I just want to be clear that for me, this is not just about CAMHS; it is about a much greater diversity of provision that goes well beyond CAMHS provision. It is about creative and thoughtful commissioning on the part of health commissioners and local authorities, probably through children's trusts. It is about being much more creative in how they commission things; about thinking outside boxes; about understanding that these children are not just about mental health, but emotional well-being, regaining and restoring some sense of self-esteem, and just having some control over their life.

Q188 Chairman: Do you think we have the skilled work force to deliver on that sort of demand?

Helen Chambers: Perhaps I may pick up on the point that Sue has just made. I had the opportunity to work with Worcestershire on a creativity project, funded by the Arts Council, with looked-after children and to consider how to embed creativity in the lives of looked-after children. I saw some superb work with a variety of looked-after children, including those with a variety of diagnosable mental health conditions. That has been supported by a multidisciplinary mental health team, backed by a clinical psychologist, including front-line practitioners who have a shared understanding of looked-after children within their multidisciplinary team. It was made up of leisure services, art services, CAMHS, social services and youth services, which have a shared understanding of how to promote the emotional health and well-being of children. That sort of multi-dimensional model has much to recommend it.

Mr Heppell: That is not the norm, though.

Helen Chambers: No.

Q189 Mr Heppell: You are saying that non-specialist areas, such as schools and so on, do not at present have enough understanding of what is needed for looked-after children.

Helen Chambers: Certainly one of the things that Yorkshire and Humberside region suggested in its regional health and care partnerships for next year's work programme is that those practitioners,

including teachers and youth workers, should have a shared song sheet for understanding the emotional needs of looked-after children and their role in supporting them. I believe absolutely that looked-after children need their corporate parent to understand their needs at strategic and operational levels.

Dr Harris: I agree that the work force are not sufficient to do that on their own—that is not what is required. We need a CAMHS work force that can be active at times, and watchful and supportive at others. Dedicated teams exist—particularly those that are co-located with other services within local authorities—who have a shared vision and brief, who have trained and worked together, and who are very successful. However, they are also very expensive because they need to exist over a long period of time, and they must have the stability of a work force that children need from their social workers. People come and go and change, but we need to have good CAMHS input into training, skilling up and supporting the wider work force. Often, people do not know what they are seeing. Some of these children's experiences have been so unbearable that at times, people find it difficult even to want to know what they are seeing.

Helen Chambers: That includes foster carers.

Dr Harris: Absolutely.

Q190 Mr Heppell: Following on from that issue about specialist teams, I am not quite sure what I drew from what you said. Should such teams be universal? Should they be everywhere?

Dr Harris: There is a publication from YoungMinds, which I have brought with me and can leave if people want, that gives examples of good practice across the UK in terms of looked-after children's services in relation to CAMHS. They vary a lot and at this stage, I am not clear whether that is right and that services should be tailored to different boroughs, or whether there are some threads that come from all of them that give models of good practice. I suspect that there are such models—when I was thinking about them today, I listed 10 things that come across from all those services. However, it is very difficult to measure effectiveness. If there is any influence here, I would make a plea for a piece of decent, long-term research that looks at outcomes in terms of children, their relationships, placements, longer-term health and emotional well-being. It needs financial clout to protect specialist teams, and they must work across agencies. That is the nub of it. When they are co-located and work well, they work very well, but they are tricky to set up and take a huge amount of time and finance.

Chairman: Catherine, have we neglected you on this one?

Dr Hill: I have a couple of reflections. Having somebody with a specialist CAMHS role for looked-after children is not just about delivery; it is about advocacy, understanding the context and promoting appropriate delivery of services for those children. One of the issues that we continually come up against in practice, which differentiates CAMHS from physical health services, is the opportunity for

the practitioner to be selective about which children they see. Assuming you jump the hurdle of assessment and recognition of a problem, you must then jump the entry threshold hurdle to get the CAMHS service. That is not because people are lazy; it is largely because they are overstretched. One of the big hurdles for looked-after children is lack of placement stability. Something that has echoed around the country for years and still echoes today is the CAMHS practitioner saying, "I'm sorry, I cannot see this child until they are in a stable placement". It is a vicious circle whereby the child will not achieve a stable placement because of their behaviour or emotional health problems. That is a practised perspective, but the concept of a specialist advocate within each area to overcome the hurdle of the "Can't see this child" approach and to promote local services is a very good one. Like Rita, I do not have any privileged knowledge about what the best model is. I suspect that that knowledge is probably not there, but there may be concepts—I would be interested to hear Rita's concepts, and those 10 features. Again, I would echo the need for research to look at what works. We should shore up the strong foundations that we have and look at what is working out there before we reinvent something new.

Helen Chambers: The early learning will come from the Department for Children, Schools and Families' funded programmes on multi-systemic therapeutic care and the treatment foster care programme. The treatment foster care programme is highly evaluated but is in its early stages. As I understand it, such programmes are about providing support to the carer, and ensuring that the carer provides bounded, consistent care. A lot of support and training go to the carer as the front-line practitioner. Generally speaking, the carer is there 24 hours a day, seven days a week.

Sue Dunstall: I just want to be clear. I think that it is diversity of provision that is absolutely key here. One of my problems with the multi-systemic therapies that you were talking about is this focus on cognitive behavioural therapy. This is not a one-trick pony—the therapy will not suit all children who are in care. There are an enormous number of therapeutic services out there. Different ones will be required for different children at different times and at different stages in their care. We need to be absolutely clear about that. It is no good throwing money at CBT and ignoring the wealth of other interventions that are out there for children and young people. Sometimes I have a slight problem with research that is focused on outcomes. The research needs to be focused on the value that is added to an individual's life. That is subtly different from a blunt outcomes measurement.

Chairman: Good point.

Q191 Mr Heppell: I hear what you are saying about diversity, but unless there are some sort of national criteria for assessment or for the way in which you deal with the problems, will there not be a difficulty? Are you not always going to get the situation that people grumble about, in which, if someone moves

from one area to another, the same service will not necessarily be available? That is a criticism and, in some respects, that is bound to happen if you have diversity across different areas.

Helen Chambers: I was just wondering whether part of that goes back to the planning. If a child is having an assessment, there is a health plan that says what they need, and it should be taken into account when a child is placed in a local authority or in an independent agency elsewhere. Theoretically, if that provision cannot be guaranteed by the receiving primary care trust, then the child should not be placed there. That is not necessarily the practice, but it should be the practice. It is the responsibility of the placing authority to ensure that that provision is delivered.

Dr Harris: I wanted to say something about the question that you just asked, but just before that, if I am allowed, I want to interject one small thing. You were talking about the plan, and the assessment came up earlier. John Simmonds from BAAF said, "You gave us that convenient little break. Do not forget about the instability of the care system." One of the problems with plans is—as we would say in my world—that somebody has to hold the plan and the child in mind. That basically means that somebody has to have a sense of the child over time, to stay with them and have a sense of their needs, and to have experience of them to help them develop, so that they can have a coherent sense of self and therefore be able to access all these new ideas that people are providing. They need a narrative—a consistent story to tell about themselves. The instability of the care system militates against that. With the best plan and assessment in the world, if you change social worker and carer, it is very difficult to hold the child in mind.

Q192 Chairman: So you are arguing for a mentor, a life-coach throughout childhood.

Dr Harris: In order to develop secure attachments and to access opportunities, children need to have a coherent sense of self. In order to have a coherent sense of self and good attachments, they need stable and continuous relationships. That is how children usually grow and develop, and that is what is provided by parents. It is a really tricky one, for us as professionals, to think about how to provide that over time for children in the care system, when the work force is changing all the time.

Chairman: At the very least, they need one consistent person.

Dr Harris: It would be wonderful. What children say is, "I'd like to be able to go to my social worker and get an answer from them, without their having to go up through all these different levels." They would like to be able to just pick up the phone. When our kids are at university they pick up the phone if they are in trouble, but these kids do not know whom to ring. It is such a fundamental given in child development, but the system militates against it.

Chairman: You were also coming back to another point.

Dr Harris: Thank you—I had forgotten what it was. On your point about how we can have consistency, you are absolutely right: the diversity should be

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consistent. CAMHS should have a range of therapeutic approaches within them, and that is what people mean when they talk about diversity, not that the services are different in different areas. I wonder whether the CAMHS review will help us to gather up some standards for what the mental health services should provide for looked-after children as a minimum in all boroughs. One of those things, in my view, would be to have dedicated teams with a variety of treatment modalities. The treatments that have been evaluated have been evaluated because it is easy to do so in a fairly controlled way. They are quite straightforward and are often manualised, but they are often one-offs. They are quite useful, but they do not look at the broader spectrum of what a child and a family need. Bearing in mind the point about longer-term care and consistency, looked-after children do not just need an intervention and then that is the end of it. They need a group of people who come in and out, but it is tricky.

Chairman: The full package again.

Dr Harris: We want everything.

Q193 Paul Holmes: Helen, you said that one important thing was to get a proper health plan in place, but that it was difficult to monitor it, and that it was even more difficult when the child moved out of area to a new authority. Can you elaborate on the business of the child moving to another authority?

Helen Chambers: The health assessment should be done within the first six weeks and whether that happens varies. When the health assessment is done, the health plan is written by the doctor and nurse, usually in consultation with the child and the social worker, but the social worker is actually responsible for ensuring that it is done and that action is taken. The monitoring of what action is taken varies hugely because, as colleagues are saying, who makes sure that it happens? As parents we make sure that it happens for our own children. That responsibility is with the social worker, but on a day to day level, what generally happens is that foster carers or residential social workers are the key people to agitate to ensure that provisions are in place, although that is open for more discussion. The case should then be picked up within health services and the right services provided. My experience anecdotally is of very patchy practice. If a child is then placed outside the local authority, it is very patchy practice. My experience is that often a child who is placed out of authority has more complex needs. There may be good reasons why they have to be placed out of authority, although one would prefer that they were not. What health services, including mental services, need to be put in place for them? Who monitors those? I wish I was confident that the social worker ensures that the child receives the services needed. I would not have evidence of how effectively that is done. I know, from some independent fostering agencies in the annual review, that frequently they cannot get a report on the child from the social worker of the placing authority—in other words, the child's own social worker. In other places, there will be good liaison. So I do not wish to

apportion blame, but just want to look at the caseload. There is a danger when a complex child is placed out of authority.

Q194 Paul Holmes: There are two different sets of responsibilities here, are there? If a child moves from Derbyshire, where I live, to Sheffield, the home authority—Derbyshire—is still responsible for the child. But Derbyshire PCT is no longer responsible: it is now Sheffield PCT.

Helen Chambers: My understanding is that, since the change in the responsible commissioning guidance, the responsibility has been put back with the placing PCT. So Derbyshire is still responsible for the child in respect of funding. If you say, "This child has complex health needs", when placing them in an independent fostering provider in Sheffield, those needs must be met by that provider in Sheffield, before the child is to be placed there. That is not necessarily what will happen. Derbyshire social services worked on and looked at its residential provision for looked-after children and used that as a focus of considerable change in the management and support of residential social workers. That is one of the things I have in the back of my mind when thinking about what needs to change. Actually, what was said by the head of the children's services team, who has been doing that work was that, without the partnership working with health, she could not have achieved a quite seismic change to provide what I understand are good services in residential care in Derbyshire, although I have no experience of those.

Q195 Paul Holmes: So the responsibility and the funding are still with the home authority and the home PCT. Inevitably, the new PCT will be delivering, because that is where the child now lives.

Helen Chambers: Yes.

Q196 Paul Holmes: What can be done to speed up the transfer of medical records, for example, from the first place to the second place?

Helen Chambers: Cathy has some thoughts on this. Certainly, in terms of systems that talk to one another and links across areas, that is one of the difficulties.

Dr Hill: We have—unsuccessfully, unfortunately—put in a section 64 grant application to the Department of Health on that, in respect of holding and maintaining within BAAF a database of health professionals by locality. If a child moves from Southampton to Derbyshire tomorrow, who do I call? Who do I talk to? Who do I negotiate with? From whom do I find out what provision there is in your area? That is a real, practical problem with an extraordinarily simple solution. But it is about who will fund and support a central database of health staff. There are, in most areas now—hopefully, with guidance and statute there will have to be—designated health professionals who could form that automatic layer of communication. But it is a real issue in practice. Sometimes, it may be to do with poor partnership working, but often it is more to do with the realities of why the child has moved. It may be that the placement has broken down precipitately

or the only available option is across a boundary and it may happen on a weekend or during a holiday. These are the realities of the work. I have a sense that, if we are not careful, it is about health being a process checklist: child has had health assessment—tick; health care plan in place—tick. Sometimes, pressured social workers have to step outside that a little bit and think about prioritising health for the child. That can get forgotten in transfers.

Q197 Paul Holmes: At the simplest level, if a child is moving from one area to another—not just for a long weekend or something like that—one of the most basic things is moving the general practitioner records from place A to place B. The *Care Matters: Time for Change* White Paper said that it can vary from a few weeks—why?—right up to a few months, before the records are even transferred. Surely, that should be a simple thing to crack.

Dr Hill: I think that it will be cracked. There is light at the end of the tunnel on that one, because with the NHS electronic records it should be able to happen at the press of a button.

Q198 Paul Holmes: You are confident that the electronic records are going to work, then.

Dr Hill: This is going to be in writing, is it not?

Chairman: A man from Huddersfield will sort all that out.

Dr Hill: I am optimistic. These children are the very group of children for whom that change would work phenomenally well, of course, because unfortunately these children move rather frequently. What we have gained from the “Promoting Health” guidance is much more emphasis on full registration with GPs, because in the pre-guidance days there was very much a tendency for foster carers to temporarily register and children with temporary registration did not have transfer of records. So I think that the transfer of data is an issue and the electronic records potentially can fix it. However, we also must not forget that there is also a reservoir of detailed and relevant health information about the child that has been collated, usually within a looked-after health team, which needs to transfer. That was my first point, about devising mechanisms and systems whereby we can do that more efficiently and I think that that is simply about maintaining a database.

Chairman: Just one very quick final question.

Q199 Paul Holmes: One of the points in terms of schools cherry-picking pupils has now hopefully been dealt with, in that they now have to prioritise children in care for entry to a school. What about GPs? Again, a child moves from one authority to another. Do GPs refuse to take certain children because they think that they will be too much of a problem for their practice?

Dr Hill: You will probably find case examples of that. Generally speaking, however, foster carers often have a long-standing relationship with a GP. The GP will probably have seen the foster carers for their own health assessments and will be well aware that that family has transient populations of

children moving through their household. Generally speaking, my experience has been that there is a friendly arrangement with GPs and it is also supportive. I do not know if anyone wants to add further comment to that.

Chairman: I was going to try to push us on to a broader understanding of the notion of well-being, and Fiona has been very patient in waiting.

Q200 Fiona Mactaggart: I represent a constituency that is much less healthy than the places around it and the most important people in dealing with that inequality are not, on the whole, health professionals. Very often, they are other people who can help my constituents to manage their diet better, take more exercise, be aware of risks, and things like that. We are talking about a group of children, nearly half of whom have emotional and mental health issues and more than half of whom have physical health issues. I am wondering whether we get the other people who can promote good health properly involved. I am interested in the Healthy Care partnerships, which seem to be part of achieving that. Can you explain how those partnerships work, and who else ought to be involved in them?

Chairman: Is that Helen’s baby?

Helen Chambers: Yes, that is my baby probably, to start, although Cathy is also part of the Healthy Care partnership in Southampton. Healthy Care was funded, first by the Department of Health and latterly by the Department for Children, Schools and Families, to affect the environment in which the care was provided, both at the partnership level of the strategic planning and in the foster care or residential care home. It was very interesting as we developed that programme to find out who we needed to include. We started off, six or seven years ago, with 16 professional groups who helped us to devise the Healthy Care standard and I think that we now have about 32 different professional groups represented. I think that you are absolutely right; the people who provide the opportunities to enjoy life, which really must be part of emotional well-being at a very simplistic level, are often the people who provide our green spaces and play spaces. The wonderful focus now on the importance of play and enjoyment in a child’s life is absolutely crucial for this group of children. I know that we have to deal with the problems that these children and young people face from the abuse and neglect that they have experienced, but as well as that it is really important that they have fun and as ordinary a childhood as possible. I would certainly always say that play services are important, as are arts and cultural services. Some of the work that Bruce Perry and Bessel van der Kolk have done, as well as some of that of the Thomas Coram institute, clarifies the role of sparking the imagination and bringing creativity and, through that, mastery. To use other language, it brings a sense of agency. My public health background would lead me to talk about empowerment, and many of us would talk about the participation of children and young people so that

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they can feel, “Hey, this is fun, I have learned something, I didn’t think I could do that. Now look what I can do.” Children tell us that, and independent reviewing officers say that one of the most important things that a child has said, or the one time when the child smiled at them in their review, was when they talked about some project in which they had been involved. Sports opportunities are also important. Some looked-after children are telling us that they are bullied at school. When we consulted on the Green Paper for the Government offices for the south-west and the east midlands, looked-after children talked about being bullied because they had not got a “proper mum” to look after them, which cuts right in there. Work can be done with teachers, including the designated teacher. A lot of the looked-after children whom we talked to then did not really know who the designated teacher was or what their role was, and work could be done on that. The looked-after children’s nurse is often a key person. While I have been working with six local authorities and three arts agencies on the Arts Council’s work on looked-after children, I have seen the diversity of opportunities that looked-after children’s nurses have used to engage with children and get to know them, which is in a sense a pedagogic model. I have been delighted to work with the Thomas Coram research unit on that, and we have been talking about having a pedagogic approach. Pedagogy is the point at which care and education mix. For me, the promotion of emotional health is theoretically one of the outcomes when care and education mix, and there can be a better understanding of our children. I see those as very important players. As has been alluded to, youth workers and neighbourhood workers need to understand what makes an area safe for looked-after children. I was doing some work up in Cheshire, and some young people had been making a DVD and a photographic record of the places where they lived. Of course, it is needle park in some cases. We know that looked-after children’s homes are a place where people go to try to pimp young women. Community policing is really important, and not so that the police can pick up a young woman or boy working as a prostitute, but to understand that, as the work of Barnardo’s, the Children’s Society and others shows, the children are the victims of prostitution, not the perpetrators. Their abusers make them vulnerable. Healthy Care has enabled local authorities and health partners, in the wide sense of practitioners, to draw together and put in place an action plan, through an audit tool that the west midlands early evaluation has shown to be particularly helpful. That action plan should take into account the messages from children, young people and their carers and the work that is done by multi-agency partners sitting around a table. I cannot emphasise enough the importance of getting people around a table. I imagine that a meeting like this must make it much more real for you than just our written evidence. It is when you can grapple with the differences that are required that things begin to happen. The Healthy Care partnership, when considering what differences are needed, affords that

opportunity, and from that comes a plan. As we said about health plans, a plan is as good as its implementation and change. Telford and Wrekin immediately comes to mind as a local authority that began Healthy Care five years ago and is now on its second revision. Many other local authorities are in a similar situation. Others—and I feel sad about this—have said, “Well actually it’s not being promoted in our area. It isn’t a must do, so I’m afraid it’s fallen by the wayside.” That goes back to some of the points we have been making in terms of not only ensuring that it is a priority, but that someone is taking note, it is championed and that a response is required about what is improving the health and well-being outcomes. We definitely need a multi-agency approach and a good understanding of what is health. People have said to me, “One of the difficulties with Healthy Care is that it has the word ‘health’ in it, so children’s services think that it’s the business of health services, not theirs.”

Q201 Fiona Mactaggart: I have a worry about all this. We have been talking a bit about that which is counted being done, yet people feel oppressed by targets. I was wondering whether having a mandate to create such a partnership and then stepping back might be enough to get some of this done. I am interested in that and in something that one of you said earlier about how doing things about condoms in a hung council might become politically dodgy. I have stopped to think about that since I heard it—I cannot remember who said it—and I am actually shocked that politicians are prepared to sacrifice children’s sexual health and their prospects of growing up free of an unintended pregnancy because of their squabbles with each other and wanting to get elected. What could be done to make sure that that does not occur?

Chairman: Does anyone else want to come in on that? Helen is the perpetrator of that remark. Catherine?

Dr Hill: I do not have a solution to that, I’m afraid. I cannot sort out “Connecting For Health” either!

Chairman: Do you want to rephrase the question, Fiona? Sue, do you want to come in on that?

Sue Dunstall: Helen spoke eloquently and at some length about promoting the emotional well-being of these children. But it is important to remember that one of the issues and something that I must reiterate—this relates to rates of pregnancy, although it does not answer your question—is the importance of restoring the emotional well-being of an enormous number of these children before you can begin to start work on continuing to promote it. I suspect that the high rate of pregnancy among children and young people in care and/or care leavers is not to do with unintended pregnancies, and that many pregnancies are wholly intended. It is much more to do with restoring young people’s self-esteem—their own sense of worth—and not trying to realise their sense of worth through some sort of activity, such as having a child.

Q202 Fiona Mactaggart: But that ties in with my original question about how promoting good health is partly about creating resilience among these young people, so that they can avoid risky behaviours and feel happy and self-confident, rather than being dependent on other people or vulnerable to grooming by sexual predators. All those things are such a horrifically common part of the experience of these children. Rita is bursting to say something.

Dr Harris: Yes, I am. A lot of these children do not have what we would call stickability, so although sending them to good places to enjoy good things is necessary, it is not sufficient. I think that that was what Sue was referring to. In order to gain access and make use of opportunities, one needs a coherent sense of self and good attachments. That is done through stable, continuous relationships. Often children do not have an ongoing therapeutic relationship, which would probably be a good thing that could sustain them for a while before they are able to use all the clubs and stuff that are available to them, because they have to go to such and such. I have had a local authority refuse to allow a child to come to a therapeutic session during school hours. What is the point of going to school if children are totally distracted and unable to concentrate or learn anything because of their emotional turmoil and because they cannot have that therapeutic work? Therefore, I think that the fundamental work in helping those children begin to have a sense of self is what allows them to access some of those things. Therefore, partnership is partly what is important. I also think that what you describe among your peers is probably what goes on between agencies and what went on between the parents. There is something mirrored in what goes on between the adults in these children's lives: they squabble. That goes on at government level, at a local authority and health service level and then at a carer level. That is more of a psychological interpretation.

Dr Hill: I have just had a chance to reflect on Fiona's question about how to achieve that. We are all talking about and are signed up to a multi-dimensional approach for promoting children's general health and well-being. We have had quite a lot of focus on health assessments, but nobody here is so embedded in this one simple concept, which we all get stuck in because it is a statutory requirement. How do we build in quality? You might have a local champion if you are lucky. The work that the Healthy Care Programme has achieved, in my view, is very significant, because it has given people a model in the field and in practice that has lifted us from statutory must-dos and the Promoting Health suggestions to saying, "Here is how you can do it and start to achieve this." Helen has been very diplomatic and has not said it at all, but I think that it is a real concern that funding was withdrawn from that programme at the end of last year. With regard to the point about whether we should mandate for there to be such partnerships, it happens and then you just hope that the good will will carry on. Well, it probably will carry on in the short term, but we all know what happens. There will be another priority

around the corner, staff will filter off and gradually the whole thing will grind down. Ten years later, there will be another Utting review, and we will all sit down, throw our hands up in horror and say, "Why is the health of looked-after children such a disaster and what are we doing wrong?" Some of the rather tedious things relating to obligations and performance monitoring probably are relevant in this regard, as are questions about funding, what actually works and how to fund the quality add-ons in addition to the absolute must-dos. I personally see the Healthy Care Programme as promoting quality outcome. The outcomes of that are very positive. In many ways, they have probably influenced a lot of the philosophy of *Care Matters*.

Q203 Fiona Mactaggart: I was surprised that the NCB's evidence did not say that the Healthy Care partnerships set out in recommendation 1 should continue to be funded. There was a hint that it would be a good idea, but perhaps it was a bit subtle.

Helen Chambers: Perhaps I should have been pushier. I think that it would make a huge difference. I understand that the Department for Children, Schools and Families feels that regions and local authorities can continue to fund their work on healthy care regionally and locally through their own quality protects or safeguarding budgets, but it does not pick up on what is in a sense provided by the championing that I know I have done. The network of 500 carers mentioned in *Care Matters* and in the implementation plan will be lost, because some regions will certainly not sign up. For some regions, the vulnerable young people policy lead, who is one of the key figures—as are children's services advisers and the director of children and learners—also has a safeguarding agenda, and that is a huge and very important agenda. Therefore, I genuinely believe that in order to understand and champion some of the health needs of looked-after children, the Healthy Care Programme should be nationally funded so as to be nationally co-ordinated and to continue to develop. Certainly, by patchworking regions, we are trying to put together a nationally co-ordinated programme, but I am not optimistic.

Q204 Fiona Mactaggart: My final question is about adults who have been in care. The evidence is not clear enough that we know about their future health outcomes. We know about some of the problems of children in care, and presumably those that are transferred into adult life. I am not sure how well our present services are promoting the emotional well-being, the resilience and the future health and capacity of care leavers. Would any of you like to advise the Committee on how we could do that better?

Helen Chambers: I can pick up on what we have been doing with care leavers. NCB, funded by Yorkshire and the Humber, has done a literature review and will shortly issue a healthy care briefing on the health of young people leaving care that I shall be delighted to send to the Committee. So far, young people leaving care literature and consultations have said

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that relationships—having someone who is there—safety and housing are crucial to their future health and well-being. In other words, they have identified all sorts of emotional needs. Their fears and concerns about leaving care are, of course, emotional. They are not picking up on what are, in fact, the adult concerns about sex, drugs, alcohol and obesity. There is a difficulty in the adult-funding agenda and what young people leaving care are saying, and how they are connected. I think that I am right in saying that Derbyshire is a local authority that is providing extended health services for care leavers up to the age of 25. I do not know anything about the detail of that but, if that is the case, it is an interesting model because there is still somebody to come back to. Again, that comes back to the corporate parent, and health within the corporate parent. As for adult services, we know that they are much too highly represented in our homeless population, our prison population and so on. Many things have not been right.

Chairman: We are running out of time, and I want to run through the panel in respect of that last question. Does anyone else want to come in on that?

Sue Dunstall: I think that extended care to 25 is very important. I absolutely endorse what has been said on homelessness, particularly the offending population. Investment at this end must be seen as precisely that—investment. If that requires you to spend a bit more money, I regret it, but that is what it will mean.

Dr Harris: I would say the same. Children and young people have a right to services beyond the age of 18. Commissioned services across the age range and across agencies are required. Young people need emotional skills to leave care or to leave home. They are probably at their most vulnerable at the primary and secondary school transition and at leaving care.

That is when kids really need the most support, psychological as well as resources in a more practical sense. I would welcome some thinking about the continuity of care across all services.

Dr Hill: Something that Rita mentioned earlier about the sense of self is one of the dimensions to bring in and to pick up on. Obviously that quest continues through life for children who have been in care. Questions may arise not on leaving care but at the age of 30 or when children become parents later in life. There are issues about access to social care records, and about the expertise and availability of people to support young people or adults in understanding a little bit about their past and their life story. That should not be neglected. Perhaps that specialist work is addressed more in the context of adoption, but it is also a pressing issue for children who remain in care for the whole of their childhood.

Q205 Chairman: This has been an excellent session. We are running out of time. Sorry for the brief intermission caused by the Division, but we were very lucky: I was expecting that there would be another one straight afterwards. Would you please remain in contact with the Committee. If you think of a raft of things or even a single issue that we did not bring up, without which the report that we eventually write will be poorer, will you please give us that input. Please remain in contact with us, because we want the report to be as good as we can get it. May I ask you, Catherine, about the big file beside you? I did not see you refer to it. You have more papers than the Prime Minister does for Prime Minister's questions. Were they just meant to intimidate the Committee?

Dr Hill: It is my homework—my shopping list for tonight.

Chairman: Thanks very much.

Supplementary memorandum submitted by the British Association for Adoption and Fostering (BAAF)

Further to the Children, Schools and Families Committee on Monday 28 April 2008 we thought the Committee may find it useful to have some supplementary information to further evidence specific areas of our discussion.

THE PROFESSIONAL STATUS OF DOCTORS AND NURSES APPOINTED SPECIFICALLY TO WORK WITH LOOKED AFTER CHILDREN

The British Association for Adoption and Fostering (BAAF) has a democratically elected Health Group Advisory Committee representing the Health Group, of which Cathy Hill is the Chair. The Committee comprises representatives from England, Scotland, Wales and Northern Ireland and in addition from each region within England. As mentioned we have special interest group status with the Royal College of Paediatrics and Child health. Our Health Group membership currently stands at 528 of whom 309 are known to be doctors working with looked after children. Others include a growing membership of nurses as well as social care practitioners, psychiatrists, psychologists, education professionals and a variety of child and adolescent health practitioners. In October 2007 we conducted a postal survey of our membership.

Medical responses (total 95)

- The majority have senior paediatric specialist posts (49% consultant and 35% associate specialist).
- 71% of respondents reported working in an area which had a “designated doctor for looked after children” post already established.

- 65% worked as part of a team with specialist nurse/s.
- 72% did not have access to clinical supervision from colleagues familiar with their work—this emphasises the often relatively isolated nature of this specialist work and the need for professional support.
- 80% could not achieve their work within paid hours spending on average 3.4 hours per week completing work at home.

Nursing responses (total 57)

- Mean age of respondents was 46 and in a previous survey of 45 specialist nurses conducted in 2002, respondents reported an average post-qualifying experience of 21 years—these data indicate a highly skilled professional workforce.
- 59% were appointed specifically as designated nurses for looked after children.
- None had been in post for longer than five years highlighting the relatively new nature of these posts.
- 16% did not have secure funding for their posts.
- 46% could not achieve their work within paid hours spending on average eight hours per week completing work at home.

In summary, these responses represent the experiences of a significant body of senior health practitioners. Data suggest a dedicated workforce, many of whom work in multi-disciplinary “looked after children” health teams. The model of designated roles as recommended in the 2002 Department of Health guidance “Promoting the Health of Looked After Children” has been implemented fairly widely both in nursing and medical posts. The lack of guaranteed funding for some nursing posts and the aging workforce in medical posts jeopardises the stability of these teams. Placing the roles of designated doctor and nurse for looked after children on a statutory footing would address this.

QUALITY OF HEALTH ASSESSMENTS

We reported to the Committee that a central task for the BAAF Health Group has been to develop a framework to guide health professionals working in this field. To this end we have developed health assessment forms adopted by approximately 67% of local authorities in England and Wales. These cover the domains of health as outlined in the Promoting Health guidance including screening for emotional and behavioural wellbeing (Carers’ Report) and provide mechanisms to achieve information about parental health (Form PH) and antenatal care (Form M). These have been submitted as good practice examples in the Child Health Programme of Connecting for Health. We have enclosed copies of these for your information, as well as some recent examples of practice guidelines.

THE CONTEXT OF HEALTH PROVISION FOR LOOKED AFTER CHILDREN

It is important for the Committee to understand that professional standards in health service provision are not responsible for health inequalities in looked after children. The Committee rightly identified that there is a statutory requirement to complete an assessment of child’s health within a specified timescale. It can safely be assumed that in most cases where a health need is identified, there will be a plan to address this. The duty of care and professional accountability will ensure that this is so. The problem often arises from other factors and a brief example may illustrate this.

A baby girl is born prematurely to a heroin addicted mother. The baby is likely to be addicted herself and in addition may show signs of the mother’s poor nutrition, alcohol use and smoking during the pregnancy. Following delivery, the baby will get a standard of care in the hospital equivalent to the best in the world. When the baby is stable and within agreed developmental norms, she is discharged to a foster carer. The baby’s future development is likely to be uncertain at this point but there will be an agreed programme of treatments for the addiction and other symptoms, plus regular monitoring of progress by both community health and other specialist professionals. The standard of care by the foster carer will depend on their skills and expertise and the support and guidance they receive. It is likely that there will be frequent contact with the birth mother and maybe other members of the family. The success of the health programme for this baby will depend on compliance with prescribed interventions, a high standard of daily care for the baby consistent with its age, and routine monitoring for any unexpected problems.

After six months, it is decided that the mother is in a fit state to take care of the baby and she is returned home. A system of monitoring and support services will be put in place, including contact with community and hospital based health services. However, after some weeks, the mother stops keeping appointments with health professionals, is not in when social workers call and action is taken to find the two of them. When they are found, the baby is in a poor state and is readmitted to hospital where she is quickly stabilized and

after three days is placed with a second foster carer because the first is caring for other children. The primary physical health needs may be quickly addressed but that will depend on lasting impact of the poor pre-birth care of the baby and her heroin addiction.

The other critical issue is the baby's emotional development as she has now had three changes of carer, plus a hospital admission. The overarching issue will now become identifying what the long term care arrangements should be for the baby—should these be with her mother, or maybe other family members, and as she is so young, should she be adopted? While it is important not to underestimate the continuing importance of monitoring her physical development as progress may be uncertain, the primary issue is identifying the future care arrangements. These are core to her future development and the conditions should enable health service provision to be accessed, because appointments are kept and any prescribed services are taken up. The longer these care arrangements take, the more at risk the baby is, with the possibility of other changes in foster carer, and confusion over the health plan arrangements, especially if the baby moves area or the social worker changes.

In slightly different circumstances, the baby may have remained with her mother, and while some appointments were missed and service up-take erratic, these did not reach a level of concern that the child was either readmitted to hospital or entered local authority care. In fact the level of monitoring may reduce after time. When the girl reaches four she starts at nursery and the school is concerned about her poor state of health, her behaviour and her general appearance. They make a referral to children's services where an assessment is undertaken of the child and her mother. In the course of the assessment, it is discovered that the mother is living with a partner with convictions for sexual assault, and the child is removed and the local authority apply for an interim care order. A health assessment includes investigations for signs of sexual abuse as well as a general health assessment. Again it can be assumed that the standard of the assessment will be excellent although it is essential that the context of the assessment is fully understood ie not just any immediate risk to the child but the impact of a prolonged poor care environment over the first four years of the girl's life. These include compliance with standard health prevention programmes such as immunisations, the provision of acceptable levels of physical care including diet, sleep, routines, a sensitive and responsive relationship with the mother, appropriate levels of cognitive stimulation and the absence of frightening or traumatic experiences associated with abuse or neglect or drug or alcohol misuse. The latter may include exposure to illegal drugs and the paraphernalia associated with their use, including exposure to blood-borne viruses such as HIV and hepatitis.

Understanding the likely context of the child's development is vital to undertaking a health assessment, and because it falls outside of what is expected of 21st century care for most children in the community, the expertise of the health professional in recognising this is essential. Understanding the context is also essential so that the assessing doctor can contribute to creating a care environment for the child where the child's health needs in the broadest sense are properly attended to. In this, the doctor will need to understand the workings of the social care and legal system in making decisions and identifying an appropriate long term plan for the child, which may include rehabilitation back to the birth mother or family, as well as a permanent solution via adoption or foster care. Understanding a child's physical health needs to be complemented by an understanding that what is routinely expected of parents in assessment and treatment cannot be assumed when the child has been living in unstable circumstances, which may continue for some time until a permanent plan for the child is made. Even when this is delivered, there may well be long term health consequences for the child that need to be addressed, and this will also include understanding the early care environment in which they were created.

This example could be developed in a number of ways. The child may have come to the attention of the local authority or the health service at eight or nine or maybe in early adolescence. In such circumstances there may have been a longer accumulation of adverse circumstances, including neglect of routine health care, neglect of specialist health needs, the absence of a caring and loving relationship and difficulties in engaging in a stimulating social and learning environment. Mental health issues such as depression, and behavioural problems such as challenging behaviour may also have become apparent. The older the child gets, the more their own views about health care will play a part including their distrust or opposition to it. Self care may be influenced by such experiences and this may impact on issues such as sexual health, smoking, alcohol and drug use.

This brief example indicates something of the complexity of undertaking health assessments for children in public care. The expertise of professionals is not just in identifying the complex presentation of symptoms and conditions, but also in understanding the conditions that created them, and working within the complex system that comes into play in trying to address them. Health professionals rely on the commitment and determination of parents to provide the best health care for their children. For children in public care, this cannot be relied on, and may either be absent or there may be active neglect or abuse of it. Physical care needs to be complemented by an understanding of social health care and a recognition that for some children the care they receive from their families is not what has come to be expected for most children in early 21st century Britain. That is the challenge faced by the health service and health professionals in meeting the needs of these children.

MULTI-AGENCY WORKING

At every step of the way in the above example, there are complex interactions between health and social care, and later, as the child gets older, also with education. When a child enters care, it is the responsibility of social care to notify the health agency and arrange for a comprehensive health assessment, which contributes to a health plan. But carrying out the interventions included in the health plan requires the contribution of social care, and in most instances it is the foster carer who will have responsibility for taking the child to appointments. To fully address not just the health inequalities present on becoming looked after, but also the trauma of separation from the birth family and possibly further moves within the care system, requires good communication and effective inter-agency working. In practice, this is often less than fully achieved and is often a significant contributing factor in the failure of universal provision.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

PSA Delivery Agreement 12 “Improve the health and wellbeing of children and young people” released in October 2007 has a specific indicator relating to “Emotional health and wellbeing, and the child and adolescent mental health services”. It is recommended that PCTs and local authorities will be assessed against four measurement indicators:

- Development and delivery of CAMHS for children and young people with learning difficulties.
- Appropriate accommodation and support for 16–17 year olds.
- Availability of 24 hour cover to meet urgent mental health needs.
- Joint commissioning of early intervention support.

In section 3.18 under “Delivery Strategy” it is noted that a measure in the National Indicator Set will “enable local authorities and PCTs to monitor and improve the mental, behavioural and emotional wellbeing of children in care”. We assume this relates to the new requirement for local authorities to report a global score for carer completed Strengths and Difficulties Questionnaires for all children aged 4–16 years looked after for more than 12 months. We have a number of significant reservations about this statistical return. Firstly the intention is to monitor emotional, behavioural and mental health. The SDQ is a well established tool for community surveys and is sensitive to change. However, it does not measure phobias, post-traumatic stress disorder, obsessive compulsive disorder, attachment disorders or pervasive developmental disorder (autistic spectrum). Thus only selective difficulties will be surveyed.

Secondly the intention to improve mental health is worthy and we fully support the concept of performance monitoring driving change, however, this is a blunt approach and a costly approach. The resources needed to produce this return may be significant. We are aware that in some areas local authorities are asking social workers to visit every carer’s home to assist in the completion of this data, time that would be better spent in therapeutic work with the child.

Finally, from a clinical perspective, we are concerned that carers who report problems will expect appropriate support, and the routes through which this data is collected are unlikely to facilitate this. These children are already undergoing a holistic statutory health assessment, which if supported and enhanced should be the clinical route through which mental health problems are detected, and a more appropriate timing for such statistical data collection to take place. A more appropriate data collection tool would then be:

- (a) Does the child need child and adolescent mental health services support?
- (b) Is support available/provided?

In summary, we suggest direct accountability of PCTs for health indicators currently in OC2 local authority returns, including mental health indicators. We suggest that PSA 12 is an opportunity to monitor indicators specific to looked after children, but mental health indicators should be generated by health professionals already undertaking health assessments.

Catherine M Hill
Chair to BAAF’s Health Group Advisory Committee

John Simmonds
Director of Policy, Research and Development

May 2008

Monday 12 May 2008

Members present:

Mr Barry Sheerman, in the Chair

Annette Brooke
Mr David Chaytor
Mr John Heppell

Paul Holmes
Mr Graham Stuart
Lynda Waltho

Memorandum submitted by the Children's Workforce Development Council (CWDC)

1. The Children's Workforce Development Council (CWDC) exists to improve the lives of children, young people, their families and carers by ensuring that all people working with them have the best possible training, qualifications, support and advice. It also helps children and young people's organisations and services to work together better so that the child is at the centre of all services.

2. CWDC has a number of roles, including working as a Sector Skills Body, leading workforce reform and as a funding body for Early Years Professionals.

Our goals are to:

- Strengthen workforce excellence through the creation of new training opportunities, career development and flexible career pathways between different parts of the children's workforce.
- Ensure that all workers have appropriate skills and qualifications and work to increase recruitment into the children's workforce and improve the retention of high quality employees.
- Help the workforce deliver joined up services and improved communication across the sector. Continue to recognise the unique qualities and contributions of individual professions.

3. Our submission focuses on workforce implications arising out of the White Paper and we would wish to highlight two key messages:

- The need to develop a career development framework for all those in social care.
- The need for graduate led professional leadership.

4. The move to earlier and more focused intervention around the child or young person and their family is to be welcomed. (*Children's Plan—building brighter futures—December 2007*).

Everyone working with children and young people has a responsibility to provide the very best for them. Children and young people and their families who are in receipt of social care are often among the most vulnerable of our communities. They need to know that those working with them understand their needs, respect them and are trained appropriately. (Dr R Morgan Children's Rights Director, CSCI February 2006, NCB report *Findings from consultations with young people on the CWDC Options for Excellence Review* March 2006).

Options for Excellence, the joint DfES/DH review of the social workforce set out a vision for the workforce for the 21st century. "A professional workforce, where all workers are trained, skilled, appropriately qualified, held accountable for their actions and committed to delivering an excellent standards of care". (*Options for Excellence, Building the Social Care Workforce of the Future*, October 2006).

A CAREER DEVELOPMENT FRAMEWORK FOR SOCIAL CARE

5. In making provision for the delivery of social work and social care services it will be important to ensure that social workers, residential workers, foster carers, Independent Reviewing Officers and others are appropriately skilled to do this. All services whether delegated outside of authorities or not, need to be able to demonstrate clear workforce planning and development processes that set out core skills and training.

A comprehensive career development framework would set out an overarching framework for all staff in children's social care. This would set out the core behaviours, minimum skills and knowledge expected and likely career pathways from induction onwards. The framework would clarify the entry points at a range of levels and set out core and specialist units required for those working with vulnerable children and young people. The framework would set out continuing professional development requirements for newly qualified social workers, higher level skills and knowledge for experienced workers and specialist practitioners. It would also set out core standards for foster carers, residential workers and other key workers such as family support workers and domiciliary care workers who work with children.

The framework would reflect the vision set out within the Children's Plan for a minimum of Level 3 entry into the workforce and describe possible career progression routes through to graduate professional leadership. (The Children's Plan December 2007).

6. A recent study commissioned by CWDC was undertaken by the National Centre for Residential Child Care (NCERCC) in partnership with Social Care Association (SCA). The study explored the relevance of training and qualifications to meet the needs of young people and the staff who care for them. The study highlighted a need for core modules supplemented by specialist subjects that will provide the Residential Child Care workforce with a range of skills relevant to the complex needs of young people in residential care. (*Training & Qualifications in the Residential Sector*, final draft, December 2007 NCERCC/SCA).

7. The Training, Support & development Standards for Foster Carers were launched in May 2006 for full implementation from April 2008. The Social care framework would build on these initial standards and set out additional skills for further complex work in foster care (*Care Matters: Time for Change*, June 2007).

8. The framework is the first stage in raising the skills and competence of the social care workforce and will assist employers in workforce planning and identifying the training needs of their workforce. It would serve as an aid to recruitment and retention, giving employees clear messages about what they can expect in terms of their own development. Building their confidence and providing them with opportunities to work towards higher levels of attainment and thus increasing the quality and competence of the service. High quality services are characterised by robust workforce development, training and management development. (CSCI 2007).

THE NEED FOR GRADUATE LED PROFESSIONAL LEADERSHIP

9. Options for Excellence made clear the importance of strong leadership and management. The Children's Plan strengthens this in setting out the aim to build a world class workforce. The need for leaders who can deliver excellence in their own institutions and who can work cross-organisationally to provide the best services to children and young people.

10. Working with looked after children and young people who are looked after or on "the edge of care" (*Care Matters*) is a difficult and challenging job. Workers need to feel that they are appropriately supported by their managers and organisations to discharge their responsibilities well. The recent independent inquiries into child abuse cases in Wakefield and at Westminster illustrated the need for strong leadership in decision making and the need for managers who are skilled in performance management and partnership working.

11. The social care professional development framework would also ensure that practitioners working in complex areas of services were able to progress to graduate level. Social workers who are already at graduate level would be expected to progress to higher level skills and knowledge, residential workers and others should also be able to develop specialist skills and knowledge leading to graduate level.

12. Championing Children is a framework that establishes a shared set of skills, knowledge and behaviours for those who are leading and managing integrated children's services. It provides a common understanding about the particular abilities required by leaders and managers of these services. Individuals, teams and organisations can use this document as a planning tool to help develop the skills, knowledge and behaviours necessary. (CWDC)

13. A whole systems approach to workforce development is clearly linked to improved outcomes for those using services. The Commission for Social Care Inspection found that a key characteristic which distinguished 3 star councils was "strong management and leadership and a political commitment to social Care". These councils were found to have excellent judgment in leadership and an ability to implement professional standards irrespective of whether the services were in house or commissioned externally. (CSCI 2007) Leaders and managers must be in a position to demonstrate their competence and confidence at the highest levels, particularly in developing and supporting integrated working. All managers in social care must therefore be able to demonstrate the same high level skills in practice, decision making and organisational development alongside their colleagues in integrated settings eg early years, teaching. They must therefore be graduate professionals or be supported to work towards a graduate professional status.

14. (*Care Matters, Time for Change, Children's Plan*) CWDC's work taking forward Championing Children will support this.

15. CWDC looks forward to working with DCSF and others to take forward these key areas of development.

February 2008

Memorandum submitted by Research in Practice

INTRODUCTION

Research in Practice actively supports a network of over 100 public and voluntary sector agencies across England and Wales in using an evidence-informed approach to improve services and outcomes for vulnerable children and families.

We limit our response to comments in *Care Matters: Time for Change* White Paper and provisions in the Children and Young Person's Bill relating to elements relating to the role of the practitioner. We have worked closely with children's services for over a decade. Our roots are firmly in children's social care, focusing primarily on promoting positive outcomes for children through the delivery of evidence-informed services at all levels of organisational structure, including front line practitioners. Our response specifically relates to the following parts:

1. Remodelling the children's Social Care workforce.
2. Social worker training development and links to recruitment and retention.
3. Social work practices.

1. REMODELLING THE SOCIAL CARE WORKFORCE

1.1 *Care Matters: Time for Change* responds to the need for reform of the social care workforce in direct contact with children and young people drawing from analysis of response to the Green Paper. At its heart is the challenge to create an environment where children and young people have a stable relationship with their social worker who can give them adequate time and with whom they can develop trust. Our experience reflects the general consensus that while pockets of good practice exists, under current structures social workers have not been able to provide continuity of care. We therefore welcome the remodelling pilots that are being undertaking with the Children's Workforce Development Council and would advocate for careful design and evaluation of the 30 pilots (although we understand that since the White Paper was published there are now only 18). It will be less possible to identify general trends across 18 pilots. However, even then the very different nature of Local Authorities across the nine regions and other structural change occurring alongside the pilots will influence findings. What may happen is that pockets of good practice emerge that cannot be attributed to any particular intervention. However, if an approach is adopted where the agencies share knowledge across piloting areas, and are transparent about their methods, successes and failures, the potential for developing a sound qualitative understanding of what works through the development of case-studies and testimonies is significant. A generous timescale for piloting and evaluation negotiated with those participating, is recommended.

1.2 We welcome further investment in ICT to enable social workers to work flexibly and make more efficient use of time. We would add that ICT investment also potentially increases the ability of social workers to link to research sites and analytical tools which in turn aids them to make evidence-informed decisions. One frustration of developing on-line and multi-media learning tools has been the inconsistency across local authorities in the provision and access of ICT. It is not simply provision that is the issue but also the importance of ensuring on-line and disk access is enabled. A current Change Project led by research in practice has focused on this area. The Change Project "Growing Digital" is currently working with a team of social work managers to develop on-line learning to better enable analysis in assessment and to conduct on-line assessments that link key research messages to assessments.

1.3 In relation to the Integrated Children's system, we would welcome findings from the evaluation of the pilots about what has been found to be effective in relation to implementation and its impact on core processes and services for children and families. We have anecdotal evidence from some of our agencies that due to the drive for efficiency, focus on systems reform and restructuring, that social workers are losing the ability to focus on children and family needs and are becoming increasingly system focused. This anecdotal evidence arises from networking with leaders of evidence-informed practice within our agencies and also through developing case-study workshops where expert facilitators work with social workers to get them to re-focus on need.

1.4 It is encouraging that the White Paper builds on evidence and research that was presented in the Green Paper. We particularly welcome the desire to learn from international examples of social pedagogy, as expressed in paragraphs 7.10 and 3.59. In recent years evidence such as that from the Thomas Coram Research Unit¹ has shown the possible benefits of adopting the approach. The ethos fits in with the UK Government's current aspiration for a holistic approach to the provision of services for children. The White Paper mentions pilots in residential care. To adopt the approach more widely, there would also need to be a value shift and links with Universities who are potential providers of academic learning in relation to social pedagogy. The research indicates that this would involve considerable financial investment.

¹ Petrie P, Boddy J, Cameron C, Heptinstall, E, McQuail S, Simon A, Wigfall V (2005) *Pedagogy—a holistic, personal approach to work with children and young people across services: European models for practice, training, education and qualification* Thomas Coram Research Unit, Briefing Paper June 2005.

2. SOCIAL WORK TRAINING AND DEVELOPMENT AND LINKS TO RECRUITMENT AND RETENTION

2.1 We are enthused by further endorsement in the White Paper of commitment to social work training and skills development and look forward to the forthcoming Children's Workforce Strategy which will aim to develop skills and knowledge in relation to the aspects of workforce reform addressed in this response and would hope that the strategy continues to place emphasis on the importance of evidence-informed practice and the role the approach plays in developing a workforce with the ability to analyse complex information and develop evidence-informed decisions.

2.2 We are particularly committed to encouraging better performance by social workers undertaking assessments and building care plans. Our work over the last three years developing guidance for social workers using research evidence in court² has focused on practice improvement in developing evidence-informed assessments, plans and reports for court. Alongside this work the NCB have developed tools to aid analysis in assessment.³ Both projects provide practical materials that are rooted in practice. We are passionate about delivering training and skills development agendas that link the research and practice worlds together. Local Post Qualifying Consortia should continue to develop effective partnerships between employers and Universities in order to provide education that has local practice relevance.

2.3 We also support the work done by SCIE⁴ which underpins the GSCC's commitment to working towards full participation of services users and carers in the development of the social work degree. It is heartening to see in the White Paper reference to supporting access for Carers to the new social work qualifications framework. This participation also has the potential to help refocus social workers on need rather than services.

2.4 Particularly welcomed is the proposed "newly qualified" status for social workers which has the potential to increase confidence and competence of the workforce and aid quality assurance in relation to service delivery as reflected in current practice in health and education. To illustrate why we think this is important we can take an example from the Change Project referred to below² which found that newly qualified social workers were often unprepared and lacking in experience to give evidence confidently in the family court. Many agencies had a policy that social workers would not be put in this position until at least two years into practice. However, this was not a reality for all social workers and practice and support varied across the country.

2.5 In paragraph 7.12 specific reference is made to developing training in relation to safeguarding, child development and the capacity to deliver evidence-based interventions. In the summary to the chapter it also mentions attachment. Developing skills and specialisms in these areas will significantly impact on a social worker's ability to make professional assessments and may well reduce or at least make more obvious where further expert opinion is required. Tool 4 in the forthcoming publication *Evidence Matters: Social work expertise in the Family Court*⁵ was developed from looking at the National Occupational Standards, PQ and Degree frameworks and induction standards. It lists the areas of practice that a social worker is expected to have knowledge in. Any one of the 56 areas listed could potentially be an area of specialism and the tool brings home the very broad range of skills a social worker is expected to have. We welcome that the White Paper expresses commitment to explore with partners options for greater specialisation in social work qualifying degrees both at undergraduate and postgraduate levels.

2.6 There are concerns within the research in practice network about Post Qualifying no longer being linked to a Performance Indicator. Where money was ring fenced PQ had a status of priority. This also encouraged the development of recruitment and retention strategies that linked PQ to probation and progression. The Government must do everything it can to encourage local authorities to support PQ and Continuing Professional Development if the aspirations in the White Paper are to be achieved.

2.7 Over the past five years research in practice has aimed to link the continuing professional development methods we provide with beneficial accreditation mechanisms, in order to maximise the benefit to professionals engaging in CPD. We believe that much more could be done to ensure that high quality training and development is recognised. In particular we feel that the requirements for Post Registration Training and Learning do little to ensure that the CPD social workers engage with has any element of quality. Much more could be done to link PRTL with recognised the diversity of high quality training providers and also link with common induction standards.

3. SOCIAL WORK PRACTICES

3.1 In responding to the Green Paper, research in practice raised concerns about the introduction of Social Work Practices. Since that response the power to enter into arrangement for discharge of care functions now has prominence in Part 1 of the Children and Young Persons Bill, along with provisions for piloting. We welcome plans to pilot and reiterate what is stated above about ensuring that effective evaluation plans are put in place to maximise the benefits of the piloting process, ensuring that evidence can be drawn out about reducing staff turn-over, increasing time with children, decreasing social work time spent

² Eccles C, Erlen N (2006) *Social Work and the Use of Research Evidence in the Family Court*, research in practice, Dartington.

³ Dalzell R, Sawyer E (2007) *Putting Analysis into Assessment* NCB.

⁴ Levin E (2004) *Involving Service Users and carers in social work education* SCIE.

⁵ Eccles C, Erlen N (2008) *Evidence Matters: Social work expertise in the Family Court*, research in practice (forthcoming).

on bureaucratic requirements. Although assessment of the impact of SWP's on longer-term outcomes for children and young people will be difficult, if not impossible to achieve during the period of these pilots, inclusion of their views in the design as well as participation in the evaluation will be valuable.

3.2 We hope that our concerns that this model might undermining the drive towards effective evidence-informed front line practice will be taken on board and that positive steps are taken to maximise the role of Social Work Practices as possible sites for developing practice knowledge and research. We are in support of the aspiration's behind SWP's set out in *Consistent Care Matters*⁶ although to deliver these a change in culture would be required to protect SWP's from becoming embroiled in the same restraining bureaucracy in which social workers currently operate. National and International research shows that such a climate is not conducive to recruitment and retention. SWP's need to be driven by need and not systems and if that can be achieved the potential for them being more effective in developing positive and enduring relationships with looked after children may be significant.

CONCLUSION

We fully support the Government's endeavours to improve social work practice in relation to Looked After Children. We are enthused by the Government's focus on practice improvement in this area and are advocating for keeping evidence-informed practice high on the agenda in relation to workforce reform. Maintaining a focus on children and young peoples needs and being able to reach best decisions through understanding what works and applying critical skills in relation to assessments and care plans is central to what we try to achieve when working with practitioners. We are pleased to see these issues covered in the White Paper and that aiming for continuity of care for Looked After Children is at the heart of the proposals.

February 2008

Witnesses: **Celia Atherton**, Director, Research in Practice, **Jane Haywood**, Chief Executive, Children's Workforce Development Council, **Professor Julian Le Grand**, Professor of Social Policy, London School of Economics, and **Steve Titcombe**, Rochdale Metropolitan Borough Council, gave evidence.

Q206 Chairman: I welcome our witnesses: Celia Atherton, Professor Julian Le Grand, Jane Haywood and Steve Titcombe. We always very much value people giving of their time to give evidence when we are conducting an inquiry. As you will probably know very well, some of us used to be involved in the Select Committee on Education and Skills. When it changed its personnel and—quite dramatically—its focus to children, schools and families, we were determined to ensure that we took the whole of our brief very seriously. That is why our first major inquiry on the children's side was about our most vulnerable children. As we have gone on, our witnesses have told us that it is not politically correct to speak about looked-after children and that, according to some experts, we should go back to speaking about children in care. Whichever it is, you know where we are. Today, we want to look at and learn about workforce issues, because they have come up consistently as we have dipped our toes into this inquiry. Are there preconceptions out there that are wrong? How good are the workforce who deliver this social care? Are they in need of radical reform or are they perfectly good as they are? Should we just adjust the tiller a little? What I tend to do in this first bit of the session is to ask you not about yourselves—we have your CVs and so on—but to spend a couple of minutes telling us where you think we are and what we need to address. It would be helpful if you could do that very pithily, if you do not mind. Celia.

Celia Atherton: Hello. Thank you very much for inviting me.

Chairman: I go to first names. Is that all right? We do not use titles.

Celia Atherton: That is fine. Thank you very much for inviting me. I am speaking from my experience of working with more than 100 agencies in England and Wales—mostly local authorities, but also some of the big national organisations, such as TACT and the National Society for the Prevention of Cruelty to Children. They are all committed to using research better in the work that they do with children and families. I thought that I would just mention three areas that I hope bother you as much as they bother us at Research in Practice. One is the need to refocus more on the skills, knowledge and behaviour that social workers need to have in their bag, and to rebalance those against what is almost an obsession with structure, systems, procedures and a crushing of what is meant to be a distinct skill by the need to fit into those rather more bureaucratic elements. Secondly, we need to work hard—this is why I really appreciate the Committee's focus at the moment—on developing social work as a strong discipline within children's services. There has been a real danger for many years that social work would lose its distinctiveness and that we would begin to think about children's services workers. What we need is different disciplines, each strong and each confident. If you like, we need a mixed salad, rather than a pureed soup—at the moment, we may well be in danger of having a rather thin soup at that. The last thing that I want to say is about leadership. It is very common for people to talk about leadership, but if we are to remodel the workforce, we need very strong leadership, not only among senior managers, but among elected members and trustees in voluntary

⁶ Le Grand, J (2007) *Consistent Care Matters: Exploring the Potential of Social Work Practices*.

organisations. Specifically on this subject, we need leaders who are reflective, who model what we need, who promote evidence-informed practice and who provide their staff with the support and tools to carry things out.

Professor Le Grand: This is my first experience of testifying before a Committee and I am delighted to have the opportunity to do so. Thank you very much. I have always felt a little suppressed by central government when I have tried to do this before. I am not a social worker, but I did chair the social work practices group that the then Department for Education and Skills set up, and I think that you will all have seen the report that we supplied. We were looking at some of the problems faced by the workforce and thinking about social work practice as a possible answer to those problems. The problems that were identified were very clear. We talked to looked-after children, social workers and local authority managers, and it was very clear that there was a problem with continuity and stability. One of the children we talked to had five social workers, and another one had had three, but the changeover had been so fast that she had never even met the third one. They all kept coming back to us and almost saying, "It would just be wonderful if we had the same person"—a person who could act as a friend and a support throughout their time in care, if possible. There were one or two examples of that care, and they were the ones that threw into relief the plight of the others who did not have it. The social workers themselves also identified a set of problems. One of them said to us—this is very similar to what Celia was just saying—"You've trained us to be professionals, but you give us jobs as clerks." They felt very much that they were at the bottom of the local authority heap. To give one quote, they said that they did not have control over the numbers on the case load, the budget for their looked-after child or access to the looked-after child, the school, the foster and residential place, the child and adolescent mental health services and additional tuition or psychological support. They said they were the least powerful members of the children's services department, although they felt that they were the most trained. What seemed to be happening was the takeover of professionalism by managerialism. That was, in some ways, the idea that social work practice set out the problems that it tried to address, but we will no doubt talk about that in a moment.

Jane Haywood: I am not a social worker either, but hopefully I can speak for them today. Our organisation is the Children's Workforce Development Council, and we have two responsibilities. One is to lead workforce reform across the whole children's workforce, and the other is to set occupational standards and approved qualifications for key parts of the workforce—social workers and residential workers are ours. We spend a lot of time talking to social workers and thinking about their issues. I would make two or three points to support what both previous speakers have said. When we go out to meet people, it is clear that this is a very committed workforce who absolutely want to make a difference to the lives of children and young

people. The job that we ask them to do is extremely difficult and challenging. They deal with situations that most of us probably will not meet in our day-to-day lives, and we ask them to make some very complex judgments and decisions. In doing that, they feel undervalued by society at large, and often by their own leadership and management. They do not feel that they get the support that they need to do the job. We can look at what a nurse, doctor or teacher does, get a view of it and see how important it is, but most of our views of what the social worker does are what we get from negative press. We do not see that underneath that is a very skilled task. The big issue for this workforce is how we give them the support that they need and the right training and development to do that difficult and challenging task, and also how we help them to work with other professionals so that we have their core specialist skills and they are able to work with other professionals and social care workers so that they do not get into a paperwork-driven bureaucracy, but are doing the job that we have trained them for.

Steve Titcombe: I am a social worker, although it seems a long time since I was a practising social worker. In contrast to what my colleagues have said, I want to say a few words about the remodelling project that Rochdale is running—one of the 11 remodelling projects of the CWDC. Often, the dissatisfactions of youngsters who were asked what social workers ought to be doing were that they were not visiting youngsters in care often enough and were not sufficiently in contact, or sufficiently on top of such things as ensuring that the care plan was up to date. Our bid to have a remodelling project was borne out of our need to improve and develop further services for children in care. Despite significant progress over the years, there are some important issues, particularly in relation to the position of front-line social workers. I consider the situation to be serious. I have a few notes about new recruits coming off social work courses. They appear to lack preparation and lack confidence in the work that they are being asked to do, so they are easily knocked off course by their experience of working with very damaged children and young people, and dysfunctional families. They need more time and nurturing, but the demands of the job are such that they are very quickly expected to get into practice. Experienced staff have all sorts of opportunities to get out of front-line work—tempting opportunities in specialist services and management posts in the independent and voluntary sectors, away from very difficult front-line work. I repeat Jane's comments about people's need to be valued, looked after, developed and rewarded, so that they stick with front-line experience. We need people to remain in practice to provide the services that only social workers can. Another part of the remodelling project is whether we can find extended roles for other members of the social care workforce, who are really important to social workers and to us.

Chairman: That is very good; thank you very much. I shall declare an interest, as I always have to do when there is a professor of the London School of

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Economics here. I am a governor of the LSE, and indeed I knew Richard Titmuss, which makes me feel ancient.

Professor Le Grand: I shall be very careful about what I say.

Q207 Chairman: Let us go back to what is obviously coming out of our deliberations so far and of what you have said. Is there a shortage of good entrants into the profession? Is there evidence of an under-supply of good people coming in?

Professor Le Grand: Well, there was. Now that the new system of training for social workers has come in, there is a fairly substantial number of applications. We are improving the training quite a lot—it will be interesting to see whether Steve thinks that. The problem is that we are training them to be highly skilled professionals and the kinds of jobs that we will ask them to do are way below their levels of skills and training.

Chairman: I have a feeling of déjà-vu, because I have heard that from representatives of teachers and the education sector.

Jane Haywood: There are areas of the country where there are still recruitment problems. Classically, that is London, because of all the other pressures of recruiting public sector workers, but across the country the issue is retention—how we keep social workers, rather than recruiting lots more. That is, in some ways, where the focus of the work has to be: what kind of support do we give them when they first qualify? Let us think about the newly qualified social worker, at the age of 22 or 23, who suddenly has to deal with very difficult cases and dealing with some things on their own. A newly qualified teacher or nurse would tend to be doing their practice with other professionals working alongside them and giving them support. For social workers, that is much tougher. The issue now is retention rather than recruitment.

Q208 Chairman: But is there not a system whereby a newly qualified social work entrant is given what all of us would think was necessary in those difficult situations at the sharp end of social work? Surely there should be a greater process of induction. I was interested when Celia referred to skills, knowledge and behaviour. I added experience because if there is one thing that I find when I meet social workers, it is that they need experience. They need some miles on the clock before they develop the maturity to do the job.

Celia Atherton: That is right. It is only through having experience and being in the job that you gain the full set of skills and knowledge that you need. You cannot learn that entirely from a book. Having said that—I am a social worker, although I am also rather a long time out of practice—I think that in the past we have overemphasised the learning on the job, at the expense of learning from beyond what we could see or experience: research and learning from others working in different settings. I think that that needs to change.

Jane Haywood: At the risk of sounding a bit Blue Peter-ish—“And here’s one I prepared earlier”—the piece of work by CWDC that will really kick off from September onwards is a programme called “A Newly Qualified Social Worker”, which will give a newly qualified social worker guaranteed time away from the front line for that kind of development and support. We will invest in supervision to support them in that role, so we are hopeful that that programme will start to support them. Alongside that, another programme is about focusing on years 2 and 3 as a social worker, when people think, “I’ve got through my induction; what support and help do I need now?” Those two pieces of work are kicking off this year.

Q209 Chairman: My experience in the education sector suggests that one of the things you do not do even with a teacher is drop them into a school shortly after training with no good mentoring. We know that people getting burned out or dropping out very early is often related to the kind of guidance and mentoring they are given in school as they get into the profession. This is not rocket science, is it? Why did the professional bodies not work on it a long time ago? Steve, I meet social workers who burn out. Quite honestly, if I was doing their job, I would burn out. Why is there not a system whereby every five years you are shifted to a different kind of post and then you come back when you have recharged your batteries? Why do you not have a sabbatical built in? Otherwise, people will flee into management and other things, will they not?

Steve Titcombe: In most authorities there is not such a system, so you are quite right to raise it. What tends to happen in my authority is that we will offer secondments. There are opportunities to swap jobs, to move within the service and to rejuvenate and revitalise yourself, which does happen. The point needs to be made, however, that despite a very good induction standards programme, which we certainly have in the met I work for, some new recruits are not prepared and do not have the experience or understanding of the job to survive that initial six or nine months. Some new recruits are very successful and good, and quickly incorporate their professional training and the necessary reports, reviews, recording, and communication that are so vital. When we look at past tragedies, how often have social workers been weak in recording communications? Those important matters are arguably part of the management demands made on social workers. They are really important, and I must emphasise the need for social workers to be rounded professionals. They must cover the paper work and so on.

Chairman: This is the answer to Julian. Julian is saying that social workers are trained to be professionals but are ending up as clerks, and you are saying that clerking is integral to the job.

Steve Titcombe: I would say that it is not clerking, but part of the professional job.

Celia Atherton: In my experience, what often happens is that when a newly qualified social worker comes into post, the authority intends to provide induction by the book, but, because of shortages, someone gets pushed into taking on a situation that,

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for example, results in them having to give evidence in court. We have been trying to focus on such work to try to provide guidance and tools to help social workers to give evidence better, and particularly to use research to back up their assessments. A number of authorities said that that was interesting and useful, but that they would not use it with social workers in the first two years because they do not go to court, although we know that they do. If you end up without support and preparation, you revert to procedures because you know nothing else. To me, it is about balance. Procedures and systems are meant to assist, but they can become the overriding reason for going to work and have become that for many people, and leadership tends to demand compliance first—that is how it is perceived—rather than good judgment.

Chairman: I am going to let my team drill down into the questions. Graham, will you lead off on workforce planning and training?

Q210 Mr Stuart: Yes. You said that there used to be too much on-the-job training, but now there is a slight picture of often young graduates appearing with insufficient on-the-job training. Where is the right balance? Picking up on Julian's point about training, he looked round desperately at his colleagues and said, "Training is getting better—isn't it?" Can you tell us about that balance, and how training has been improved?

Professor Le Grand: Let me say something briefly about social work practices in that context, which relates to Barry's point about mentoring. We thought that one of the advantages of social work practice was that there would be a much smaller group with a collectivist professional ethos, which would make a happier environment for a mentoring process and the student training process. An important part of the social work practice idea is that at least two students will be attached to each practice. Again, the idea is very much that there will be a strong sense of identity and a collectivist spirit, and that the seniors will help the juniors, and the juniors will help the students, and so on. Part of the idea is that by moving to a much smaller organisation in which everyone has a stake in its success, the training is superior. That is certainly one of the arguments.

Q211 Mr Stuart: Tell us a little more about how much on-the-job training there is for those who are studying, and how many sandwich courses or part-time courses there are. Give us a feel for the way in which the workforce is trained at the moment.

Chairman: Is it an all-graduate profession?

Jane Haywood: It is becoming an all-graduate profession. Many who are in the profession at the moment have a diploma, and are moving towards that. At the moment there is a degree—it is fairly new—which is being reviewed. It has proved to be popular with students. A lot of people are applying for it, and doing a lot of that research-based work. As part of that degree they should spend time in practice placements.

Q212 Mr Stuart: How much time?

Jane Haywood: I do not know. I do not run the degree course. I can find the answer for you, but I do not have that detail at the moment. They should spend time on practice placements. If they want to specialise in children or adults—this is a general social work degree—they should make sure that their practice placements focus on the children's part. Then, when they qualify and start work, they will have a set of induction standards to work through to help them through the process. There are then available to them post-qualifying awards, which help them develop different skills and specialisms, one of which is available in child care and children's issues. There is a framework for that to happen. Each social worker has to be registered with the General Social Care Council, and as part of that registration requirement they have to complete so many hours of learning and development a year.

Q213 Mr Stuart: But this is the new degree, which will help to get the balance right. Does any member of the panel have any idea of what percentage of the time students spend on the job?

Steve Titcombe: The final placement is 200 days. My expectation is that the placement would be close to where that person then chooses to work.

Celia Atherton: There have been real and continuing difficulties about finding good placements. There is a requirement for a number of days, but we have all come across social work students who, the week before their placement is due to start, do not know where they are going. The rosy idea found in publications, about there being a careful discussion of what you are interested in and matching your interests with the course requirements and finding a good supervisor, does not happen. There are probably lots of reasons for that, and I know that there is a commitment to do something about it. It is not only about how many days' placement there are, but whether the placements will really help people to develop the skills and the knowledge that they will need. Although in the past there was a great deal of learning on the job, there was almost no formal training on the job. You learned to fly by the seat of your pants. What Jane described is a much more robust system, but the difficulty that we have is that it is honoured more in theory than in practice. Some of the gaps need to be filled in. For instance, it seems to me that social workers on qualifying courses are now trained much better than ever before to understand how to access, analyse and apply research findings. However, although they are still going into workplaces, those newly qualified workers are not being used as a resource for the whole team. People who come in with those skills are finding that they are squashed by the demand to get on with all sorts of other work instead. Their ability not only to keep on developing their own knowledge but to work as a resource for their team is diminished quite quickly. It is about trying to fill the gaps in what is a much better structure.

Jane Haywood: That is right. That is why the newly qualified social worker programme being put in place puts a lot of emphasis on the supervision and the skills

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of the employer in order to provide support to those new entrants. Improving their skills with new entrants will also help their support for students on placement.

Q214 Mr Stuart: Given how demanding the job is, is it not possible that a lot of people could go in for something much more theoretical? As you say, they come out as theoretical graduates with a little work placement of whatever quality is given, but then find that they are not temperamentally suited to front-line work and the tough and challenging situations in which they find themselves. Is there any effort to check whether the entrants are suitable?

Celia Atherton: I have never taught on a social work training course. I think there is a concern about how rigorous selection is and how carefully people are counselled as they go through their training, in terms of whether they have the right personal qualities for it—in a way that is not a criticism, but is just about fitting for the kind of job that it is going to be. It is a very tough job, which requires professionals to be tough but very committed to forming relationships with people—not an easy combination.

Steve Titcombe: I was going to make the link between the issue about new recruit social workers and retaining experienced social workers, because you will find successful teams where new recruits find it easier because they are supported by senior practitioners within the same team. So the connection between retention and recruitment is very important. Certainly where I come from, one of the problems we have is that our experienced practitioners are drawn away into other work—other specialist teams and other specialist roles—thereby reducing our capacity to support those newly qualified workers outside the line manager and the team manager.

Q215 Mr Stuart: Thank you. On workforce planning, a social worker came up to me at my street surgery on Saturday and said she and most—I think she said most, but certainly many—of her cohort, who went through Hull University and qualified, have been unable to find work. How good is the workforce planning? She said that they were promised that they would be head-hunted and that there would be plenty of opportunities, but that she is one of many fully-qualified people who simply cannot find work. She is on the East Riding of Yorkshire council pool and is annoyed to find that it is advertising for new entrants to the pool, although when she rang up to ask about it she was told hardly anyone on the pool has ever found a job. That is a moot point, but perhaps you would comment. We seem to be going from one thing to the other pretty quickly.

Professor Le Grand: Meanwhile, the interim Humberside vacancy rate is 13% and the turnover rate is about 18%. That is somewhat surprising, I think. There are a number of vacancy and turnover figures that suggest that there are substantial vacancies.

Q216 Chairman: But Julian, what I think Graham is trying to get at is who manages all that. What is the management process? You are all coming up with very articulate criticisms of the disjuncture between education—with graduates coming out—and who hires and supervises them. Who manages the process—or is it anarchic?

Jane Haywood: It is not anarchic, but one of the issues raised is that there are a number of people involved in the social work world, for lots of good reasons: we have the General Social Care Council, which is responsible for regulation and registration of social workers, and for the degree and post-qualifying training, and we ourselves are responsible for children's social workers and children's social care workers, working in partnership with an organisation called Skills for Care, which deals with adult social workers. It is our job to try to identify how many social workers there are, and the numbers and the gaps that are there. Then you have Ofsted, which inspects children's social work and sees whether it is fit for purpose. So some of those issues about the degree and the workforce can get confused across that piece. The difficulty in measuring the number of social workers is that they sit in many organisations. We know how many schools we have and where they are, so we can count the number of teachers who work in them. We estimate that there are just over 20,000 social workers and their managers, probably about 17,000 of which are doing social work, but they sit in local authorities, voluntary organisations and private sector organisations, and the big job that we have been trying to do in CWDC over the last couple of years is just to try to count them, because you have got to count them before you can then plan for them, but it is actually extremely difficult to pull that information together. We can get a pretty good fix now on local authorities, but picking up that information in the private sector and the voluntary sector is quite hard. There is something called a national minimum data set, which should help us to count the total, but we are having to count the private sector and voluntary sector contributions to that total and it is not an easy shift. So we have a rough idea of how many social workers there are and we know that about two thirds of local authorities are facing recruitment problems and that most local authorities are focusing on the retention of social workers. However, I would be surprised if we had massive unemployment of social workers at the moment.

Q217 Mr Stuart: Obviously, we are specifically looking at looked-after children, so can you tell us how well-qualified the workforce are becoming for those children, especially as the Association of Directors of Children's Services said that it felt that the degree course did not adequately prepare social workers for the role that they would have to carry out?

Jane Haywood: The work that we have done in developing the newly qualified social worker programme shows that the students coming out do not feel adequately prepared, and their employers do not feel adequately prepared. However, we get a

different message when we review the effectiveness of the degree and ask students how the degree has gone; the degree is quite popular and people are saying that it is useful. So, what is happening at the moment is that people are trying to draw together the information from the review of the degree along with the information from the newly qualified social worker and see what the issue is, because there is a slightly different picture from the two sources of information. However, I know that directors of children's services feel that their newly qualified social workers are struggling with the basics of putting together a good report and pulling together research and drawing on that research. What we are trying to do with the newly qualified social worker is to establish a clear set of standards, so that, to get through your newly qualified social worker year, you must have learned how to do these things and demonstrate these things. I suppose the question is whether you should learn that while you are doing a degree, or while you are in practice. That is quite a difficult judgment call.

Q218 Mr Stuart: Yes. As you say, it is graduates only, but to what extent are there sandwich courses available, or part-time degree courses? You did not really comment on that issue. The other specific issue is looked-after children, in particular; they are the focus of our inquiry, so are there any particular strengths or weaknesses in the training for social workers that you think apply to looked-after children? In the light of some of the international comparisons, the training that we give to our social workers to look after some children who are extremely challenging is not seen as all that favourable.

Celia Atherton: The type of training that social workers receive at qualifying level—it would be interesting to come on to post-qualifying level at some point—does not give them the kind of skills that they need in the job. So, when I talk to senior managers in local authorities, they bemoan the lack of ability to work alongside young people and families in real difficulty. Social work is not just about being able to work with children; most of these children and young people go home to their families. So, if we cannot train social workers to work really well with adults and with the children and young people, we will fail. That is why I have been very pleased to see that the children's plan, despite the Committee's worries about it, nevertheless tried to bring families back into the picture and not keep them separated. I think that that has been mirrored in some of the training. Sometimes, social workers have been pushed down very narrow alleyways in the way in which they are to think about the work and what they are to do. However, when they get out on to the job, they discover that it is more complex and it is much broader than that, and they are not equipped to do that job. Having said that, social work must be a shared responsibility and local authorities and other employers—because, as Jane has said already, local authorities are certainly not the only employers of newly qualified social workers—do not do enough themselves to ensure that they induct their staff really

well. Any of us who bring staff into our organisations know that it will take at least a year before they can do the job half-competently.

Chairman: We will come back to some of these issues, but I am conscious of the time and I want to move now to social work practices. David Chaytor will lead on that.

Q219 Mr Chaytor: I wanted to ask about the *Care Matters* system; I imagine that it is a question for Julian. When you were previously arguing for bringing new suppliers into the education service—through choice and competition and the academies and trust schools—the basis of your argument was that they would improve diversity and variety. Now, however, in arguing for new suppliers and a form of independent social work practices, you are saying that they will improve consistency. How do you explain that contradiction?

Professor Le Grand: Well, it is stability and consistency in the relationship between the child and the social worker. We would like social workers to stay with a child for as long as possible and not to change every year. The idea is that there will be a fairly substantial variety of ways in which children are looked after. One of our aims is to encourage more innovation, and we state that quite explicitly. We see social work practices as a device or organisational structure that leads to greater continuity in the relationship, with that relationship being much more closely tailored to the needs of the child in, where possible, a broader local authority setting.

Q220 Mr Chaytor: What specifically prevents the existing arrangements with the local authority as a government provider from ensuring that continuity?

Professor Le Grand: That is a good question, and the basis of one of the many discussions that we have had. Why, in 40 years of local authority social services, have we not seen that development, or why have we seen trends moving in the other direction, towards greater managerialism, and further away from the building of relationships? There was quite a lot of controversy within the group, as well as from the people that we have heard about, as to whether that was due to the innate nature of a large, bureaucratic organisation or whether it was due to central government imposing requirements on local authorities to improve practice, which meant that central government had to impose a degree of managerialism. That is why we felt that we could not decide the issue *a priori* and why we have gone for pilots. We wanted to see whether social work practices would be able to operate more as free agents, or whether they would be subject to the same pressures as local authorities.

Q221 Mr Chaytor: But the opening chapter of the executive summary to the paper poses the question of whether some of the problems that you have identified could not be dealt with by adopting good practice pioneered by leading local authorities. Then you give no answer as to why extending existing good practices is not a solution to the problems.

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Professor Le Grand: Well, because we do not know. As we know, in every public service, good practice is going on in one or two places, but it is never adopted more widely. Why is it not adopted more widely? I would argue that it relates to the whole competition and choice argument. On the whole, the incentives are not there to adopt good practice. There are some top-down incentives, and internalised incentives—the kind of internalised incentives and pressures that a social work practice that was determined to do a good job and to keep its livelihood would face. In some ways, large monopolistic organisations are not the best way to spread good practice. The question that must be put to those who believe that such work can be done by local authorities is why they have not done it already.

Q222 Mr Chaytor: I come back to the question of innovation and variety. You are saying that you expect social work practices to deliver greater continuity to the individual child, but that you also expect greater innovation and variety in the ways in which they deliver the service. At what point does that diversity of practice and method lead to what people tend to call the postcode lottery? At what point does fragmentation of the system occur, in terms of the difficulty of dealing with children who move around the system from one local authority area to another?

Professor Le Grand: It is always a problem, in the sense of the decentralisation issue versus the necessity for a national standard. One person's postcode lottery is another person's decentralisation of power. Yes, I think that there would be more variation under the social work practice idea—as I said, for me, that is probably one of its virtues—but there would still be checks and balances within the system. There would still be the IRO—the Independent Reviewing Officer—who is appointed by the local authority. The local authority would set the contract with the social work practice. Those contracts—we have some draft contracts; there is one in the report, actually—would take account of *Every Child Matters* and its outcome requirements. As I have said, one of the exciting things about this whole development is the focus on outcomes and the idea that we could start contracting for outcomes. I think that that will ensure the right degree in maintaining both national consistency and accountability, which is also implicit in what you are saying.

Q223 Mr Chaytor: The pilots are due to start this year and the planned implementation in 2009–10?

Professor Le Grand: That will depend on the Bill receiving Royal Assent.

Q224 Mr Chaytor: Yes, but what about depending on the outcome of the pilots? Is it not rather a short period in which to evaluate their success or otherwise?

Professor Le Grand: The pilots will run for two years. I hope that they will start in 2009, and they will run until 2011. One of the problems in that whole area, of course, is that most of the outcomes that we want to achieve are many years in the future. Obviously, we look to the educational attainment of looked-after children; we want to know whether they will go to

university. However, those things are so far in advance that no conceivable piloting process could test them. We felt that two years was probably an acceptable compromise, and that we would be able to see something about continuity and something about stability. Given the substantial degree of discontinuities and instability in the system at the moment, we will be able to see whether it will make some difference. Part of the process of evaluating outcomes for the children themselves will involve hearing their own views about it, so we will be able to pick up on those. Your point is perfectly valid—a lot of those things will take a very long time to appear—but we felt that two years was probably an acceptable compromise in order to get some answers to most of the difficult questions that we try to grapple with.

Q225 Annette Brooke: Could I pick up on a point about *Every Child Matters* and integrated services? I have a slight problem with comparing a GP practice with the possible social work practice. I do not think that GPs are fully engaged—not all of them—with *Every Child Matters* and with integrated services. Is there not a danger that disintegration will be a backwards step away from all the work that is slowly taking place to integrate services?

Professor Le Grand: There is possibly a danger, and you are probably right to draw attention to that danger. Again, that is one of the things that we mention. We want to look at the impact on the whole system of the social work practice. Part of the evaluation of the pilots will involve trying to get some assessment of what happens to the rest of the system as a result of the piloting process. I am not highly convinced that it will be an enormous problem, although I am willing to see the results of the evaluation, partly because of the idea that the social work practice would, in some sense, act as the lead professional on behalf of the child and would try to bring these services together—it would be integrating and co-ordinating and would be close to the child. I am not highly convinced that it will be an enormous problem, although I am willing to see the results of the evaluation, partly because of the idea that the social work practice would, in some sense, act as the lead professional on behalf of the child and would try to bring these services together—it would be integrating and co-ordinating and would be close to the child. It would try to work towards the integration taking place at the child's level, which is probably where it ought to take place.

Q226 Annette Brooke: Will these practices be able to offer a 24-hour service? We have heard from various groups that that is desirable from the young person's point of view because, like in all families, the problems do not always crop up in working hours. Is this a real add-on for the social work practice?

Professor Le Grand: I have heard that criticism too. We are talking about six to 10 social workers, and I think it is perfectly possible for them to provide a 24-hour service with one person on duty. My wife was a member of an intake team a while ago that had about the same number. She was on duty for a night every two or three weeks. In that instance, they were dealing

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not just with looked-after children, but a whole range of social services—it was in the pre-split days. I would have thought it was perfectly feasible for a six to 10 group of professional social workers to provide a 24-hour service.

Q227 Annette Brooke: I suppose that leads to the question of whether you are going to get the one-to-one relationship that the young people want. That is perhaps asking the impossible, but it is still something that obviously happens in mainstream families: there is 24-hour contact with the same parent or carer.

Professor Le Grand: Yes, but that would be true of any social work. Unless we have a single social worker for a single child in a local authority or anywhere over 24 hours, there will be some discontinuity in that respect. An important point that tends to sometimes get confused in our discussions is that the person providing the day by day care—the foster carer—is not, of course, the social worker. The important thing is that the social worker is there day after day, week after week, month after month, year after year and that they develop an affection for the child, get to know the child, and become part of the child's life. That is what we meant by that kind of continuity element—not perhaps continuity in the sense of if there were an emergency in the middle of night.

Q228 Annette Brooke: I think some of the young people—someone to whom we had spoken—had perceived it in that way. I take it that the role of the corporate parent will remain lodged with the local authority, so can I ask Steve whether there are potential conflicts between the social work practice and the role of the corporate parent? How will they come together?

Steve Titcombe: I would have thought that the contract arrangements to which Julian referred would be at the heart of setting out clear standards and expectations of the social care practice. That organisation would be required to provide evidence and information to explain its performance. The other mechanisms that the corporate parent and elected members locally would want to use are the mechanisms that are in place, through which they have direct contact with children in care and officers. The corporate parent mechanisms could work pretty well in terms of social care practice. I do not think there is a problem there.

Q229 Annette Brooke: Finally, we have talked a lot about workforce development and obviously there are different pathways for career development within a local authority. What career development would there be for social workers to encourage them to stay with their practices and to give that continuity?

Professor Le Grand: By moving from junior partner to senior partner. It would be a bit like some of the processes that occur in relation to GPs. In a way, that is part of the point, and that is exactly what my colleagues were saying. Many of the social workers told us that they did not want to leave the front line, but that the only way in which they could move on to

a better job, pay and working conditions was to move into the managerial world or outside social work altogether. In a way, part of the point was that that would be a more attractive career than is currently offered, because it would preserve a substantial degree of personal responsibility with a front-line position.

Annette Brooke: We will have to see the pilots, I think.

Q230 Paul Holmes: Does that not imply that there would be considerable extra resources for those teams? If you are to have a good pay structure within a team of eight or 10, which keeps people for many years in the same group to provide continuity, it would have to be a much better pay structure than is available within social services for normal social workers.

Professor Le Grand: That is right. More generally, the arrangements would be professional partnerships, so the reward structure for the social workers would include pay and the surpluses that are generated by professional partnerships, just as partnerships work more generally. We think that there would be considerable savings from losing a lot of the managerial overhang within local authorities—you would not have that hierarchy. I do not think that you would require more resources for doing an equivalent job for an equivalent number of children.

Chairman: I want to look at other remodelling projects.

Q231 Lynda Waltho: On the other remodelling projects, *Care Matters* contained a proposal for remodelling social work pilots, one of which is in your authority, Steve. What innovations will make the biggest difference to social workers' ability to plan and provide care for looked-after children? That is open to anybody to answer. I would like to speak to Steve later about specific issues in his authority, but what innovations will make a difference?

Chairman: Is that directed at Steve?

Lynda Waltho: I am sure that Steve is raring to go.

Steve Titcombe: First, we have recognised there is a problem for children placed in our Children's Homes, who want to see more of their social worker. Our homes are doing a really good job. Children who are well placed and getting on well tend to go down the attention priority list, so social workers give less attention to children and young people in our children's homes. Youngsters have said that there is a very good service from our residential care workers. Part of our pilot is to have social workers work with children in children's homes. We think that that will have big pluses for youngsters' care planning: it will involve the youngsters in their care plan, ensure that it is up to date and alive and well, and also help them to see a way forward more speedily than happens at the moment. There is still a reliance on social workers that I think is sometimes not helpful—perhaps other members of the workforce should do some of the jobs that social workers do. We expect that youngsters' plans will be activated more clearly and rigorously. They may well, for example, re-establish contact with home more quickly than otherwise, or get access to services in ways that have not happened before. The

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second part of the project involves supporting children out of care using solution-focused therapy to promote the resilience and strength within extended families. It supports children more effectively at home within the extended family rather than the birth family. We hope that those two innovations will make a real difference.

Q232 Lynda Waltho: On some of the other pilots, and to address the concerns of young people—I have spoken to many young people in Dudley, which is my local authority—the idea of 24/7 access comes at the top of everybody’s list as far as I can see. There is also the idea of introducing an element of choice of social worker, but that is quite difficult because it is a who-is-your-favourite-teacher type question. Also, there is a feeling among young people that their social worker will engage with them and agree on a way forward, but that that gets frustrated further up the managerial line. Do you think we will be able to address some of those issues, which young people always bring up, with the remodelling?

Jane Haywood: Some of that will be addressed. Part of the reason for setting up the pilots was to listen to what children and young people said they wanted from their social workers. Children and young people influenced the selection of the pilots and they will assess whether they have been successful in trying to respond to that concern. An issue that we may get wrapped up in during our discussion in the next hour is why it is always the social worker who has to do all that work. If the residential worker or foster carer were skilled and properly trained, access to a social worker on a 24-hour basis would not necessarily be required because there would be other people close by. What we are hoping to do with the pilots is think more imaginatively about how the social worker works with other professionals so that we can use social workers for what they are uniquely skilled at, rather than having them try to do a range of jobs. Some of the questions are about how social workers work in a multi-agency team or link into a children’s centre. In Derbyshire, in an attempt to get into some of the rural areas, there is a kind of flying social worker service.

Q233 Chairman: Where is that?

Jane Haywood: In Derbyshire. They are trying to get into the rural areas. A lot of the work involves trying to pick up problems before they become huge, and doing early intervention.

Celia Atherton: There are some issues around the evaluation of the remodelling pilots and the social work practices pilots. If there were a common evaluation method, we would really be able to see something interesting about what happened in the pilots and in local authorities. Julian knows that I am rather sceptical about the social work practices pilots, but we are going to have them. I hope that we really mine them for good-quality information. I do not think that we will get much information about children’s outcomes, or the five outcomes. I do not believe for a minute that we can get that in two years. There will be lots of information about what it takes to set these things up, but, having said that, lots of

other information will apply across both pilots. What skills do people use? The flip-side of the postcode lottery should be personalisation—not what is available, but whether people get the things that will really make a difference to them. How much personalisation is there? How much sharing of expertise is there? How much integrated working is done in both pilots? Will we develop pilots and social work practices that do a great job but exist in a little castle all by themselves, or will they add value to the sector? Will the remodelling social work pilots add value within the local authority and much more broadly? I think you can evaluate that, and you can get some really good learning for work beyond the pilots.

Jane Haywood: That is a really good point. We have a comprehensive evaluation process in place for our remodelling pilots. My guess is that we have not made a strong enough link with the evaluation of the social work practices pilots. I will take that away and look at whether we can make it work. Both are just starting, so there is no reason why we cannot make some links between them.

Professor Le Grand: So will I. I will pass that on to the group that is involved in that work. That is a very good strategy.

Q234 Chairman: On the back of that, we are very impressed by the fact that there are pilots—we are always interested in basing policy on evidence and we pursue the Government on that all the time—but the children whom we represent cannot wait for two years. There was mention of 2009 and 2011. That is all very well, but I was depressed, Julian, when you said that you are pessimistic about learning from good practice in good local authorities. Is there no hope of improving practice for two or three years? Can we not get on and do something now to tweak, push or oil the system? Yes, let us wait for Julian’s wonderful pilots to come through and learn from them, but can we not be doing something now?

Professor Le Grand: People are terrified that we are going to rush in with another dramatic organisational change and make it universal. It is interesting to hear you say that, because everyone has been giving precisely the opposite messages: “For God’s sake, leave things alone”, “Let’s have some stability”, “If you’re going to try these things, try them as pilots”, “Don’t disturb the system too much, until we know whether these things work.”

Jane Haywood: Actually, I think that a lot of work is under way already to start to tackle some of the problems—for example, *Every Child Matters*, which kicked off some time ago, and the work to embed the common assessment framework and multi-agency teams. We have a programme of work to improve what happens to newly qualified social workers—that will happen this year, with newly qualified social workers receiving extra support. I always say that whatever the problem, the workforce are the solution. We can implement remodelling pilots and test them in practice, but unless we focus on the skills and development of the workforce, no kind of structural change will have any impact.

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Q235 Chairman: It will not work if it is not well managed. We have been told that clients get upset if there is not continuity of contact—whether in foster care or regularly seeing the same social worker, rather than a fantastic churn. Surely it is not complex to do something about that quite soon.

Jane Haywood: If you look across the country, you will see local authorities actively trying to address those issues. I am convinced that the newly qualified social worker support will start to address them, and certainly start to reduce the loss of social workers in the first year that they come in.

Q236 Chairman: Will local authorities, or whoever is involved in supplying the social care system, listen more attentively to the evidence that young people in care want continuity? What they want is not complex.

Jane Haywood: I think that directors of children's services have heard that message very clearly and are trying to resolve the issue.

Q237 Chairman: You come from near my area, do you not?

Jane Haywood: I am from Leeds, originally.

Q238 Chairman: Did you not do something in Kirklees?

Jane Haywood: Yes.

Q239 Chairman: I went to a children's centre recently. I was told that social workers there receive 10 cases and then do not take any more, but stack. That suggests that they are not listening very much. Did you know that all those children are stacked—flying around waiting for a social worker?

Jane Haywood: Yes, absolutely.

Q240 Chairman: Is that common practice?

Jane Haywood: I do not know.

Chairman: It sounded horrific to me.

Steve Titcombe: Children's experience of being in care is not determined only by continuity of social worker. I had a recent all-staff conference up in Rochdale featuring all the staff employed by my service. We watched a fantastic DVD about three children in the same long-term care for four years. They were saying goodbye to their social worker, who had done a good job and they had already been introduced to their new social worker. They were not unhappy about this. The really important issues in those children's lives were related to the quality of care that they received from their long-term foster carers and their very positive contact with family, brothers and sisters. I just wanted to make that point.

Q241 Chairman: Continuity is what we are all talking about though, is it not?

Steve Titcombe: Yes. I entirely agree that the problems with the continuity of social workers can sometimes be a big problem for children.

Celia Atherton: When you started on this particular line of questioning, you asked about whether we could not learn now. I would put that together with something that Jane said about the workforce being the beginning and the end of it. The bit of the jigsaw

that we are missing is that we should ensure that the workforce are constant learners. I shall give two examples. Very recently, another Government report came out, on building brighter futures. Nothing in the body of the report mentioned the workforce being a learning workforce, the use of research or developing the ability to reflect on what they do. It is mentioned once in an annexe on the values of the children's workforce network. That is all. However, the document published on the same day about managing and leading children's services says a lot about reflective practice and using research evidence. It is as if, so long as people at the top know what the research evidence is, the workforce will follow. People at the top know that children want to know that the same person they saw last week will be there next week and in six months' time. But we have to get to a position where front-line workers are hungry to learn that for themselves—they should feel it for themselves instead of being asked to believe that other people know what they are doing and what is being put in place for them. It seems to me that unless we do that, we will not create people who are constantly reflecting and constantly learning and who are enabled to do some of those things that, as suggested, are not rocket science or terribly difficult, but quite straightforward.

Professor Le Grand: Exactly. It is not rocket science, which makes one ask what is going on and what are the incentives in the system, which means that we do not have continuity. The reason why we do not have continuity is at least partly because of massive problems over recruitment and retention, as we heard. Social workers move on, and they do so very fast. There are reasons for that, which we have all articulated. I know that I am always banging on about incentives, but in some sense it is about getting the incentives right. It is not enough simply to say that it ought not to happen. We have to work out why it is happening or not happening, and how we can structure the incentives so that it works.

Q242 Mr Chaytor: Scepticism about social work practices being the solution is based on the fact that the model on which they are based is that of GP practices. Over the past 60 years, they have been very effective in building up practices and building up the status of doctors, but not terribly effective in doing anything about health inequalities, giving personalised service to patients or building a seamless approach to the rest of the national health service. That is what concerns some of us. The typical GP practice does not do anything of what we want from social work practices. Is there a model elsewhere, outside the UK, that gives a stronger evidence base for social work practices than the history of GP practices in the UK?

Chairman: I think that one is for you, Julian.

Professor Le Grand: We discuss international evidence at the back of the document, but there was not any. That is one reason why we want pilots—

Q243 Mr Chaytor: You run pilots, but you are not allowing time to evaluate them before launching them nationwide.

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Professor Le Grand: Oh no.

Q244 Mr Chaytor: What happens if the pilots prove to be totally disastrous?

Professor Le Grand: We discuss the decommissioning.

Q245 Mr Chaytor: The legislation assumes that there will not be disasters and that you can quickly move from the completion of pilots to roll-out.

Professor Le Grand: This is important: there is no presumption at all that this is a preliminary to rolling it out nationally. We try to make that clear. In fact, we discussed what happens if the pilots do not work. For instance, if some social workers in a social work practice have children being looked after by those social workers, how do we decommission the pilots effectively to return to the previous system? We talk about that quite a bit, which indicates that we really were not presuming that there will be an evaluation—simply nodding to the idea of evaluation and then rolling it out nationally. I am very keen, when talking to the relevant people, to impress it on them that that is not the idea. What you had to say about GPs was interesting. When people from abroad look at our GP service they think it is remarkable—for all the things you were saying that you did not think it did. They think it is extraordinary that it provides a personal service and that it acts as an integration device, because there is a central person who looks after the

care of the patient. I suppose that it may be a glass that is half full or half empty. I would have said that GPs are remarkably effective in providing continuity—we have all these troubles and we know that there are to-ings and fro-ings on the hours and the rest of it, but when you look at it in the round and compare it internationally with the total absence of continuous primary care that seems to characterise most health systems, I believe that primary care is remarkable.

Q246 Mr Chaytor: France?

Professor Le Grand: You do not get continuity in France; you get people shifting very rapidly. The GPs get very upset about it—

Mr Chaytor: That is the patient's choice, surely.

Chairman: I am afraid that this is developing into a discussion that I am sure most of us would love to pursue, but we must get the second bank of witnesses in. I thank you all; Jane is staying with us. I am glad that Lancashire and Yorkshire did not come to blows. I was not prejudiced against you at all, Steve, even though Rochdale claims to have founded co-operatives in 1844. That is total nonsense, because they started in Huddersfield about 30 years previously. Apart from that, the evidence has been excellent all round. Will you maintain contact with us. We get best value out of you only if you come back to us and say, "There is something that never came up when we were discussing this." We write good reports not by making things up, but by listening to our evidence. We got a lot out of that. Thank you.

Witnesses: **David Crimmens**, Principal Lecturer, School of Health and Social Care, University of Lincoln, **Jane Haywood**, Chief Executive, Children's Workforce Development Council, and **Professor Pat Petrie**, Professor of Education, Thomas Coram Research Unit, Institute of Education, University of London, gave evidence.

Q247 Chairman: Jane, you are staying there, because you are from Yorkshire, and I ask our other two witnesses to join us. David and Pat, you are cheating, really, because you have had an insight into the sort of questions that you get. It was very good of you to sit and listen to the first part of the sitting, because that makes everyone better informed. The second part of the sitting will be slightly shorter than the first. David, you heard all that was said: where are we?

David Crimmens: Interestingly, the University of Lincoln, where I teach, is in Hull. I was interested in Graham's comment about ex-students of the University of Hull. There are some issues around the employment of social workers, in the sense that the four local authorities in the Humber sub-region may well now have a largely qualified workforce for different regions, but according to the newspapers during the week, the city of Stoke was paying a £4,000 hello to newly qualified social workers to come and work in Stoke-on-Trent. So, I think there still is an undersupply of social workers nationally. It is about whether people, in relation to their family commitments and other things, are able to move from the East Riding to Stoke-on-Trent or to one of the London boroughs, where there seems to be a constant demand for social workers. I say that as an

aside and to locate myself firmly in Yorkshire, as that seems to be important at the moment. I am a qualified social worker and I am also a qualified community and youth worker, and that has had a fairly fundamental impact on the way that I see work with children and young people, and the way that I practise and research, because it draws on two distinctly different traditions. Hence my fairly long-standing obsession with the issues around social pedagogy. From the point of view of the workforce, I wonder what Sir William Utting would say if he were sitting here today, 17 years after he published his report on children in the public care. His recommendation was that the minimum standard for a qualification in children's homes should be NVQ3. Seventeen years later, and in spite of significant investment through the training support grant, we have not reached that minimum standard. I have not seen any research—I do not know that there is any—and I do not understand why, after all that time, we have not managed to educate to A-level standard people who work with some of the most troubled and troublesome children in our society. We should think about the fact that teaching is now being talked about as a postgraduate profession; think about social work, which is now effectively a graduate profession; and look at the developments

in early years, in terms of the early years professional status, and all the work that has gone on over the last decade or so to try to raise the education standards of people working with children so that they at least start to approximate the norm across all continental Europe. In terms of the comments that you made at the outset about whether there should be radical reform or whether the system is good enough as it is, I am not sure that the system needs radical reform, but it certainly needs development.

Professor Petrie: Speaking as someone from Lancashire, I have been asked to provide evidence about social pedagogy and what that approach means. I have researched social pedagogy in some detail for the past eight or nine years, but I have been in contact with pedagogues in Europe for 15 years longer than that. Pedagogy is not an easy concept for English people to come to terms with, but it has a long history that goes back to the beginning of the 19th century. The social pedagogue is a role and a profession that is recognised in most European countries. If somebody said, “What’s a teacher?”, we would look at them and say, “What do you mean?” Well, when you say to some of our European colleagues, “What is a social pedagogue?”, they look at you with the same sort of bewilderment, and then find it quite difficult to answer, because the profession is quite complex. Over the past eight or nine years, my study has directly addressed the question, “What is pedagogy?”, and tried to come to terms with that question. It was a case of looking at Flanders, the Netherlands, Germany, Denmark and France, where I found a sort of uniformity of understanding—there are some differences in organisation, but there is a uniformity of understanding across those countries. One of the problems is that “pedagogy” and “the pedagogue” are lost in translation. I have seen English language publications from continental European countries that use words such as “teacher”, “educator” or “education” to translate from their own language a word very similar to “pedagogy”. In Italian and French, they use the words “éducateur” and “éducation”, which does not mean formal education. In conclusion, pedagogy, as it is understood in continental Europe, is what we might think of as education in the broader sense of that word. It is not formal education, but the support that adults in a child’s life—professional and others—and society in general give to that child to support their ongoing development. That is the work of the pedagogue on behalf of society, whether, as is the case in some countries, the pedagogue works across a range of services from early years through to residential care, or, as is the case in other countries, whether the pedagogue works more closely within the social work sphere. At any rate, the pedagogue works and is trained at graduate level to work, day by day, in close contact with children. In residential care, for example, that involves supporting a child’s connections with their own family and their formal education, sitting down and eating with them, talking with them and supporting them emotionally. The difference in training compared with that for social workers involves a much greater emphasis on

child development and group dynamics, and there is also work on the arts and creative opportunities for children, which is what pedagogues bring to their day to day work in, for example, residential settings. They not only concentrate on the child and the child’s problem, but ask, “What shall we do together?” the pedagogue and the child or group of children engage in joint activities such as making kites and flying them, or playing hide and seek all over the house—as a young person said in one of the studies in which I took part. Role plays may deal with problems, but they are not seen as therapeutic work and the arts subjects are not used on the basis of diagnosis. Those activities are just for children to enjoy their time with their pedagogues and other young people.

Q248 Chairman: Some members of this Committee who were on the previous Select Committee on Education and Skills went to Denmark to meet pedagogues who are involved with children up to the age of seven. Would that be the same pedagogue group that is also in social care with the same basic training?

Professor Petrie: Yes.

Chairman: We are familiar with that, but they belong to a totally different union—the teachers’ union takes over when the children are seven.

Professor Petrie: There are two unions. One for people who work in nurseries and out-of-school child care services and a second union for those who work in what we would call social care.

Chairman: In a couple of weeks, we are going to Denmark to see what they do.

Professor Petrie: In some of my work, residential care is seen as a plum job, so they cut their teeth in the early years services but have ongoing and specialist training.

Chairman: And they then move on. I must not break up the questioning. John, you are going to start us off with the status of residential care in the system.

Q249 Mr Heppell: From the evidence that we have heard so far, there is still a tendency to see residential care as the Cinderella, and that every social worker manager would prefer to have children not in residential care, which seems to be almost a last resort. What effect does that Cinderella image have on the service in care planning?

David Crimmens: I wonder whether the notion of a Cinderella service has become so deeply embedded in popular culture that we believe it. I spent three years working on a research project to examine the evolution of a children’s home, and that was not how those people perceived themselves. Among those who look after children who are highly marginalised, there is a tendency to develop a sense of being in the bunker alongside the children whom they are looking after. To have solid relationships with children, there must be a strong sense of identification. It is a fact that residential child care in this country has declined phenomenally, not only in the early days in the 1970s, but during the 1990s to a relatively small number of children. Given that relatively small number, we should be able to see

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residential care, as Willie Utting suggested, as a placement of choice that can achieve particularly good outcomes for young people—teenagers and those who do not need alternative parenting, but who need looking after and developing so that they can grow into healthy, law-abiding citizens.

Q250 Mr Heppell: Just to follow on from that, does the image become more of a problem the fewer such children there are? In Denmark and Germany, almost 50% of children in care are in residential establishments. If you get to the situation where you just take the most difficult children into care, does that not give an image that residential care is bad and that the last thing you want to do is to put people in it?

David Crimmens: Residential care and children in residential care have had a better press over the past decade. When I first went to Hull, the story on the front of the *Hull Daily Mail* was about the leader of the council being up in arms about the behaviour of children in a children's home opposite where he lived. The consequence was that the children's home disappeared fairly quickly after that. You do not tend to see those sorts of examples as frequently as you used to. It is difficult to reconcile the fact that we have a concentration of children who are more troubled with the task of trying to develop their skills and potential in a situation where, particularly in terms of human resources, it is clear that the sector is under-resourced. I have thought for some time that the dichotomy between a family and a residential placement ought to disappear, and that we should instead ask, "Where is the best placement for bringing the child on and meeting their needs for somewhere to belong and to be brought up until such time as they can either return to their family or become independent?"

Jane Haywood: The question is whether residential care is fit for purpose, and I do not think that it is. We are warehousing children in residential and foster care, if we do not put fully trained and skilled workers with them. We keep them safe and give them some care, but we are not actually able to move them on so that they can learn and grow, become independent and achieve their outcomes. We have a mixed group of workers in the foster and residential care workforces. Their absolute passion about and commitment to the child, their level of skills and the warmth that they give to the child are great to see, but we must give them the other skills to do the job. That would start to relieve some of the pressure on the social worker. Why is the residential worker or the foster carer not able to manage the relationship with school, ensure that the school is given the right support or draw in the help of a virtual head, child and adolescent mental health services or out-of-school activities, if they are needed? We do not allow them to do those things. Instead, we say, "All you do is care, so those other things must be done by this other person." Actually, if we invested in their skills, they could do a different job. They could become the social pedagogue of the type that has a real impact overseas. That way, we could release our social workers to do the job that needs to be done.

Q251 Chairman: On that point, is there not evidence that the best place for a child is in its natural family, that the second best is good foster care and the least-favoured option is institutional care? Has research not shown that the psychological effect of institutional care is more damaging than foster care?

David Crimmens: The discussion of the evidence has been fairly contentious between academics. Clearly, as a society, and internationally—I am talking about the children's rights convention—we are committed to every child having the right to a family life, but what do we do when their family of origin is unable to look after them in either the short or long term? That is the fundamental question. Are children better off or likely to thrive most in a family placement or in some kind of institutional setting? The evidence is variable. If we were to ask children in residential care, we would hear many of them tell us that that is where they want to be. They say that they have their own family and that they hope that they will be able to return to them when the dust has settled, but in the meantime they do not want another family. They want to live in group care.

Q252 Mr Heppell: I suppose that I am thinking the unthinkable. Could the problem be the other way around? A recent survey said that 75% of the staff in residential homes are completely satisfied and really enthused by their job, so I wonder whether we are looking for qualifications when they are not necessary. We have an under-qualified staff who learn some of the skills. You have mentioned the social pedagogue and other things. Sometimes, people want to talk or relate to someone, but I am not sure whether that can be trained—it comes as a person's life skills. I wonder whether we are trying to invent—it seems this way to me—a qualification. We have the social work degree qualification, but we seem to be saying, "The degree qualification is great, but it doesn't actually train people to do the job." That is a worry, because then I start to think, "Well, why have the degree qualification? What is the point of a qualification if it doesn't actually enhance the job?" I know that that must sound controversial, but it seems to me that we might be looking for qualifications that are not necessary.

Jane Haywood: We need people with warmth and the ability to give a listening ear. Only so many people can do that, and only so many people can cope with the stress of what that listening ear finds out. We need that, but if such people are going to help the child move on and deal with the things that they are talking about, that requires a higher level of skill, an understanding of child development and an understanding of the research that Celia was talking about. What is the intervention that will help that child move on? It is about not only keeping them safe—if it were just that, it would be easy—but helping their development. If they are supposed to be helping our children in care to improve their GCSE results but they have no qualifications themselves and struggle with literacy and numeracy, they will not be able to help.

Professor Petrie: Or provide a good role model for them in educational terms, either.

Jane Haywood: Absolutely.

Professor Petrie: In one of our studies, we talked to about 100 staff in Denmark, Germany and England. We asked them what they would do in response to various hypothetical situations—for instance, if they heard a child crying at night. The English people were much more likely to talk about procedures and organisation. They would give what they thought was the right answer to a researcher. When asked what they do when they hear a child crying at night, they might reply, “I get up, I put on my track suit, I wake up my colleague, I go and knock on the door.” They have been trained in that, and they thought that that was the important thing to tell. The Danes and Germans—it was not that they did not follow procedures, because they gave other evidence that they do so—spoke much more in terms of providing emotional support, listening, empathising and finding more help. They are trained to be reflective practitioners and team players, and they have support in team meetings where they discuss things clearly and supportively. They are not locked down in organisation, procedures or, as I have seen in children’s homes, logging everything.

Q253 Mr Heppell: I am sorry to interrupt, but you seem to be saying that it is not more training that is required for what is happening in residential homes, but different training.

David Crimmens: May I take this up. I heard a degree of Geordie pragmatism in your question. The research that you referred to about morale and job satisfaction was commissioned by me on behalf of the Social Education Trust. It was carried out in England, Scotland, Wales and Northern Ireland separately, and it made it clear that the best-qualified workforce in the UK was in Northern Ireland, working in children’s residential care. They had the highest morale and job satisfaction in terms of how that was measured, but they were clear—they had a higher number of people professionally qualified to social work standard—that social work was not the right qualification for residential child care. The issue is not about the qualification *per se*. It is about learning processes that focus on an understanding of the child as a whole person rather than as bits—not a juvenile delinquent, a depressed child, an anorexic or whatever, but the whole child—and what kind of process has to be undertaken in order to enable that child to prosper and grow.

Q254 Mr Stuart: Are you saying, David—well, you just did—that a social work qualification is not the right one? It has been suggested that we need to put more elements into social work training that take into account residential care. Are you suggesting that we should have a social pedagogy training course as opposed to social work with a bit of residential care add-on?

David Crimmens: To return to the comment that I made initially, we do not have a professional education structure for residential child care. The national minimum standard is NVQ3. I have spent the past 17 years working with social workers, among others, on their professional education. They

tend to focus on problems—they go in and resolve problems. There is a certain understanding of the notions of pathology, for instance, and the response is based on the idea that problems can be solved and people will get on with their lives. The pedagogue is concerned with children’s upbringing and their education in the broadest sense, outside school and outside the family. It is about all the things that children need in order to grow up. Social pedagogues engage with those processes on the basis of the experiences of everyday life. That was why I said that youth workers have historically tended to be more the kind of people who have worked with such issues in England.

Q255 Mr Stuart: I want to find out—I did not really get a direct answer to my question—whether we should just bolt some extras on to existing social work training or whether we need something entirely separate.

David Crimmens: I would argue for something entirely separate—a different pathway, because there is different core content.

Jane Haywood: In the two different pathways, there is different core content, but there is also some common content, which we would not want to lose. There is a common goal, but the roles are different.

Q256 Mr Stuart: In your opening statement, David, you mentioned the collapse in the number of children in residential care. One would have thought that 17 years on, with a massive contraction in the workforce, a massively reduced number of children and a subsequent focus on children who are much more demanding, there would be an explosion in the qualifications of those looking after them. It is quite hard to imagine how there would not be. One would think that there would be specialist people who, by hook or by crook, were trained up to do it. Instead, we are still chronically short, which seems very peculiar. You told us about the problem, but you did not explain how we have got ourselves in this position, or what you feel we should have in our report to try to ensure that, 17 years on, we do not all end up complicit in another 17 years of failure, if that is what it is.

David Crimmens: For me, it is about the two R’s—risk and regulation. The response to the child care scandals of the late ’80s and the ’90s particularly pinned down the need to specify the number of people who should be working together in a children’s home. Although the numbers reduced significantly, the size of the workforce did not reduce proportionately. Before the 1989 Act, I ran a specialised children’s home, and we often worked with one or two on shift. One thing to consider, particularly with adolescents, is that if you load a children’s home with staff, you do not necessarily get a better learning environment for those children to grow in. I suppose that one thing that would enable more social pedagogical engagement with children would be to relax some of the regulations. I am thinking about what the new Secretary of State said when he came in—we have to allow children to play snowballs and conkers, and equally we have to start

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trusting the professionals in whose training we have invested large resources to get on and do the job on behalf of the rest of us, as they do in continental European countries.

Professor Petrie: We found in our study that the ratios of children to staff were much lower than in the continental countries that we studied. That might account for the relatively high numbers of staff in our homes. I would just like to take up the question about other sorts of training being tacked on to social work. In fact, that is something like the model in Sweden, where there is general social work training and a specialism in social pedagogy, and there are other pedagogic courses that Swedes can take. Let me point to the value of the pedagogue in fostering. In France, for example, the people who support foster carers and deliver training, often on the same basis as the education and training for pedagogues, are from schools of social pedagogy. Residential care is important as far as pedagogues are concerned, but they have more than that to offer to children in care.

Q257 Mr Stuart: Despite the changing face of training, 17 years on, we have still not got the workforce trained to NVQ3. Should the Committee recommend in its report that such a standard becomes mandatory at some practicable point in the future?

David Crimmens: Yes. The question is how, and it is about finding ways of engaging with a residential workforce with a view to considering modern approaches to work-based learning, learning in groups, distance learning and group learning. Otherwise it is impossible to conceive of a situation in which we can pull out those people and take them through a conventional university-based education.

Jane Haywood: Wherever people work in the children's workforce, the minimum qualification must be a Level 3 and it must be graduate-led. We are not there across the country and across different settings partly because, in this country, we still have a view that anybody can look after children, that it is not a skilled job and that it is not difficult—all you need to do is to be cheery and friendly and it will all be fine. When you are looking after other people's children, it is a completely different job. That is the push for us right across the piece. In our early years sector, we are pushing for a minimum of Level 3. At the moment, most in the early years setting are at a Level 2.

Q258 Mr Stuart: You are the chief executive of the Children's Workforce Development Council. Are you saying that the Committee should recommend to the Government that they make that mandatory at some practicable point in the future?

Jane Haywood: Yes.

Q259 Chairman: You might know that one of the very first inquiries under my chairmanship of the previous Education and Skills Committee considered early years. We went to Denmark and looked at the whole notion of qualification around pedagogues. What you are saying in a sense, Jane, is

that we should have a pedagogy profession that people know about, and that is used in early years and residential care. If we talk about it only in terms of residential care, we are considering only a very small base. We said extensively in the report, and since, that it is a scandal that our very youngest children are looked after by the least qualified and poorest paid people in the community—certainly in the education sector. Should you not be out there campaigning, as Graham says, for a pedagogy profession that is well trained and reasonably well paid?

Jane Haywood: Yes.

Chairman: Are you?

Jane Haywood: Yes.

David Crimmens: The question is how to get there. Rome was not built in a day.

Jane Haywood: If we look across the piece, we have in place what is called the early years professional status. People at graduate level are getting the status to lead the early years. There is constant pressure from underneath to get to Level 3, but that is still not required. Similar things are happening in the youth workforce and are starting to happen in the play workforce. Now we are having conversations about the residential workforce. The problem is that we are doing that down different strands. I would like to hear a clear statement that says across the children's workforce—wherever you work and whatever your role is—the minimum qualification is Level 3 and it is graduate-led. Within both those sets of qualifications, there is a common core of child development. The next stage of the children's plan could make that clear statement. It will take us a while to get there with different sectors, and that is partly because many foster carers do not have qualifications. They are actually quite scared of going for qualifications, but we do not want to lose them because their skills are very good. We want to help them to get better, so we have to put in place training and development with which they will feel comfortable and that will move them on. You will need a different action plan in different parts of the workforce.

Chairman: If I was in the private sector selling these qualifications, I would think, "Look at all these classroom assistants who have to be trained."

Mr Stuart: Yes, I was thinking that as well.

Chairman: It sounds like good business to me—you have lots of people.

Q260 Paul Holmes: What wage levels are we talking about generally for people who work in residential settings?

David Crimmens: As soon as you start talking about upskilling part of the workforce, there is an inexorable assumption that that is connected to the material reward. The existing pay scales for many people in residential care are probably comparable across the public sector, so we may already be paying our residential workers—I might get shot down in flames for saying this in public—in a way that is comparable to the rest of the public sector. The question is: what incentives can we offer residential workers in this respect? Earlier, someone—I cannot

remember whether they were from the previous panel of witnesses or the Committee—talked about a hunger for learning. Residential workers want to do a better job with their young people, and we need to give them the wherewithal to do that. Inevitably, if there is a bit of an upswirl, you can flatten the structure because there is not such a need for direct managerial control. It was common in the voluntary sector at one point in children’s residential care to have just three levels. If you look at it in the local authority, it tends to be five, so you could make savings and reinvest the money in generally upskilling certain parts of the residential workforce.

Q261 Paul Holmes: None the less, can you cite a figure? If 56% of people in the past year were qualified at NVQ3 and the rest were below that, what sort of wages would someone below NVQ3 earn?

Jane Haywood: We must write to you about that to be sure of being accurate. Folk working in residential care would say that they are poorly paid. If you are a foster carer, often you get only an allowance and still not a wage. If you are in the early years sector, you often get the minimum wage. However, we can write to you with information on pay scales.⁷

Q262 Paul Holmes: But you think that with regard to any enhanced pay that would be needed, the situation is a bit like that with social work practices: you can just sweep out the layers of management and that will pay for it?

David Crimmens: One of the things that came from a recent piece of research that we did about using social pedagogues in residential child care was that the pedagogues, particularly from Denmark, were appalled by how manager-dependent many of the residential workers were. In some ways, manager dependence is based on the mystique around regulation and the idea that there is a proper and correct way to do things. The assumption is that if we increased the education available to people, they would become more capable of making judgments without necessarily having to relate directly to a manager, so they would become more autonomous in their work, both with one another and with the children and young people they were looking after. That is the reason for increasing professional education and training. The qualification per se is about the relative status of residential workers *vis-à-vis* people such as social workers and teachers when it comes to decision making about individual children. That is the key issue.

Chairman: I think that we are getting to the heart of this.

Q263 Mr Chaytor: My first question is to Jane. There is not a single reference to social pedagogues in your submission to the Committee, so they cannot be that important, can they?

Jane Haywood: I am trying to tread a line that involves moving us gradually along a path. From what Pat said, I think that the social pedagogue role is so strange to many people in this country that it is quite scary. When the first children’s workforce strategy was published, it talked about a social pedagogue, and when the consultation came back, there was no appetite for that. In our mind, the first step is to get some clarity about a minimum Level 3 qualification and graduate-led. The second step is to look at a career framework for those working in residential and foster care. Again, that is the programme of work this year. In developing that framework, we will start to feed into it the principles of being a social pedagogue. Sometimes you just do change in a different way.

Q264 Mr Chaytor: What is the difference between a social pedagogue and a youth worker?

Professor Petrie: Well, “youth worker” is quite a wide term, is it not?

Mr Chaytor: So is “social pedagogue”, surely.

Professor Petrie: Social pedagogues are much more likely to be working with groups than some youth workers, as they are developing at the moment. They will also work with the same group over a long period—day in, day out.

Q265 Mr Chaytor: I would have thought that that was a large part of what your typical youth worker did. They are not hanging around on street corners trying to pick up individual young people, are they? They are dealing with groups of young people.

Professor Petrie: I hear that that is happening less and less with qualified youth workers.

Q266 Mr Chaytor: But in terms of their skills, what should a social pedagogue have that a qualified youth worker does not have?

Professor Petrie: I think they are very similar.

Q267 Mr Chaytor: Why do we not just call them youth workers?

Professor Petrie: You could.

David Crimmens: I would have to disagree there. Apart from anything else, social pedagogues are not trained just to be children’s workers; they will work with people with mental health difficulties, elder people and people with dementia, both in the community and in different group care contexts—that is what embraces the whole body of social pedagogy. The other thing, which was obvious from the evidence given to the Children’s Workforce Development Council, particularly by youth workers, is that youth workers saw themselves as exclusively concerned with youth in a particular social context—informal social education would be the broad term. Social pedagogues have a broader skills and theoretical base, and more of a commitment to working with children holistically. In my experience, most youth workers would not work with families. A social pedagogue would very much work with families as part of the child system and the

⁷ See Ev 137

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child support network. So, there is a wider focus to the lens, although both groups have much of their thinking and many of their skills in common.

Professor Petrie: I should not have said yes so quickly about the youth worker. I agree with Dave. However, there is the issue of support for families and the particular role played in the local community, as well as in residential care. In France, what we would think of as a children's services team could typically be made up of 10 *éducateurs*, or pedagogues, plus a couple of social workers, a psychologist or two and a team leader. Such people work with children in difficult circumstances and with their families. They support children over the threshold into care and beyond, helping them to keep in contact with their families. They may prevent children from being taken into care using all sorts of practical measures; indeed, that is a key word in relation to social pedagogues—they are practical people. They would support the child's attendance at school if the parents did not seem able to do that.

Chairman: You are worrying some of us, because you had us all on board on the social pedagogue stuff, although some of us think that it would have to be rebranded with a different name—I think Graham mentioned this—just in case Douglas got hold of it. You enthused us about this pedagogy training, which is applicable to early years and residential care. I would have thought that you would have come back and said that it was also appropriate for youth leadership. You do your basic course in social pedagogy, which is appropriate for any age, to build the sort of stuff I saw in Denmark, and then you specialise. The base could be the same, could it not? The course could have a common base.

Q268 Mr Heppell: I am getting a little worried. It seems to me that social pedagogues can effectively deal with everything—their role is wide-ranging. Then I start to wonder what defines what they do. How would I write a job description for a social pedagogue? Then I start to think that if their role is that wide and their training can be applied in almost every situation, is this not some sort of bottomless pit? I have dealt with social services in the past and I remember thinking, "This is a bottomless pit. The more we put into it, the more is going to be put into it." It seems that there is no edge to this. If you had a social pedagogue, how would you measure whether they were being successful or what they were doing? I cannot see a good job description for this work.

Professor Petrie: People are employed within the context of a specific occupation with a job description. Their employers seek people who are qualified as pedagogues because that sort of holistic education emphasises the relationship with the young person or family as the most important tool of the work. It emphasises teamwork and that supporting the family and the young person's development is based on the relationship with the pedagogue and their reflective practice. The principles that they hold in common are what are called for in many work and occupational settings.

Jane Haywood: We cannot import a system from another country and say that it is what we will have here. We have to think about our own setting and how all the different professions that we have would respond. The principle of a social pedagogue seems to be a good one, and their value and status are good, but the next stage of the work is to look at how it would work if it were introduced in this country. How would it fit with the different specialist roles, and is it a model to take forward? As I said before, many people in different parts of the workforce are very worried about, and frightened of, the introduction of the social pedagogue, so this has to be a step by step process. Let us understand the role, its strengths and what is involved. We need to find a way that we can go on, but we cannot think that we can just import it. That would not work.

David Crimmens: That is an important point, because what is happening in Denmark occurs within the Danish context—within the kind of value system that families and communities have, having been educated in a seminarium. But each one of those settings, whether early years, residential care, or work with older people, will have involved a job description that defines what a social pedagogue must be capable of doing within the specific setting. My experience of social pedagogues, for example in Denmark, is that they often specialise in certain practice placements. When they come out with their social pedagogical diploma, they may have specialised in working with children in group care settings, unless somebody suggested going to a day nursery—men and women—perhaps for a couple of years, to start developing skills in practice. Then they will take on something that is seen as slightly more complex and difficult, and they will move on to children's residential care, but they will move into a job that has been defined by the organisation that employs them. In the same way, if I were running a children's home and looking for a member of staff, I would define a job and then match up the kind of skills and competencies that somebody would have to provide.

Q269 Mr Chaytor: Are there independent social work practices in France or Denmark?

David Crimmens: No.

Q270 Mr Chaytor: To follow on, do you think that independent social work practices should be required to employ social pedagogues?

David Crimmens: In France, the vast majority of social workers are employed by non-governmental organisations, while in Denmark they are directly employed by the state. You cannot directly compare how different professionals are used. As to whether the kinds of tasks that are defined by Julian le Grand's working group on social work practices could be carried out equally capably by a social pedagogue in terms of relationships with the child and family, I would say yes. Whether a social pedagogue would have the skills and experience to manage the systems would depend on the specific experiences that they had had post qualifying.

Q271 Mr Chaytor: Can I get this right? We have two sets of pilots at present. We have the social work practice pilots—starting next year—followed by the social pedagogue pilots, for which tenders will be invited this year as well. We have other pilots, of all different shapes and sizes, that local authorities are involved in. So we have a range of different pilots, including in particular the social pedagogue and non-social pedagogue pilots. Regardless of what Professor Le Grand said on his way out, the assumption seems to be that the social work practice pilots will be extended almost as soon as they have completed their two years—there will be no time for a separate evaluation period. Where does that leave the social pedagogues?

David Crimmens: The idea of a pilot is to enable us as a society to test something out, without necessarily making a long-term commitment until we have the evidence for what works. That would seem to be what defines the pilot bit. The tenders for the social pedagogue pilots close today. Hopefully, those pilots will be up and running later this year and, hopefully, the information on their implementation will start to come out into—if you like—the professional community and political arena within a reasonable time. I agree with the Chair that children cannot wait for these things to be seen as successful or not. Last year, we carried out a very small pilot looking at the use of social pedagogues in a residential care context—a report is available, which we can forward to the Committee, if you would find it interesting. It was actually evaluated, so there is already some evidence about the likely and potential difficulties of employing social pedagogues in an English setting.

Q272 Chairman: It would be most useful to receive that. We must bear in mind, of course, that the Minister will be appearing here before this inquiry is finished. We will ask him whether there will be time to assimilate these pilots before they are rolled out. In a sense, I thought that there was more equivocation in the previous professor's response.

Professor Petrie: I would like to throw another piece of information into the pot, which is that in the last couple of years, a recruitment agency in this country, called Jacaranda, has placed 200 German social workers and/or pedagogues. So pedagogues are currently employed in the English social services system and in some residential care. I have personally interviewed staff in homes to which pedagogues have been sent as part of their training placements. They have not been afraid of or worried about them, but have welcomed their input in fact.

Q273 Mr Chaytor: What are they called in German?

Professor Petrie: I have no German. I speak Dutch, but not German—it is something like sozialpedagog, I think.

Q274 Mr Chaytor: In practical, day to day terms, what would you expect to see in a residential setting, if social pedagogues were employed in the UK on the same scale as they are in France, Denmark,

Germany and the Netherlands? What is the tangible difference—happier children, higher levels of educational attainment, or what?

Professor Petrie: That is what we found in one of our studies. I do not know about attainment, because it is very difficult to compare that across countries, but certainly we found higher attendance at school. Pedagogues who we interviewed had total confidence in their authority to ensure that children went to school, whereas the care workers who we interviewed in this country said, “Well, it is very difficult to get them to school.”

Q275 Mr Stuart: I have a quick question on social work practices—I saw a grimace from David, so I assume that he is a bit anti. Are they more likely to allow innovation and thus enable a more rapid roll-out of pedagogy than in monolithic local authority social services departments?

David Crimmens: One of the issues is that when we start talking about the social pedagogue working in English contexts, we are talking about bringing ideas into the workforce as part of people's development so that they approach their task in a pedagogical way. That relates to something that has been missing from residential care for a long time and was certainly, if we go back in history, part of the traditions of English residential care: a cohesive philosophy and understanding of what we are trying to do when we look after other people's children in a residential context. What are we trying to achieve? Social pedagogy would provide that kind of unifying framework, irrespective of whether the home was managed by a local authority, a voluntary sector organisation or a private organisation. The question about social work practices is difficult. Initially it seemed an attractive idea to me because it gave children in state care someone who was uniquely theirs. It addressed all, or many, of the issues that arose from the consultation on *Care Matters*. The difficulty is that there was also quite a lot of exploration of the role of the corporate parent in *Care Matters*. There is at least a tension between the idea of the corporate parenting responsibility resting with a local authority and the idea that you have these independents operating outside that structure.

Mr Stuart: Is the idea not to get the tension? When someone is the corporate parent and the supplier of the corporate parent team, to date the record is not particularly good and outcomes are pretty poor. International comparisons are poor. At least if there are a number of these practices, poor practice can be challenged and good practice can be encouraged. Going back to an ancient concept—the purchaser/provider split—perhaps you are more likely to get improved accountability, far from seeing it reduced.

Q276 Paul Holmes: I want to return to something that Pat said. You talked in glowing terms about continental success, for example, in relation to the youth worker pedagogue feeling confident about getting the child to school. But one of the first things we were told at the start of this inquiry was that you cannot make comparisons like that because relatively speaking we take so few children into care.

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Therefore, they are inevitably the more difficult children who come from more disturbed backgrounds. Whereas, in European countries they take many more children into care so they are dealing with a more amenable client group in a sense. Can you really make that comparison?

Professor Petrie: That is a good point. In our work, we looked at that by using regression statistics—comparing children who were taken into care at a more severe level with those who were not. We found that in terms of outcomes, staff characteristics made the difference in relation to things such as juvenile offences and attendance in education. We thought that it was about how well qualified the staff were. Pedagogy is education in its broadest sense so the residential home is a place where care and education in the broadest sense meet. It is not just a place where children are safeguarded and taken for protection. That is an important concept that pedagogy really has got a hold on and we would do well to import it.

Chairman: I am afraid we have come to the end of our time. Can I just say that it seems a wonderful goal to have appropriately trained and qualified people in early years and residential settings, and youth workers as classroom assistants. It seems that you are constructing a rod for your own back by calling it pedagogue and pedagogy. You have not convinced John because since he heard the word pedagogy—

Mr Heppell: I am convinced that something is wrong with the role of social workers. That was what I was saying. I was wondering whether that is because over time the role has been directed at such a narrow area and has become less effective than in the past.

Chairman: You have created a lot of interest in the Committee and we thank you. As I said to the last group of witnesses, which included Jane, could you stay in touch with the Committee. We want to write a good report, and we need your help.

Supplementary memorandum submitted by Children's Workforce Development Council (CWDC)

SALARIES BY OCCUPATIONAL GROUP

Social care

<i>Role</i>	<i>Average salary</i>
Registered managers	£35,000
Residential care staff	£11.17 per hour
CAFCASS—family court advisers	£28,137 to £33,765
Senior social worker / team leader	£37,347
Children & families social workers	£30,983
Outreach family support workers	£21,722
Portage workers	£20,000 approx.
Foster carers	See table below

Foster care rates payable per week per child for 2007/08 are as follows:

	<i>Base rate</i>	<i>South East</i>	<i>London</i>
Babies	£100	£111	£116
Pre-primary	£102	£114	£119
Primary	£113	£127	£132
Secondary (11–15)	£129	£144	£150
Secondary (16–17)	£151	£169	£176

Early years & childcare

Early years (average hourly pay)

	<i>Nursery schools</i>	<i>Primary schools nursery and reception classes</i>	<i>Primary schools with reception but no nursery classes</i>
All staff	£13.20	£12.50	£12.10
EY or foundation stage co-ordinators	£19.60	£18.20	£16.00
Qualified EY teachers	£17.90	£15.60	£15.00
Nursery nurses	£9.70	£9.50	£8.70
Other paid early years support staff	£8.10	£7.90	£7.30

Childcare (average hourly pay)

	<i>Full day care</i>	<i>Full day care in children's centres</i>	<i>Sessional care</i>
All staff	£6.80	£9.30	£6.60
Senior managers	£9.30	£14.00	£8.00
Supervisor	£7.00	£9.80	£6.80
Other paid staff	£5.60	£7.00	£5.80

Nannies

	<i>Central London</i>	<i>Outer London & home counties</i>	<i>Other cities and towns</i>
Live in nannies	£24,545	£19,988	£17,908
Daily nannies	£33,179	£25,548	£22,263

Childminders

In 2006, the mean income from fees was around £8,400 a year (£165 a week), an increase from 2005 (£7,600 a year or £150 a week). The mean net income (after tax) from childminding was £6,500.

SUPPORTING NOTES AND SOURCES OF DATA

Children's homes

The *Children's, Young People's and Families' Social Care Workforce Survey 2006* (LAWIG 2007) shows salary levels for managers of children's homes with up to 15 places ranging between £32,279 and £38,381 with a mean salary level of £35,183. The mean salary level for managers has increased by 26.6% since 2001.

Salary levels for deputies in children's homes with up to 15 places range between £26,358 and £30,843, with a mean salary level of £28,879 per year up 21% since 2001.⁸

Social workers

The *Children's, Young People's and Families' Social Care Workforce Survey 2006* (LAWIG 2007) shows that average (mean) annual maximum salaries for posts ranged from £37,347 for social work team leaders and £35,183 for registered managers (in homes up to 15 places), £30,983 for field social workers and £30,758 for occupational therapists and respectively, £28,879 for deputy registered managers, to £21,722 for family support workers and £21,616 for social work assistants.

Family support workers

Salary information is a guide only and there may be local agreements in place.

- starting salary for family support workers is approximately £16,000 per annum;
- the salary scale for experienced family support workers is between £19,000 and £25,000 per annum; and
- seniority payments for workers assuming additional management responsibilities can see salaries increased to up to £28,000 per annum.⁹

Residential childcare workers

As children's/family centres are being established and developed, increasing attention is being given to apparent anomalies in pay between professional with different career histories.

Residential social workers (RSW) in children's homes are usually paid on annual salary scales. There are no national rates and local agreements will apply.

Local authority employed RSWs are paid between £19,300–£27,800 depending on seniority, qualifications and experience.¹⁰

⁸ <http://www.lgar.local.gov.uk/lgv/core/page.do?pageId=12636>

⁹ <http://www.lgcareers.com/career-descriptions/caring-for-your-community/outreach-development-worker-childrens-information-service/>

¹⁰ <http://www.lgcareers.com/career-descriptions/caring-for-your-community/residential-social-worker/>

Salaries in the private sector may be lower and some recruitment sites quote starting salaries of £17,000 a year.

Agency staff and care assistants (who often work part time, coming in to help at key times of day such as before or after school, meal times or bed times) may be paid on hourly rates. Local authority hourly rates range from £10.48 to £12.10 per hour, with a mean hourly rate of £11.17.¹¹

Foster care

The national minimum allowance for foster carers was launched in July 2006 and sets the basic core allowance that foster carers receive to cover the costs involved in looking after any fostered child.

The level of allowance that a foster carer will receive will depend on a number of factors, including the specific needs of an individual child. The introduction of the national minimum allowance provides a safeguard for foster carers guaranteeing a minimum level of allowance.

The national minimum allowance applies to all foster carers approved by a fostering service registered in England who are caring for a looked after child. This includes approved foster carers who are friends or family of the child and short break or respite carers.¹²

The rates will be reviewed annually in line with inflation and revised rates published by the Department for Children, Schools and Families (DCSF) periodically.

From April 2007, it has become necessary for all fostering services to publicise their allowance rates, clearly separated from fees (the “reward” element of fostering payments). Progress towards meeting the minimum rate will be monitored through Ofsted inspection.

Foster carers are exempt from tax on the first £10,000 per year of their fostering income, anything over this figure, foster carers could be eligible for tax relief.¹³

All early years in day nurseries

The DCSF 2006 Childcare and Early Years Providers Survey of full day care providers shows that the average hourly rate for all staff is £6.80. Senior managers on average receive £9.30 per hour, supervisors receive £7, and other childcare staff receive £5.60 per hour.

Average pay rates are higher in London and local authority run providers, and for better qualified employees.¹⁴ The figures are considerably lower than the UK average. In 2006, the average hourly wage (for all staff) was £11.12 and £10.24 for females.¹⁵

Nursery schools

The report on nursery schools from the 2006 Childcare and Early Years Providers Survey (DCSF 2007) shows that the average hourly rate for all staff is £13.20. Early years or foundation stage co-ordinators on average receive £19.60 per hour, qualified early years teachers receive £17.90, nursery nurses receive £9.70 per hour, and other childcare staff earn £8.10 per hour.

Some rates of pay for some staff were higher than the UK average which was £11.12 per hour and £10.24 per hour for females, in 2006.¹⁶

Pre-school (play groups)

The DCSF 2006 survey report of sessional providers is the main source of information on pre-school settings and highlights that:

- the average hourly rate for all staff is £6.60;
- senior managers on average receive £8 per hour, supervisors get £6.80, and other childcare staff get £5.80 per hour;
- average pay rates are higher in London, and for better qualified employees; and
- the figures are considerably lower than the UK average hourly wage in 2006 which was £11.12 and £10.24 for females.¹⁷

¹¹ <http://www.lgar.local.gov.uk/lgv/core/page.do?pageId=12636>

¹² http://www.everychildmatters.gov.uk/_files/42CDA3303EA5C2317BBC4741906ECD39.doc

¹³ <http://www.hmrc.gov.uk/individuals/foster-carers.htm>

¹⁴ <http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW011.pdf>

¹⁵ 2006 Annual Survey of Hours and Earnings (First release)

¹⁶ <http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW012.pdf>

¹⁷ <http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW016.pdf>

Children's centres

The DCSF 2006 survey of children's centres reported that the average hourly rate for all staff working within the full day care provision was £9.30. Senior managers on average received £14 per hour, supervisors received £9.80, and other childcare staff received £7 per hour.

Average pay rates were higher in London and local authority run providers, and for better qualified employees. However, the average hourly rate was lower than the UK average which in 2006 was £11.12 per hour for all staff and £10.24 per hour for females.

All early years workers in nurseries in primary schools

The DCSF 2006 survey report of primary schools with reception classes and a nursery stated that when asked to give hourly pay rates for the staff at their setting there was a high level of non-response "...so the figures should be treated with extreme caution."

The survey shows, based on the information received, that the average hourly rate for all staff is £12.50. Early-years or foundation stage coordinators on average receive £18.20 per hour, qualified early-years teachers get £15.60, nursery nurses get £9.50 per hour, and other childcare staff get £7.90 per hour. Some rates of pay for some staff were higher than the UK average in 2006 which was £11.12 per hour and £10.24 per hour for females.¹⁸

Childminders

Childminders are responsible for negotiating their own fees. In 2006 the mean amount that childminders charged parents was £3.20 per hour, substantially higher than the 2005 mean of £2.80 per hour.¹⁹ The National Childminding Association (NCMA) estimates that the typical fee is between £2.50 and £4.00 per hour.

Fees ranged from a mean of £2.80 in the West Midlands to £3.90 in London. Two fifths (38%) varied their fees from child to child, most commonly based on the number of siblings attending (77%). Nationally, a fifth (21%) charged registration fees, rising to a third (34%) of childminders in London, compared with £5,500 in 2005, an 18% increase. These figures should be treated with caution due to the high proportion of childminders that could not, or would not, provide an answer.

Nannies

The nature of the work of nannies (in domestic premises) makes it very difficult to collect data. No consistent sources were found that covered all nannies.²⁰

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¹⁸ <http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW014.pdf>

¹⁹ <http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW009.pdf>

²⁰ <http://www.nannytax.co.uk/news/wagestable07.html>

Monday 2 June 2008

Members present:

Fiona Mactaggart, in the Chair

Mr John Heppell
Paul Holmes
Mr Andy Slaughter

Mr Graham Stuart
Lynda Waltho

In the temporary absence of the Chairman, Fiona Mactaggart was called to the Chair for the meeting.

Memorandum submitted by The Foyer Federation

EXECUTIVE SUMMARY

This response focuses on the following aspects of the Government's White Paper *Care Matters: Time for Change*:

- Corporate parenting.
- Family and parenting support.
- Education.
- Health and wellbeing.
- Transition to adulthood.
- Young offenders.

INTRODUCTION

1.1 The Foyer Federation develops and encourages new approaches to support young people as they make the transition to adulthood, particularly those who are at risk through homelessness, family breakdown or other factors. We work through a network of over 130 accredited Foyers providing holistic services to around 10,000 young people a year around the UK. At the heart of the Foyer approach is a formal commitment between the young person and the Foyer. For more than a decade, we have helped develop accredited learning programmes, initiatives in areas such as health and wellbeing and early intervention and quality assurance. Our campaigning and advocacy work draws directly on the experience of young people themselves.

1.2 The Foyer Federation is now attempting to apply the holistic Foyer approach more widely and develop new approaches that better meet the needs of those young people whose journey to adulthood is particularly difficult eg care leavers, young offenders and other vulnerable young people. As part of this the Foyer Federation has been awarded a development grant and working capital by Futurebuilders England to expand our programme of providing care leavers, young offenders and young people at risk with integrated services that support their housing, employment, education, and provide personal life choices.

1.3 The Foyer Federation and YMCA England jointly responded to the Green Paper *Care Matters: Transforming the Lives of Children and Young People in Care*, in consultation with young people living in Foyers and YMCAs.

CORPORATE PARENTING

2.1 In its response to the Green Paper, the Foyer Federation recommended that effective partnership working required Government to nurture cooperation between LAs and the voluntary sector, especially with regard to pooling resources and sharing information. In the White Paper the Government reiterates their partnership based approach between local authorities and the voluntary sector, but the main focus is on partnership working with the private sector.

2.2 Although partnership with the private sector to improve children in care's educational attainment and employment opportunities is important, the Foyer Federation is disappointed that the White Paper does not properly emphasise the voluntary sector's role more thoroughly and highlights the sector's ability to work with vulnerable young people to develop vital life skills training. It would also have been an ideal opportunity to have highlighted how the private and voluntary sector can work together in partnership to increase disadvantaged young people's life chances. For example the Foyer Federation has an ongoing partnership with Virgin and DSG International to provide work placements and life skills training in Foyers.

2.3 The White Paper sets out an expectation that local authorities should make a “pledge” to children in their care which will cover the services and support children in care should expect to receive. The Foyer Federation welcomes this initiative and recognises that the Government sees empowerment and participation of their children in care as key to better outcomes. It is however essential that the “pledge” is disseminated and made available to all children in care in a format that is easy to read and understand.

2.4 In the Foyer Federation’s response to the Green Paper we raised concerns about social workers not remaining consistent for a guaranteed period of time for children in care. We welcome that White Paper’s focus on securing attachment and building the resilience of children in care, of which having contact with a consistent social worker is of vital importance. Therefore, if local authorities were made to guarantee access to a consistent social worker for a guaranteed period of time the child’s sense of security would be enhanced.

2.5 The White Paper also sets out the idea of an “Independent Visitor”. The Foyer Federation sees this initiative as positive, but is concerned that it is not clear to what extent the child will have a final decision as to who is assigned to them in this role. Foyer believes that this needs to be clarified in order for the Independent Visitor to have maximum benefit to a young person’s life.

FAMILY AND PARENTING SUPPORT

3.1 The Foyer Federation welcomes the focus on early intervention and prevention, and putting resources into enabling the child as far as possible to remain with their families.

3.2 The Foyer Federation ran a successful early intervention project, Safe Moves, from 2003–05. The project’s aim was to prevent young people between the age of 13–19 from leaving their family home in the first place, and if following the intervention they still felt the need to move out of their family home they could do so in a non-chaotic and structured way. The project focused on three main factors: peer mentoring, family mediation and life skills training. The life skills training was carried out by Safe Moves workers located in Foyers.

3.3 Safe Moves was developed as a direct response to needs identified by young people in Foyers and their experiences of homelessness. The project was piloted in four dissimilar locations and evaluated by the University of York Centre for Housing Policy and was found to be “fit for purpose” and “value for money”.

3.4 Although the project focused specifically on youth homelessness, the project showed that in order for prevention work to be a success the focus must not only be on the needs of the family and parents, but also the young person.

EDUCATION

4.1 The Foyer Federation welcomes the decision to implement the bursary for children in care who is attending or wishes to attend higher education, and furthermore welcomes the decision that children in care will have a personal advisor up to the age of 25, who will be able to give advice of how to continue with further training or learning if so desired.

4.2 We are however concerned that the bursary only applies to higher education and does not apply to further education and non-academic choices, such as A-Levels, BTECS and NVQs. As the Green Paper recognised, the educational achievements of many young people leaving care are lower than the national average, mainly due to the disruption they have experienced in their lives. Young people who have experienced such disruption deserve a chance to catch up with their peers, and should therefore be supported to continue the education of their choice.

4.3 Another issue relating to educational achievement is the proposal to introduce a “tick-box” on university applications to identify children in care. Although the intention is to identify people in need of further support, this suggestion might not be welcomed by applicants who could feel further stigmatised.

4.4 In its response to the Green Paper the Foyer Federation recommended that DCSF should promote a programme of early intervention around life skills and independent living skills before young people leave care placements. We also recommended that the White Paper should focus less on schools and FE colleges as providers of life skills training, and that the voluntary sector would be better placed to deliver a more suitable holistic approach.

4.5 We believe that the White Paper does not highlight the voluntary sector’s ability to provide a holistic service to these service users. In our response to the Children, Schools and Families Select Committee inquiry into the Children and Young Person’s Bill we called for a duty to be placed on local authorities to provide young people leaving care with the necessary life skills to succeed in independent living. Life skills provision is at the heart of the Foyer ethos and our Certificate in Self-Development through Learning is an accredited learning programme by City and Guilds and, importantly, recognised by the Qualifications and Curriculum Authority on the National Qualifications Framework.

4.6 The Foyer Federation believes that this programme can be delivered to young people in care preparing them for independent living, and could form part of a comprehensive package of support that local authorities should be under a duty to provide to young people in their care.

HEALTH AND WELL-BEING

5.1 The Foyer Federation welcomes the White Paper's focus on children in care's health and well-being, including the increased focus on sex and relationship education, and free part-time access to positive activities.

5.2 We also welcome the focus on increased funding to the Child and Adolescent Mental Health Services, and that statutory guidance will be issued to ensure CAMHS provide targeted provision to children in care.

5.3 However, in the Green Paper response we did raise concerns over the proposed compulsory screening for substance misuse, as it would exacerbate the stigma of being in care.

TRANSITION TO ADULTHOOD

6.1 The Foyer Federation was very positive with any suggestions which focused on "stage not age" and therefore backed the Government's proposal in the Green Paper to expand the care system to 21.

6.2 A significant part of the transition to adulthood is the role of suitable accommodation. The Foyer Federation recommended that guaranteed revenue funding becomes available for supported housing for a range of young people. Furthermore, it was not seen as the best solution to provide accommodation exclusively for care leavers. Instead they need to be integrated into society and with other young people.

6.3 Therefore, the Foyer Federation supports the indication in the White Paper that the Government does not see care leavers as being in need of separate accommodation. The Foyer model has already proven a successful supported housing project for many vulnerable young people, including care leavers, and we hope that the Government will recognise this and support us in the future to develop our services even more.

6.4 Another significant part of a successful transition to adulthood is the development of practical life skills, as mentioned above.

6.5 In our response to this Select Committee's inquiry into the Children and Young Person's Bill we recommended that a duty be placed on local authorities to equip young people in their care with the necessary life skills to succeed in independent living and plan for provisions when young people are leaving care.

YOUNG OFFENDERS

7.1 In our response to the Green Paper the Foyer Federation suggested that it would be useful for young people to have an opportunity to "wipe the slate clean" after a certain period of time, as children in care tend to have more problems with ASBOs and the police which can hinder their further progression in life when trying to access accommodation and employment.

7.2 We believe that the White Paper has not sufficiently addressed this issue, which could prove to be a great barrier for children in care.

RECOMMENDATIONS FOR ACTION

- That the Government puts more emphasis on partnership working with the voluntary sector, including the sector's ability to work with vulnerable young people to develop vital life skills training, and its ability to provide vital holistic services.
- That the Government focuses not only on family and parenting support, but also recognises the impact peer mentoring can have on a young person's ability to remain in the family home.
- That consideration is given to the fact that the bursary only applies to higher education, and excludes further education and other non-academic choices. The bursary should also be applicable to young people in care undertaking or wishing to undertake further education or non-academic qualifications.
- That a duty is placed on local authorities to equip young people in their care with the necessary life skills to succeed in independent living and plan for provisions when young people are leaving care.
- That children in care who have been involved in the criminal justice system will be given a chance to "wipe the slate clean".

Memorandum submitted by What Makes the Difference? and National Leaving Care Advisory Service at Rainer (NLCAS)

ABOUT US

The National Leaving Care Advisory Service (NLCAS) has the single focus of policy and practice in relation to young people as they prepare to move on from care and have left care. It provides a range of information, advice and project services to policy makers and service providers.

What Makes The Difference? (WMTD) is a project that is working to identify ways to improve poor outcomes for older children in care and leaving care in England. WMTD is a large partnership involving 60 organisations from national and local government, voluntary and independent sectors and is partly funded by the European Social Fund EQUAL initiative. To facilitate success, young people from care are at the heart of every part of the project. The National Leaving Care Advisory Service is part of Rainer, the young people's charity. Rainer is the lead partner in What Makes The Difference?

In late 2006, we undertook a peer research project, in which 265 young people aged between 15 and 23 from 25 local authorities were asked what made the difference and what could have made a difference while they were in and leaving care. The research was carried out by young people from care, trained and supported by us.

From November 2006 to January 2007, we ran four regional consultation events with young people on the *Care Matters* Green Paper. 339 young people from care and 426 professionals from over 90 local authorities and 15 private and voluntary agencies submitted their views at these events.

What Makes The Difference? (WMTD) and the National Leaving Care Advisory Service (NLCAS) are strongly supportive of the majority of the provisions in the Children and Young Person's Bill. However, we believe the provisions in the Bill could be strengthened in a number of ways to improve outcomes for young people in and leaving care.

The evidence contained in this submission is based on the key messages from the two year What Makes the Difference Project? and research carried out by Rainer.

1. *Corporate parenting*

I. We welcome the Committee's specific request for evidence on the impact *Care Matters—Time for Change* on corporate parenting. We have done significant work in this area, including research with care experienced young people.

II. In the peer research project, young people were asked, "what made the difference for you?" 45% of respondents identified the quality of the relationships they had with key individuals. Specifically.

III. Personalised care: To make the difference in terms of emotional wellbeing and improving outcomes corporate parents have to develop services that fill the individual child's "parenting gap". Lead professionals and carers, alongside local authorities, must work hard to personalise the care they provide—as good parents would.

IV. Go the extra mile: Behind most young people who succeed is an individual who "goes the extra mile" and has "made the difference"—eg the "pushy carer/worker" who provides care the young person needs, often "in spite of" the system. Good relationships will provide the attachment that these young people need to succeed.

V. Involving everyone: Corporate parenting can't be solely about lead members and Children's Services Directors. As important—more important to young people—are the lead professionals/carers involved in their day to day lives. They are the people who are the front line in providing care and can truly make a difference. At present systems all too often do not empower these people to do their jobs as they should.

VI. Take more risks: Good parents have to take risks. Social care has become risk averse. Corporate parents have to manage risk far better than at present and governments have to support them to do so. Excessive bureaucracy/administration—especially for lead professionals and carers—does not personalise services and can undermine success. In social care recording is important, professionalism is essential but as normal a process of parenting as possible is crucial if we are to make the difference.

VII. Listen to children and young people and empower them: At local and national levels services would be improved by really listening to what young people are saying and working with them to provide it. No good parent would provide care without full discussion and involvement of their children. This provides the secure basis of their emotional wellbeing.

VIII. Take the lead: Too many corporate parents give poor consideration to the employability of young people in and from care. This is despite them often being the most able to provide enormous opportunity for learning within their own and other local organisations. If local authorities are to do the best for care experienced children and young people they must exploit their own opportunities more.

2. Education

I. We strongly welcome the provisions in *Time for Change* to make payments to care leavers who are pursuing higher education. Young people who took part in our Care Matters consultation events said they would like to see these provisions extended to include those care leavers who wish to pursue further education, apprenticeships and vocational training. While it is of course admirable to promote higher education, it needs to be realised that, when 66% of care leavers do not gain a single GCSE, higher education is beyond the reach of many of these young people. In contrast, further education, apprenticeships and vocational training could make a real difference to improving their life chances.

II. The poor statistics relating to the educational achievements of children and young people in care are well known. According to Government statistics:

- 66% of children in care did not gain a single GCSE or GNVQ.
- Only 7% obtained at least 5 GCSEs at grade A* to C.
- At age 19, 26% of care leavers are in further education and only 6% are in higher education.
- 29% of care leavers are not in education, training or employment at age 19.

III. Our peer research indicated that:

- 46% said they had needed additional education support while at school. Over a third (36%) said they had not received this.
- Black and minority ethnic young people were more likely to be in education, training and employment than their white counterparts.
- 39% felt that their time in care had affected what they had been able to do after care, especially in relation to education.

IV. Personalised education support: Evidence from *What Makes the Difference?* reveals that additional, more personalised support in education and training for children in care and care leavers does make a positive difference to outcomes.

V. In one local authority where individual tuition was provided for a year to year 11 pupils: Out of 17 young people who sat formal examinations, 11 of them (65%) exceeded predicted grades, some of them far exceeding them. Other positive outcomes included increased school attendance, reduced school exclusions and greater confidence/self esteem.

3. Transition to adulthood

I. In our peer research project:

- 66% left care before they were age 18.
- 49% had received no written information from their local authority before leaving care.
- 88% felt care leavers should have the option to return to supported accommodation if a move to independent living did not work out.

II. For all young people learning about adult life must be experimental. It must be well planned, as safe as possible and at a pace that young people can cope with—and most importantly it must have a “safety net” attached.

III. We strongly support proposals made by Barnardo’s which recommend a transitional stage for young people leaving care. The average young person does not leave home until 24, and will usually go safe in the knowledge that they can call on their parents for advice and support. Care leavers do not have this safety net and their outcomes in employment, education, housing and health indicate significant failings in their preparation and readiness for adult life. Indeed, our peer research showed that 38% of young people with care experience believe they are simply left to “get on with it” without any input or preparation when the time came to live independently.

IV. A new transitional status for care leavers would go some way to providing a much needed safety net for these young people and could do wonders in boosting their chances of developing a successful independent life.

V. It is proposed that this new approach has three main elements:

- A new transitional status for young people leaving care between the age of 16–21 years that becomes relevant whenever they leave care and that provides the same degree of care and protection to them without labelling them as a young person “in care”.
- An Accommodation and Support Strategy for Care Leavers 16–25 Years, including care and transitional accommodation up to age 21 and supported accommodation up to age 25.
- A guarantee of employment, education or training placement for all young people in transition of leaving care, up to age 21 years.

4. *The role of the practitioner (including training and workforce development)*

I. In order to become better corporate parents, we believe that care professionals need to have a better understanding of older children plus skills and knowledge in child development and parenting, particularly of teenagers. The training of care professionals therefore needs to have a clearer focus on these issues. There are no proposals in *Time for Change* to cover this although we welcome the interest shown in pedagogic approaches.

5. *Additional messages: Accommodation*

I. The issue of accommodation for care leavers is notable in its absence from *Time for Change* and subsequent legislation. Cross-government co-operation is essential if this vital area is to be improved.

II. Young people who have been in care are still overrepresented in those young people who are homeless. In *Life After Care* (Joseph Rowntree 2005) 36% of young people reported being homeless at some time in the year after leaving care. Through our work with local authorities across the country, we know that the availability of both supported and permanent accommodation varies greatly. While local housing shortages may contribute to this, it is also caused by inconsistent planning and provision of accommodation with support and the quality of cooperation between children's services and local housing authorities. Often it is simply a failure to plan for something that it is known that almost all young people will need.

III. Rainer's *Home Alone* report found that almost one in six (16%) of care leavers were in unsuitable accommodation with a number of interviewees in unsafe or completely inappropriate accommodation.

IV. Thirty per cent of care leavers interviewed by A National Voice for their publication, *No Place like Home*, did not feel safe where they were living.

V. There are a number of practical, systemic changes that would have an enormous impact on the quality of accommodation for care leavers:

- Post 18 foster placements. In many local authorities there is already the opportunity for young people to remain with foster carers beyond 18 and *Care Matters* proposes that eventually this will be available to many more young people. The arrangement however, is informal and unregulated and relies heavily on the goodwill of foster carers.
- Supported accommodation. Similarly, the vast majority of supported accommodation for young people is not covered by Ofsted regulation and inspection. We would like to see regulations covering all accommodation and placements used by young people as they move from care to independence.
- A specific section on housing for care leavers within Local Authority homelessness strategies, signed off jointly by the Director of Housing and Director of Children's Services.
- A presumption against declaring any care leaver intentionally homeless. Such a declaration should only be made in cases of serious anti social behaviour or other extreme circumstances.

6. *Additional messages: The "Pledge" to improve corporate parenting*

I. The Pledge will be a promise from a local authority to all of its children in care, including care leavers, detailing what it will provide for them in terms of its services and support. The proposal was overwhelmingly supported by young people during the consultation period for the Green Paper, although they had some strong caveats about how it should be developed.

II. We strongly believe that the process behind developing the pledge is as critical as the content. There should be no "one size fits all" answer, and the success of the pledge will depend on whether local authorities take into account the particular issues in their area, listen to the needs of their children and young people and take into account the things that matter to them. In addition to ensuring that the pledge meets their needs, involving young people in its development could have significant additional benefits. Children in and leaving care have better outcomes when they are empowered to act positively and effect change in their own lives. It will also offer the children and young people the opportunity to develop new skills and establish strong self-esteem.

7. *Additional messages: Young People from a care background in custody*

I. The original *Care Matters* Green Paper committed to increased support from all young people in custody from a care background (whether through a care order or voluntarily accommodated). The subsequent White Paper and Bill have watered down these commitments somewhat, though we are hopeful that regulations will ensure that all looked after young people who enter custody have access to a proper resettlement package supported by the children's services team.

II. Research from the Rainer-lead RESET programme found that there are potential net cost savings of £80 million per year to be made by properly supporting young people's resettlement back into the community from custody. This means providing effective support around education, employment, accommodation and links to family and carers.

III. In 2004–05, 54% of those leaving young offender institutions had no recorded education, training or employment place. Thirteen per cent left with no recorded accommodation (Hansard quoted by Prison Reform Trust). In 2005–06 around a quarter of boys in custody were held over 50 miles away from their home. Almost half of girls were (YJB).

IV. For young people from a care background this absolutely requires the involvement of the children's services or leaving care team. The pilot programme placing social workers within the secure estate has proven how important maintaining these links can be, particularly when just over one quarter (27%) of the population in custody have been taken into care (Social Exclusion Unit). Leaving Care Teams/Children's Services must maintain the relationship with all young people taken into custody and play an active part in their resettlement.

Witnesses: **Professor Mike Stein**, Social Policy Research Unit, University of York, **Martin Hazlehurst**, Service Manager, National Leaving Care Advisory Service (NLCAS), **John Hill**, National Manager, What Makes the Difference? Project (WMTD), and **Steve Hillman**, Policy and Research Manager, The Foyer Federation, gave evidence.

Q277 Chairman: I welcome our witnesses—Steve Hillman, Martin Hazlehurst, John Hill and Mike Stein—[*Interruption.*] I am sorry: I checked outside with Professor Stein, and he told me it was pronounced “Steen” rather than “Stine”, but I still got it wrong. Welcome to our inquiry about looked-after children. I thank the witnesses very much for coming and for giving us evidence. I am taking the seat that is usually filled so admirably by my colleague, Barry Sheerman, who is unable to be with us. I am sorry about the small number of Members here today. It is a reflection of the fact that we are just back from a recess; please do not think that it is a reflection of the fact that we do not take your evidence, which will give us a particular insight, very seriously. If it is all right with the witnesses, I shall call them by their first names rather than saying “Professor Stein”, because I shall be less likely to make an error. It would be helpful if we started with each witness—without repeating his biography—giving us the most important message from their experience, research or work regarding children leaving care. What can get the best outcomes? What can help these children to face the adult world successfully? What are we doing right? What are we doing wrong? What should we do more of? What should we do less of? If the witnesses can just give an account of the most important things, it would be a good place to start.

Professor Stein: We know from a lot of research studies that how young people progress after they leave care is associated with three main areas, the first of which is the quality of care that they have experienced. That includes, in particular, whether they have had stability while they have been looked after and whether attention has been paid to their well-being and education. Quality of care is critical. The second main area that influences how young people progress is the age at which they leave care, as well as how prepared and ready they are for leaving care. A lot of evidence shows that young people who leave care later and who have had gradual transitions during their journey to adulthood cope better than those who leave

younger, experience a lot of disruption and are not ready to leave. Thirdly, we know that how young people cope is influenced by the range and quality of services that they receive after they leave care. Evidence suggests that the range and quality are both important. Those dimensions could include very important practical areas of support, such as financial and housing support, as well as addressing young people's needs for emotional and personal support. Studies have also shown that young people who leave care are not a homogenous group and that they progress at different rates. That depends on a number of factors, such as their different needs. For example, there are large differences in the care population among young people with complex needs, such as profound learning difficulties or emotional and behavioural problems. A second point depends on their family background and the extent of abuse, neglect or ill treatment that they might have experienced, or their troubles settling in at school. Linked to that are their starting points on entry to care, which may vary considerably between different groups of young people as they enter the care system. It is a central area of concern that we should measure the progress that young people make, rather than just focusing on normative outcome measures at single points in time. I shall be happy to return to that, if appropriate.

Q278 Chairman: Thank you, Mike, for giving us a clear summary based on your research. John, you run projects for Rainer. What have they led you to think?

John Hill: I speak in part from my experience in a local authority, as well as in research and development projects for Rainer on improving outcomes. The two key factors that have come from our work during the past two years are borne out by a lot of our experience. We have identified factors that made a difference, such as what young people felt made a difference for them in terms of success, and whether that was borne out by our work with local authorities on whether such factors were relevant. One factor was the quality of the

relationship of a child or young person with a small number of key individuals, such as the carer, personal adviser or social worker. The second factor was that they felt cared for and that the process of care left them feeling cared for. We identified that those factors underpinned success in all areas of their lives. I picked those two things out because the challenge for all of us involved in the work of exploring how to improve outcomes is to get local authorities, which are large bureaucracies that provide support to whole communities, to make individual young people feel cared for, and to provide the key, fully empowered people to form the necessary relationships for care to succeed. I shall stop there, because the rest of my remarks will come in answer to further questions.

Martin Hazlehurst: I, Mike and others have been in this game—trying to improve services for young people who are leaving care—for a long time, during which we had the Children Act 1989, which imposed duties on local authorities for the first time. After 1997, we had the Children (Leaving Care) Act 2000, the quality protects initiative and homelessness legislation that gave young people priority need, and now we have *Care Matters* and the Children and Young Persons Bill. Those things have created a pretty strong framework. Although there are ways in which the latter two could be improved—perhaps we will get the chance to say something about that—the legislative and policy framework is not bad. As time has gone on, legislation has been developed well in line with current thinking. However, we are still talking about how to improve outcomes. Outcomes have improved since the Children (Leaving Care) Act 2000. More young people are in education and suitable accommodation—I should like to say more on that later—but we are hoping to improve things further and to get care leavers closer to the kinds of life chances that other young people get. We were told that you were interested in how to get the performance and delivery of services in every local authority up to the same level as local authorities that are doing well. That inconsistency of service is important. Similarly to what John said, we are clear about what young people want: stability when they are in or leaving care; close relationships with one or two people; obviously, planning and preparation work that treats them as individuals rather than as part of a system; support to get the education and jobs that they want; and good accommodation that will support them and give them a platform from which to make their way in adult life. The key question is how we convert what we have and know into high-quality services. We can talk about some of the levers that we might use later, but that is the key question.

Q279 Chairman: Steve, the Foyer Federation knows lots about young people's life chances.

Steve Hillman: That is right, and the feedback that I will give is based on evidence given to me by some of our members who have close relationships—contractual or otherwise—with their local leaving care teams. In some respects, the three things that I identify echo the comments made by colleagues.

First, stability and consistency has come out as being a very important factor in successful outcomes for young people leaving care. Secondly and similarly, the quality of support from a trusted adult—someone who can model the unconditional regard and consistent support of a parent—has been identified as incredibly important. Thirdly, members of our network have identified the factor of support in developing the independent living skills that are necessary for making a successful transition into adult life. Many of us take for granted such things as cookery, budgeting, knowing what is expected in the workplace, and developing the kind of self-confidence and self-esteem to be able to enter education and training in the first place. The quality and consistency of support to develop such independent living skills are enormously important, according to our feedback.

Q280 Chairman: Thank you. Martin, you referred to the inequalities of different local authorities and to the framework of legislation. This is our first inquiry into the children's field. Until now, most members of the Committee have focused on education issues. In some ways, the legislation ought to be fixed with the Children (Leaving Care) Act 2000 and so on. However, if we look at the report giving young people's views on leaving care, it is clear that although the Act made a lot of difference, it is ignored in practice in a lot of places. How do they get away with not doing what it says on the tin?

Martin Hazlehurst: There are many reasons for inconsistencies in services. One is local factors. In accommodation, for example, there are big variations in availability and cost among local authorities. There are differences in the way in which local authorities prioritise their services—leaving care is given a higher priority in some areas than in others. With regard to young people leaving care aged 16 and 17, the differences are almost cultural. In some local authorities that would be unusual as there is a culture—and a clear direction from the top—that young people will not leave until they are 18. In other local authorities, that is the norm and tolerated. The reason why they get away with it is because there are no statutory standards for leaving care. We have the legislation, guidance and regulations surrounding the Children (Leaving Care) Act 2000, but we do not have any standards, so there is no regular inspection of leaving care services to ensure that local authorities are doing what they should. We have our own standards for leaving care, which we developed alongside John and his project and others. The Department for Education and Skills, as it was then, was involved in that from the beginning, but the standards are purely advisory. We use them to gauge how well we think local authorities are doing, but they do not have any regulatory or statutory force. Leaving care has been included in local authorities' joint area reviews, but that is the level of inspection that goes on. It is not a massive inspection. We would like to see more external inspection and audit of leaving care services. We would also like the Department for Children, Schools and Families to take a stronger

2 June 2008 Professor Mike Stein, Martin Hazlehurst, John Hill and Steve Hillman

line on identifying local authorities that are failing and ensuring that they are given the right support. If they do not improve, the Department should ensure that there are sanctions to go along with that, but that does not happen much. That might happen to a certain extent through Government offices, but those offices are looking across a whole range of children's services and leaving care is a small part of that. That is how people get away with it. Hopefully, there are ways in which they could be made to do it better.

Q281 Chairman: The evidence that I have seen seems to suggest that we have a system whereby services are either poor or very good. We do not seem to have ones in the middle. How can we change that?

John Hill: Again, in all the work we have done over the last couple of years, which involved a lot of authorities, nobody got this right. It would take a long time to explain all the factors that make up the reasons why we do not get it right, but I will point out one example. We worked with more than 40 local authorities and I did not find any that was not committed to trying to make a difference. They struggled with how to do it, and that is why I made the first two comments. We know that the basis of good care is good parenting. That is the key factor, and everything rolls out or builds upon it. The challenge for local authorities is to interpret that care within their bureaucratic system—this enormous bureaucracy is really quite something. We have done enough on working up a model of what corporate parenting is and what it means. The challenge that is implicit in that is how local authorities that are running services for whole communities can pick out a small group of looked-after children and prioritise them. Is it reasonable for them to do that? That is what looked-after children need; they need all the services out there for young people. Then, in part, authorities will be a parent to those children. Children need to feel that they are being parented by their local authority. The legislative framework in this country is very strong compared with that in others. However, what it does not do—I am not saying that this is the only factor, but our interpretation of the messages from young people is very clear—is allow enough young people to feel sufficiently cared for. It struggles to do that. There are senior managers in local authorities saying, “But how the hell do we do that?” It is really difficult to do such things in the context in which we work. There are answers to these problems, and empowering carers is one. The whole decision-making process in local authorities is very top-down in terms of management. How does that become a model of parenting for children in care? It is difficult to represent a model of parenting when you have three or four levels to make what, in the case of a child of yours or mine, would be a basic parental decision. Those decisions can take days and days, and that does not replicate good parenting.

Q282 Chairman: I accept that, but research by the National Leaving Care Advisory Service showed that, in some areas, more than 40% of young people

had not had a needs assessment and did not have a pathway plan. That is much simpler than the complicated steps that you are talking about, is it not?

John Hill: What I am saying is that that is the foundation of all this, and the rest builds on it. I said at the beginning that I could give you a whole raft of things that would make a difference, and some of them are very easy wins. Some of this is about local authorities doing what is in the legislation. Our project found that many local authorities still do not provide personal advisers, or that if they do, they will provide two for 70 or 80 care leavers. How does that fit? Most children with disabilities who are care leavers have no personal adviser service and no pathway planning process. How can local authorities get away with that? Some of this has to be about tangible things, such as the regulatory framework around local authorities, as well as about elements such as sharing best practice across local authorities so that they can learn from each other about what works and what does not. There will always be local authorities that really struggle because they do not have the knowledge base, the specialism or, sometimes, the will to make arrangements work, to make them different or to make them stand out. *Care Matters* was very clear; it cited a number of quotes from Alan Johnson saying that you have to put children first and how local authorities could do that. Those are examples of the very tangible things, such as empowering carers and allowing them to make decisions and hold budgets, right through to ensuring that children's pledges are detailed enough to empower children and allow them to know what care they are supposed to get. Young people say that they do not know what care they are supposed to get and that they cannot work it out.

Q283 Chairman: Mike, what does your research tell us about this?

Professor Stein: Although there are differences between local authorities—a lot of research has shown this, and John and Martin have commented on it—we should also recognise that there are differences in most authorities in relation to ordinary or normative parenting, particularly the age at which young people are expected to become independent. That can still be as young as 16 or 17, which contrasts with 23 or 24 in the general population—if people leave home at all. I always say at this point that one reason why I have white hair is that I have a son who is pushing 30 and still at home, so if anybody has any addresses, I will be very pleased to have them. However, there is a big difference on the issue in most local authorities; it is not a difference between authorities. A second point links to that. There is a lot of emphasis on the period of transition, which is important. However, there is far less emphasis on what happens to young people as they move into young adulthood and on continuing support into young adulthood. One thing that comes out of some of our international work—we have been looking at 16 different countries—is the importance of having support

beyond 16, 17, 18 and 19. That is a critical time for young people, especially given the deficits that some of them may have. They might take longer to settle and to catch up. Many services can focus on the period of transition, but then they disappear. Many activities can be focused on that period, but then what happens to the young person who needs support at 20, 21, 22 and 23? From studies of all young people—not just looked-after young people—we have learned that that time can be critical. Parents put a massive amount of energy into supporting their young people at that time in their lives. They do it at not just 16 to 18, but over a longer period. Although I take the point about the differences among authorities and the resulting territorial injustices that are the cause of such anger and concern, we should also take into account the needs base. Needs can extend to longer term transitions and focusing on increasing the age at which young people leave care. The two proposals, particularly the staying-put proposals in the *Care Matters* Time to Deliver agenda for 18-plus foster care, are long overdue. We need to pilot them and see how we can support young people in foster care. I am talking about circumstances in which young people are settled and do not want to move on, or their foster carers do not want them to move on, or they have good relationships with the school and the foster carers. That would help them to leave in a gradual and ordinary way.

Q284 Chairman: Steve, do you have anything to add?

Steve Hillman: Yes. In conversation with members last week, the one thing that came across to me very strongly was differences in approach. In one local authority, for example, a leaving care team has its personal adviser work very closely with the housing support worker of the individual care leaver in the Foyer and the care leaver themselves to develop a pathway plan that is integrated with housing support and the personal development process of the Foyer. The young person themselves has a high level of ownership of that plan. They know what is in it because it has been worked out with them and addresses their individual needs. In another local authority, the Foyer had never seen the pathway plan of the individual care leaver that it was housing. It had had no conversation with the leaving care team despite the fact that it had repeatedly tried to make contact. Therefore, there is something there about letting go of some of the ownership of the process and working in partnership with others. Another thing that came from the feedback was that leaving care teams, while highly committed and very skilled, are deeply under-resourced. That leads to situations in which there are two advisers available for 70 care leavers. That problem was cited by every member I spoke to. There was the feeling that the leaving care teams were very stretched and hence were devolving their responsibilities to other people, particularly other DCSF providers. There was one example in which a DCSF provider had a contract with a leaving care team to co-ordinate supported lodgings schemes for young care leavers, but ended

up providing welfare and benefit advice and personal development support—even though it was not contracted to do so—because the leaving care team did not have the necessary resources.

Sitting suspended for a Division in the House.

On resuming—

Chairman: I invite John Heppell to ask questions.

Q285 Mr Heppell: I see that more than 60% of looked-after people leave care when they are 18, but a sizeable amount, 25%, leave when they are 16. It seems strange, especially because there are extra pressures on people in care. One would expect them to leave earlier. Does anyone try to persuade people to leave care earlier? Are pressures put on them to get them out of care earlier? If that is the case, what are the options for people who do not think that they are ready for independence before 18, or even at 18? What happens when they get to 18 if they decide, “I just couldn’t handle it out in the community”? What are the options for people in those circumstances?

Professor Stein: There are a number of issues around that. Unfortunately, it has been one of the enduring statistics since I started researching this area—so it goes back 20-odd, nearly 30, years; it has been a long time. There is some evidence of a slight shift in young people leaving care older, but it is not dramatic, and it still contrasts dramatically with the age at which young people generally move on from home. As to why, the care system tends to be structured around leaving at this magical age. Often the aim is to leave at 18, but in reality, as you say and the evidence shows, some leave younger. So with regard to children’s homes and foster care, there is often pressure on foster carers—who are a scarce resource, and this raises wider work force issues about the training and recruitment of foster carers in the market—to move people on and take younger children and young people. Children’s homes are usually structured around age, so that when young people reach a certain age there are expectations, often from quite young. At 14 or 15, they can be told, “You need to be thinking about your future now—becoming independent.” That is kind of built into the system as well. That would suggest not only work force change, but a change in attitudes and culture, and a complete change in the thinking about age: abandoning the notion of leaving care, and thinking about young people’s journey to adulthood as gradual and normative rather than built around age structures and care. The Staying Put initiative in *Care Matters* and the Right2BCared4 pilot programme, to some extent, and the work force proposals about training foster carers are practical proposals to begin such a shift. However, I do have my doubts, given the enduring nature of the problem. I would hope that they will cause a shift, and their implementation will need careful monitoring by the Department, but I have concerns as to whether there will be a dramatic shift.

John Hill: Can I make one point about young people pre-18? Something about those young people's previous experiences—their life experience, their parenting experience—has an effect on them feeling, “I can't wait to get out of care.” There is a culture within care as well, about leaving care and getting out of care early. To add to what Mike has said, it is not seen as a positive experience, which is all very relevant. Within that, there is a whole planning process, and I agree that people do not try to persuade them to stay. The structural limitations and less normative transition process, combined with their own poor previous experiences, lead them to say, “I've got to go; I want to go.” Some of my experiences in local authorities have been of sitting trying to persuade young people to stay at least until they are 18, with groups of professionals sat around, pressuring the child and saying “We do not want you to go.” But there is something about wanting to go. That is one small factor. I am not saying that there are not big structural reasons. In a way, the reasons given by Mike are more problematic, but I can understand the context for those children.

Martin Hazlehurst: Unfortunately, that figure of 40% of young people leaving before 18 is probably—almost certainly—an underestimate of the numbers of young people who are leaving foster and residential care because some young people who are still officially in care on care orders may be living in more independent settings. I think there was research that showed that young people leaving foster care fell almost into three equal groups: those who had a very positive experience and therefore stayed until they were ready, and moved on; those young people who felt they had no choice but to move on; and another group who left because they had had quarrels, they had fallen out, and the placement had broken down. With the no choice group, it is about the expectations of that local authority. With the breakdown ones, I think it will be very interesting to see whether the Right2BCared4 pilots can tell us more. We do not know enough about what is actually happening at that time, and about what kind of support can be put in for young people to persuade them and carers to say, “Yes, we want to give it another go.” Following on from that, another feature of the care system is that, unlike for most young people, the process of moving from care to adulthood is very linear. Most young people will leave home and come back, leave home and come back. My daughter is 25, and I hope that in an hour's time she will be on a plane to Ireland; she will live there for six months after being back with us for six months. That process goes on all the time. It is very unusual for a young person in care to be able to move backwards and forwards, and to move back to a care placement. John was telling me earlier that in the local authority where he used to work, with argument, it could happen; but it is very unusual. If we accept—I think that we have to accept it—that we will not solve this overnight, that we will not get to a point where young people are all staying with their carers or in residential care until 18 or beyond, then we have to look at the alternatives. We have a problem there as well. We have some very

good programmes of supported accommodation, and Steve could talk about the work done by the Foyer movement. However, we also have some places where young people say they do not feel safe; we have hostels where they do not feel safe. There is no process by which a placement that a young person goes to at 16 or 17 is like care; the place is likely to be unregulated and un-inspected because it falls between the regular programme of inspection and regulation of accommodation. It is not part of the care system, and nor is it often covered by Supporting People and the funding framework of the full inspection. One of the things that we have been saying through our work on the Children and Young Persons Bill is that there is a desperate need for much better quality assurance of the kind of placements that young people are going into if they have left care, whether they be supported housing, supported lodgings or a floating support system with staff coming in and out, such as Foyers and other places. Some are very good, but we do not know that they are. There is certainly an issue if we accept that we will never persuade every young person to stay in care until they are 18, even if that is open to them. We can support carers better, and the Right2BCared4 pilots ought to show us how that process can be managed better. For example, under the Right2BCared4 pilots the independent reviewing officer has to have a role in the process of young people actually moving on from care. At the moment, in most local authorities the IROs back out at the point when the young person leaves a care placement. The process might be started by the IRO, but there is no follow-up and no checking that planning is happening beyond that. The other important thing to do would be to ensure that IROs are reviewing cases, checking that young people are being listened to and checking that the pathway planning process is happening at least until 18. There are a number of things that can be done, but again it is not going to be easy.

Steve Hillman: We would draw a distinction between residential and foster care, in so far as there is a strong sense that young people cannot wait to get out of residential care. In many cases, Foyers have fed back to me the fact that the sooner they get their hands on someone who has been in residential care the better, particularly if the young person has been in residential care for a number of years, because they can be highly institutionalised. The sooner you can work to break down that kind of institutionalised mindset the better. There is very much a sense that foster carers in some local authorities are under pressure to let go at 16 because people are coming up through the system who want to get settled. One answer to where those young people go is into Foyers. There are about 130 Foyers in the UK, and care leavers make up about 10% of the Foyer population.

Q286 Mr Heppell: I hear what you say. What would be the influence, in practical terms, of the Barnardo's idea of extending it to 25? You seem to be saying that people do not just have to go because there is a set age—Mike says that we should forget about the age

altogether—but because they want to go. Would that mean that they would have the option to do what normal kids, who are not being looked after, do? My kids went and came back—one of our friends described them as boomerangs, because they were in and out of the house that many times. Is that how you envisage it working—people would be able to go and try it and, if it was not working, they could come back and sometimes get a bit more backing and go out and try again? Also, are we talking about the transition period being from 16, when people leave now, until 25? Or are we talking about it being from 18 to 25? Are we still seeing 18 as the time when people should go?

Professor Stein: This is the problem with having such an age-related structure. When you are dealing with policy and legislation, it is difficult not to have age-related structures, but I am not sure that they recognise the kind of needs involved in most young people's journeys to adulthood. I am not sure—was Barnardo's talking about transitional stages in terms of extending support? There are some good arguments for extending support into young adulthood and beyond transition. I think that proposals to extend support to 25, providing ongoing support, are mentioned in *Care Matters* as well. The critical question is what that support should be—what it might look like. There are arguments for recognising that young people often require ongoing support, beyond transition and into adulthood, similar to what you, John, would be able to offer your children and young people, and what other parents are able to offer. At the moment, such provision would be unlikely. But it raises another issue, which is the administrative boundaries between children's and adult services. The Department would be required to work with adult services to come up with a way of crossing those boundaries. Perhaps the third sector is less restricted in that sense, but I think that there is an issue about that as well. It would seem to me a good idea to have extended support beyond the immediate transition period.

Martin Hazlehurst: I think that that Barnardo's idea of transitional status raises some interesting issues. If you look in the briefing, it then talks about the kind of things that would flow from that. One is the process of never having quite left, and therefore the possibility and opportunity to go backwards and forwards. I am not quite sure how young people feel about it. I do not know if they have been asked if they want to be called this transitional person, or whether at 18 they want to be adults, but supported adults. That is something else. Most of what that transitional status can bring we can do anyway. We can provide that kind of model of a more normal transition within the legislation that we have already. I am not sure that it needs legislation necessarily, although I think that it raises some interesting issues. On support to 25, yes, some young people do need support to 25. We would certainly like to see the *Care Matters* proposals around an extension of support to 25 for education to be extended to other areas. Some young people have emerging mental health problems at 21, 22 or 23.

Some young people become homeless at 21, 22 or 23. Restricting it to education is missing the point a bit. Young people have needs that last longer than 21. Certainly that is an area in which *Care Matters* and the Bill could be improved.

John Hill: I think that the impact of previous experience means that if you are going to succeed with this group of young people, you are going to have to hang on in there—if anything, in an ideal world, for much longer than you would ordinarily with your own children—with a large proportion of them. I would come back to your boomerang: I think that that should be possible; I cannot see why it should not be possible. I am not saying that there are not inevitable limitations—this is the same point again, in a sense—on a local authority trying to have services where someone can just pop back and take up their old bed in a children's home. It is not going to work like that, but to be able to have systems where you work, you structure your services, you clarify what they are as part of your children's trust arrangement and you are very clear in your pledge what that is about. It could be very reassuring to that young person to know that there are supported housing arrangements. Some of the messages that we were aiming to give in some of the services I have managed before were, "If you get stuck, you will never be homeless—you will never have that," and, "If you decide to go to Scotland, I cannot always get you back in that night, but we will get you back, you will be here, we will find you somewhere, and as soon as that is the case you will not be down the homeless route queuing up with people because you are cared for by us and you are corporately parented by us." I do not think that those messages are that difficult, personally. I think the boomerang idea is great, actually. We should just tell them all that they can do it.

Q287 Mr Heppell: Can I just ask a couple of minor things, following on from that? If young people leave care at 16, presumably that is an enormous saving for the local authority, so in some respects there is a financial pressure on local authorities to get people out early. The other thing is something you mentioned in passing: what are the real differences between people leaving residential and foster care? Are they stark? Do we see a much better success rate?

Professor Stein: In terms of success rates, those people usually, in England, do not have the same needs, in the sense that most of the young people leaving residential care have often had a high degree of movement in care and have broken down in foster care—often on one or two occasions—so they tend to have higher levels of emotional needs and behavioural problems. They tend to be a more needy population, and generally speaking their outcomes tend to be poorer than those of young people who leave foster care, but there are, again, as is the case in England, variations. There are some very good examples of small children's homes with positive cultures and a high degree of stability and structure where young people know what they are doing and can leave care successfully and be supported after care, so that is not inevitable. There is also

international evidence, which I think you have probably heard about before, from social pedagogy, which tends to bring together the care and educational functions into one, and, again, provides a stable pedagogue, mentor or worker within the home who can offer stability there. That can be very positive, with residential care being viewed positively and not as a last resort. It is saying, "Look, this is something that can help young people; we can help you with your education and training and help you to make progress with your relationships." The situation is tackled in that very positive way, rather than being seen as more of a last resort for young people who have failed in foster care. There are differences, but differences in population.

John Hill: I have managed both, in a few places, and the culture of children's homes in this country has changed enormously over the years. It is a highly specialist service—I do not say it is always provided well as a highly specialist service—with a small number of very damaged young people. The placement policies of local authorities in general—sometimes through commissioning, if it is outsourced—are, from my experience, that with the cost element attached, although there is a quality element attached as well, you would always do foster care first. You try that to the nth degree. That is the way we work. I think that the outcomes are very different as a result of the level of damage for some of the young people. You also have up to six relatively damaged young people who need an awful lot of support in one very small place. Gone are the days of years back when we had 20, 30, 40 or 50; but of course the young people who were involved in those 20, 30, 40 or 50-place children's homes do not hit care any more. They would not be in care. An awful lot of them would not come anywhere near care any more. We are talking about incredibly damaged kids. They are chalk and cheese, almost. The common factor is that they are all young people but, after that, things are different.

Q288 Mr Stuart: Are good authorities spending more?

John Hill: I do not think that the evidence is clear, so any comment on that would be anecdotal and based on experience. We tried to do an exercise to identify costs, but you can imagine the suspicion with which that was met—people were worried about where the information would go and it was hard to get information. This is not a direct answer to the question, but good local authorities better prevent young people from going into care, which is related to how much they spend. Some of the best authorities do not seem to spend as much, but they prevent young people from going into care—they have far better prevention services. However, can you compare the amount spent on prevention with the amount spent on children in care and care leavers?

Q289 Mr Stuart: Today we are looking at unit cost of a care leaver. To what extent could there be a financial driver between the best and others?

Obviously, we must also look at the obstacles that must be overcome to get the poorest to be more like the best. Is money a serious component?

Martin Hazlehurst: If you look at such things as the size of the case loads of social workers and personal advisers, you will find, as John's project did, that there are big variations. Some authorities spend more on personal advisers than others, for example. One would assume that authorities that provide more personalised care do better. I do not think that the difference in what people spend is necessarily the only factor in whether they do well. We have talked about other factors, such as the culture of the local authority and how much they are prepared to care for, and put time into, young people as individuals. We certainly do not have definitive evidence either way of whether more money provides better care. I suspect that that is one factor among many.

Steve Hillman: I think there are two things to say about that. The first, as I mentioned, is on the approach taken by teams who work with young people leaving care. Taking a more open, partnership-based approach may have an initial, up-front cost because there must be more staff resources to set things up. However, you would be preventing further work down the line, because if you set things up properly, they take their course without too much involvement. Secondly—it is much more difficult to get your hands on some realistic data on this—what happens if you do not do a good job of managing the transition of young people leaving care, and what impact could that have on costs to the health service, the criminal justice service and so forth?

Mr Stuart: Those are different budgets.

Steve Hillman: Indeed so.

Professor Stein: You must look at the care career costs and not simply zoom in on leaving care. If you look at the whole care career, you might find some indication of how much is spent on prevention and on leaving care services. Following the introduction of the Children (Leaving Care) Act 2000, funding was earmarked for how many years?

Martin Hazlehurst: Three years.

Professor Stein: During that time, a lot of authorities spent a lot more on leaving care services than they had before the Act's introduction. That made quite a big difference. Since then, it is not at all clear what has happened to the funding. It has probably become more variable. Earmarked funding was one mechanism that seemed to increase the unique costs. It was ring-fenced funding.

Q290 Mr Stuart: Earlier, we touched on the preparation of young people leaving care. Could you explore that a little bit more? Comments were made about that at the beginning and we are trying to get a picture of it. We are looking for recommendations to put in our report about what young people need. There are big variations in grants for young people. Some authorities give £400, while others give £2,000. Perhaps you could reflect on that and give us a little more detail.

Professor Stein: There is evidence of variation. The preparation covers all the four or five core needs of care leavers including finance, personal support,

accommodation, help with education, employment and training, and assistance with health and well-being. They are the core areas. There is evidence from studies of a variation in the spending on those different categories. Sometimes that variation is beyond an individual need. One could justify different spending if it related to individual need, but we know from when young people have come together to compare their experiences through organisations such as A National Voice and John's project that some who have gone on to further education have been given a computer and extra facilities, while others have not been given anything at all. So, there is evidence of variation in what young people receive in terms of meeting those core areas that are critical to preparation. There is also evidence of some variation in whether the emphasis is on more practical skills or personal development, but, generally speaking, most of the programmes that we have looked at, including What Makes the Difference?, show that quite a lot of work goes into practical preparation.

Mr Stuart: Barnardo's is about emotional support.

Professor Stein: Yes.

Q291 Mr Stuart: It is easy to see how the other things can be delivered. One can train someone how to cook and perhaps a bit about how to do finances, but it is harder to sit down with a 16, 17 or 18-year-old and say, "I'm going to teach you how to make friends."

Professor Stein: That, in a way, is about getting the placement right. Some of those things happen, but usually informally and not in a structured way. If a young person settles in a foster care placement along with the foster carer's own children, that happens as part of growing up. It is a natural process that takes place. They see that they have a turn to cook and what have you. It only has to happen in a formal, structured way when it does not happen in a natural or informal way, and then a lot of effort has to go into it. There are issues about whether that is transferable. If you do not get it right when young people settle in a placement and leave care later, with gradual transitions, you are preparing them to cope from 16 to 17—this is the point John was raising earlier—with managing on their own practically. Can they be prepared? A lot of effort is put into it, but can they be prepared when they move into a flat and spend the first week on their own feeling lonely and isolated? All right, they are given a course in preparation, but is it transferable? Are they too young? There are quite a lot of dilemmas around that if we do not get the placements right.

Q292 Mr Stuart: So how should it be? There is practical training and the emotional support that Barnardo's talks about. How can that be delivered? You say that a lot of children are particularly ill prepared, but then again, not many 17 or 18-year-olds are well prepared, either practically or emotionally, to cope with life. One imagines that care leavers are also needy, only more so. What practical steps could we put in place?

Martin Hazlehurst: There are things that could be done. The practical skills, for a start, are the easy bit. Knowing as we do that these young people are going to be living on their own earlier than other young people, the very basic skills that parents pass on to their children and that foster parents can pass on to young people who are going to leave care, such as cooking and looking after themselves, become even more important. The emotional skills, such as how to make friends, can never be passed on, but you could make sure that it is clear in the brief and training given to foster carers that they should be aware of those things. Extra effort could be made to help young people to develop interests outside the home and perhaps to meet people. Other than that, young people could be convinced that, actually, there is someone there for them. That is probably as good a preparation as you are going to get. However, more could be done on providing training and guidance for foster carers. Foster carers often ask us, "What is this preparation thing?" Although there is not a body of skills or a curriculum—John might say something about work that his organisation has done on that—foster carers could be better trained and given better guidance.

John Hill: If young people get to 16 or 17 and you are just starting to do this, you have failed in some ways—that is the reality. Most young people do not come into care at 16 or 17, so the process should at least be able to start at 13, 14 or, at a push, 15.

Q293 Mr Stuart: What support could be put in place afterwards when people are leaving and going on their own?

John Hill: They should come from the care that we have given them with some understanding of things such as making relationships. We should not give up on the stuff about making relationships because we are doing all the practical things like teaching people to cook. The relationship is what will keep you in good stead. You can go out and buy a takeaway meal so that you can eat, but if you cannot make a relationship, you really are in quite a mess. We have developed a whole training pack for carers on this stuff, and one of the issues that came out was the lack of awareness among carers. Again, there are structural issues about the way we set up foster carers to care for young people. The lack of continuation post 16, 17 and 18 is a factor because these kids will take longer to become independent. At the same time, their skills and our expectations about the number of sure placements militate against their learning how to parent well, as well as against our preparing them for independence well and our understanding of child development. We do not train our foster carers that well, and we do not value them that well either.

Q294 Chairman: Steve, I think that you want to say something about the Foyer Federation.

Steve Hillman: That is right. With the Learning and Skills Council, we have developed an accredited City and Guilds qualification called the certificate in self-development through learning. It takes what we call the functional life skills—cooking, budgeting and

that sort of thing—and the more nebulous personal development skills, for want of a better term, and uses the same unit-based or modular approach to teach both sets of skills. The advantage of doing it that way is that the tutor, who might be doing fairly functional things with individuals, such as teaching them how to cook, how to clean and look after a home, or what their pay slip means, is playing another role as a trusted adult, through which they can explore things such as developing a wider social network or what it means to talk about feelings in a way that does not relate to violence. The individuals can discuss those issues with a trusted adult who is funded to be there to teach functional life skills. We have units on the certificate in self-development through learning called “Coping with changes in me” and “Who is special to me?” They give young people a vehicle for exploring those personal development issues.

Q295 Mr Stuart: Can I ask about money? How adequate are current payments to care leavers? Should allowance and grants be standardised across the country?

John Hill: No and no.

Q296 Mr Stuart: They should not be standardised and they are not adequate?

John Hill: They definitely are not standardised. There is a massive range in terms of what is paid.

Q297 Mr Stuart: Should they be?

John Hill: No, I do not think that they should. Certain circumstances in local authorities mean that some young people need more than others. This is very difficult, and different places demand different things. For me, this is what the pledge and *Care Matters* is all about: working things out locally on the ground. The cost of travel in London will be very different from what it is in some smaller town or unitary authority, but it will be very similar to what it is in a large rural area. You have to play out those circumstances.

Professor Stein: There is quite a bit of work to be done. I agree with both those points, but as I mentioned earlier, young people with similar learning needs get vastly different financial support in different authorities. Work needs to be done on comparable, as well as discretionary, needs. It sounds like a bureaucratic nightmare, but when young people get together and talk about their different experiences of financial support, it can generate a sense of injustice, especially if it is obvious that they are in similar circumstances, such as coping with a college course or with the work done by the small percentage of such young people who go on to higher education. There is evidence from the Thomas Coram research of large variations in financial and personal support in higher education. It is wrong and territorially unjust. The issue is how to get the measures needed by a comparable individual and still build in the discretionary elements that take into account the differences that young people have, which may require a process of topping up.

John Hill: The legislative framework allows for—and indeed expects—a local authority to set out what assistance it gives in terms of money. This is more Martin’s world than mine, but there have been endless numbers of inquiries on the advisory service side and part of the answer has been that that information should be published. This is all the stuff behind the pledge. The authorities do not show what they give and the inconsistency does not come out. To my thinking, this is an easy win. If they were inspected to see what that information was, they could show us. I happen to be from the local authority that is always quoted regarding the £2,000—that is where it came from. Actually, it says “up to £2,000”, because leaving care requires different amounts for different young people. When we worked with our young people on the figure, we could not say £400. That is a standard amount for everybody, but if they have a disability or a child, additional amounts need to be spent.

Martin Hazlehurst: On the point about publishing entitlement, our service had inquiries from two young people from the same local authority shortly after each other. They were receiving incredibly different support at university because they came from different parts of the county. Those problems do not exist only between authorities. The situation could depend on who your social worker is.

Q298 Mr Stuart: Are there dangers in standardisation? If we are trying to mimic a genuine relationship with parents, they look at all sorts of measures. They look at perverse incentives—they do not want to incentivise young people to do the wrong thing so they deliberately do not give them the money, even though their need might be greater than that of the other sibling. They make a managerial decision; they do not publish a list of entitlements for kids to come along and point the finger at.

Martin Hazlehurst: I agree with John about not standardising, but that does not mean that we cannot publish something that says, “These are the criteria that we will use in order to decide what financial support you need.”

Professor Stein: I think that young people do have a sense within their own families of comparative justice. “Everybody has those trainers at school, why haven’t I? Why aren’t I getting a laptop when I go to university?” They have a sense of comparative justice in relation to that need. How the parents respond is another matter.

Q299 Mr Stuart: It is emotional blackmail mostly, until you phone up their friends’ parents and find out that they have taken the same attitude as you. Can you comment on how care leavers, who need continuity and stability in their relationship with carers, can best be reconciled with the transition to adulthood? Obviously, you have specialist leaving care services.

Professor Stein: That is an absolutely critical question. It is important to build on young people’s continuity and stability. In an ideal world they should be settled within their foster care placement, for example, and maintain that stability which

would provide continuity into adulthood. It would replicate a young person's normative journey to adulthood. You would not notice it; it would be seamless. It becomes more complicated when young people leave at a younger age and you have to build in a series of specialist services. That happens to people, and I am sure that people around this table and in the audience are aware that young people do break down at 15 or 16. Their relationship with their prime carer breaks down, whether that is their foster carer or someone in a children's home, and they cannot just be abandoned. What comes in is a series of specialist services that tries to pick up the pieces, and to replicate things and offer them positive ongoing support for the remaining period into adulthood. Some of those services are excellent. They have accrued people who are very gifted at working with others; they have peer mentors who do creative work, and they put a lot in, but even they would say that that is not a substitute for what should have happened to that young person in an ideal care situation. You can end up with that dilemma, when there is breaking-down in relationships, with young 15 or 16-year-olds often needing a series of specialist leaving care services. What is wrong is if a young person is settled but expectations are built up within the local authority or within the system for them to move on to specialist services. Even if they are settled and have stability and continuity, there is evidence of that having happened in the past. I am not sure about the current situation, but evidence from our research shows that it happens—that we build in extra movement to leaving care services, saying at 15 or 16, "You will move on to specialist leaving care services," even if they have good relationships within their foster care, children's service work and what have you. That is totally inappropriate; in my view, it is totally wrong.

Q300 Mr Stuart: The children's rights directors undertook a survey and found resentment among children about a loss of contact with the carers or social workers with whom they had built a relationship. What can we do to stop that happening?

Martin Hazlehurst: We can make the changes that young people need to make the system more flexible. If a young person has a good relationship with a social worker, that is to be cherished. The system that is often used, of young people automatically changing social workers at 16, needs to have some degree of flexibility built into it. If a young person says, "No, I want to stay where I am," that should be possible. Similarly, although it probably happens less now than it used to, foster carers are sometimes discouraged from keeping contact with young people once they have left because other younger children might be coming to live with them. I think that we have learned that lesson; things are getting better. The other area, which is not taken enough into account in discussions like this, is young people's relationships with their birth and extended families. Most young people in care have a relationship of some kind with a member of their

family. Those families will be around a lot longer than the social workers, ex-foster carers or personal advisers. That is another area that we need to exploit better; we need to find out and be sure whether a young person has a positive relationship with a member of their family, and to ensure that it is encouraged and supported.

Q301 Mr Stuart: May I ask about care leavers with disabilities and what specific barriers they might face in the transition to adulthood?

Professor Stein: There is evidence from the research perspective that services for young disabled people leaving care and those for other care leavers are sometimes separate. At its worst, that can mean that disabled young people cannot access the same kind of opportunities as other care leavers. That is one of the problems that we picked up in research, as did others who have carried out research in that area. Again, practice is variable. Some authorities' disabled teams work closely with leaving care teams and plan together. That is what should happen, but sometimes it does not, and that is usually to the disadvantage of disabled young people. It is usually they who suffer by not having the opportunities given to other young people. That should not happen, but it does.

Q302 Mr Stuart: Does the panel agree that the key issue is the separation of services?

John Hill: The easiest way to understand it is that the model of care that you provide has somebody to lead that care—a carer or a lead professional. Someone has to lead that parental element in the care. The danger for children with disabilities is that they get one of the rawest deals among the care-leaving population. What happens is that you remove any opportunity for that element as children with disabilities go through the transitional plane and move on towards adult services. That is not to say that we should not work together or co-ordinate our children's and adult services much better than we do, but the reality for adult services is that it is a very different world. They are not setting out to provide a leaving care service. There are local authorities that will say, "Our adults with disabilities team does that." I know, from the experience of working with colleagues in adult services, that those workers can have 50, 60, 70 or 80 cases. They are assessors and commissioners of services. That is what they do. They are care managers. That is not a personal adviser's role. They are not there to be social workers for someone. That is what the care leavers with a disability lose. If a local authority is not very good, maybe you have not lost much, but where the local authorities are good, that is a significant loss. All the stuff that stimulates development—such as access to educational support assistance—does not happen. What about the contact with the larger care-leaver family—that corporate family stuff? Where does that fit? They lose out on all of that. The work that I have done previously, as a smaller piece of research on a local authority, identified a significant group that we did not even know about—mostly, those who were profoundly disabled, who came into

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care and needed specialist personal adviser support, but who were out in private residential placements, with the expectation that the person involved would be some sort of personal adviser. Where is the independence? They may well have a great relationship, they may be great at doing it, but who is looking at that? Who is assessing whether that is appropriate? Who is reviewing that process? Most of them were not getting the personal adviser service. You can tell that I am quite heated about it, but it is a real gap in the provision and we have not done enough.

Q303 Lynda Waltho: I would like to talk about accommodation. You said earlier, Martin, that that was one of the most important issues and that research suggests that a third of young people who leave care experience homelessness. Why do care leavers end up in unsuitable accommodation? What is the extent of the problem?

Martin Hazlehurst: Again, we have to see it as that transition. At one point of time, when leaving care, young people might need a fairly high level of support in the accommodation that they are living in. Hopefully, as they get a bit older, they will be able to make a transition and move into more permanent, unsupported accommodation, or even backwards and forwards. As I said, there is not enough quality assurance for supported accommodation, particularly for the younger age group. We are not absolutely sure that some places that young people have been put in are safe. Certainly, Rainer did some research that found that quite a significant number of young people said that they did not feel safe where they were living. Largely, those were young people who were put in hostels of various kinds. We need to be certain about that. At the moment, the standard varies. As with everything we have said this afternoon, some local authorities do really well. They commission accommodation of a kind that they want for young people, they put a lot of effort into providing supported lodging schemes, or they put a lot of effort into developing other models of support. However, with many other local authorities, it seems to be done on a wing and a prayer. It is a case of what is available for the young person at the time that they need it. One of the things that we worked with peers on, when the Children and Young Persons Bill was in the Lords—and that we talked to the Bill team about, ready for their work in the Commons—is far greater planning of the kinds of accommodation that young people need. The Bill contains a clause to ensure that the local authority has a range of diverse placements available for young people in care. We would like to see that extended at least to supported accommodation for young people who are leaving care. The issues for young people who need permanent accommodation are often the same kinds of issues that cover anyone wanting to find somewhere to live. In some areas, yes, of course, people can have a council flat, but in many areas that is an impossibility, because there are not the council flats. But children's services and housing departments can work together. They can plan to see what will happen for young people as

they leave care. We know who those young people are. It is different for homeless young people who just turn up at housing departments, but we have very often known young people who are leaving care for years, so we should be able to plan for them. It is about housing departments and children's services working together. If social housing is simply not available, we should have creative options. In some areas, the private rented sector provides the only accommodation available. Leaving care services have good arrangements with private landlords—they trust them and know that they will always provide decent-quality housing. However, in some areas, that does not exist. For us, the key issues are quality assurance in supported accommodation and planning for permanent accommodation. Nor should we assume that a young person wants a council flat. That gets my goat. That someone has been in care does not mean that they want to live in a council flat—not everyone does. That is also about planning and preparation—we must ask what we need and think far enough ahead.

Professor Stein: The ones who have the worst outcomes tend to be young people trying to manage on their own at 16. Often, their lives have not been easy and they have had a wide range of difficult experiences. The degree of support that they need would mean that you would have to move in with them. Imagine a 16-year-old care leaver whose whole life has been troubled trying to manage and cope on their own. They do not fail because of the bricks and mortar, but because the policy of getting them to manage on their own at 16 and cope with their own accommodation is wrong—they need a degree of support. Young people going on to higher education get support, including family support—they can take their washing home, for example—and a range of campus services, but we expect 16-year-olds care leavers who are troubled by past family relationships to cope. It is understandable if they break down. The policy needs to be questioned, which is linked to the issue of getting the placement right so that people can remain and leave care more gradually in supported accommodation, which was raised by Steve, Martin and John.

John Hill: A lot of these answers tie in together.

Professor Stein: Coherence.

John Hill: There would not be quite the same issue with the numbers in unsuitable accommodation if we could have some easy wins on foster-caring policies. Some local authorities push kids out at ages 16 to 17 into accommodation that they might survive in, but which is not appropriate. That might have a knock-on positive effect on the amount of suitable accommodation for young people, but would a good parent put their child in such a situation? No—they would have to have people around them. Placements can fail or break down, and some local authorities fund staff around the clock to be with kids who live out because they may, for example, have destroyed their foster care home. They have to leave—there is no alternative and no one else will take them—so local authorities will pay staff to stay with them 24 hours a day, even if they are over 18 years old. It is not perfect, but it is a

better model than leaving people in unsuitable accommodation. I echo Martin's point about the lack of regulation—there is little regulation, monitoring and knowledge. I have had great relationships with supported accommodation providers, but it is hard to staff them. The staff they have are not incredibly well trained or paid, but we expect them to provide care. That is difficult. Asking people to provide a roof over somebody's head is one thing. The accommodation should have a reasonable standard of health and safety, be decorated and the sockets in the walls would need to be in good condition—but we cannot expect people to care. That is our job. Often, however, we expect them to do the care as well when they are not skilled to do that.

Martin Hazlehurst: As for what John said about the savings in respect of young people leaving care early, if local authorities think that moving a young person from foster care to supported accommodation will save them money, I worry about the quality of that supported accommodation. I do not know whether Steve can tell us how much it costs to keep someone in a Foyer for a week.

Steve Hillman: It is not cheap.

Martin Hazlehurst: The idea that money is being saved by letting young people leave early is worrying.

Steve Hillman: A person at Foyer told me about a young care leaver whom he had worked with recently as a way in which to exemplify something that they see frequently. When a 16-year-old care leaver moved into the Foyer, that person did not want to be there because they did not want the conditional, contractual relationship on which the Foyer is based. The person would rather have gone to a B and B because they just wanted the freedom to do what they wanted, so they got themselves evicted from the Foyer by trashing the place, not paying the rent and so forth. The person went to a B and B and a few months later went back to the Foyer and said to the manager, "I am so pleased you have let me back in. I really want to be here now. Now I have found out what it is like out there, I want to come back." Some individuals almost need to go out into the big, wide world, find out how awful it is, and then come back. They are, in some ways, more motivated to engage with the Foyer process.

Q304 Lynda Waltho: What about the Homelessness Act 2002? Is that a help or a hindrance? I am thinking particularly about making oneself intentionally homeless. From what I can see from research, that again varies throughout the country. In some cases, one refusal of a particular property counts as making oneself intentionally homeless. What is your knowledge of that?

Martin Hazlehurst: The very idea of someone who is leaving care having to go down a homelessness route to get housed is something that should not happen in the first place. We still hear of places where the recognised route into housing is, "Go and pretend that you are homeless". That is changing slowly, but it should not be like that. Agreements and protocols can be negotiated between children's services and

housing services. When they are negotiated, that can make a difference, but it often depends on the relationships between the particular officers who are implementing them. Being intentionally homeless is a real problem. People tell us that if a young person gets a flat or is housed at 18, but is not ready, makes a mess and is intentionally homeless because they have not paid their rent, it is a big problem. Doing what Steve said happens. The fact that going back to supported accommodation and getting themselves together prevents them from having another go is another real problem, but I do not think that it should be a problem.

Q305 Lynda Waltho: Do you think that they should almost be exempt from that category?

Martin Hazlehurst: Yes.

Professor Stein: The guidance makes young people in care one of the priority areas. Some revision to the guidance might be needed. When authorities work round their protocols and so on, the guidance is used to offer young people appropriate housing. It seems a shame that, in the case of a breakdown, it could not be looked at in relation to sustaining accommodation. Some clever lawyer would have a word for this, but perhaps the guidance can be adjusted.

John Hill: My experience of working with young people in such a situation is that together you have worked on the protocol, so you have it right to start with. You do not have young people homeless anyway because you are part of the council and access resources before you even count anyone as homeless. If you are working closely together, you can stop the intentional stuff. You can actually say, "I am leaving my tenancy." You can officially do it another way round. We can say, "We are going to give the tenancy back now. It is not working for the young person. We are going to put them back in supported accommodation, and then we shall come back at a later time." You can have that as part of the protocol. There are reasonably easy ways round it, but my experience was that you had to spend quite a lot of time educating housing people about their responsibilities—which is part of the job, because we are supposed to be the lead in terms of corporate parenting anyway—and trying to show them that, actually, this group of young people is different and should be their priority because of the proper parenting role. There are some good examples of good housing protocols that include all those elements, such as the new choice-based letting schemes and those sorts of things, where there is only one option—one offer of a flat—but where people make sure that they are ready beforehand, see what sort of flats are out there, and then get a deal for their housing. Under such schemes, people have a look at the flat first and if they think that it will not work, they should not even bid because if they say no when it is given to them, they do not get anything else. However, interventions can be made. It is almost as if you are parenting the child as a member within the council and you can get something slightly different because it is your own child. It does not work everywhere, by any means, but it works well in

several places and other local authorities could learn a lot from those places. But it takes a lot of effort to set it up.

Lynda Waltho: Thanks very much.

Q306 Paul Holmes: Just picking up on that last point, you were saying that you are part of the council, so you access the council resources and get young people sorted with accommodation before they leave care. But is there a noticeable difference between unitary authorities and two-tier authorities, where social services is not part of the council dealing with the housing?

John Hill: Yes. It is a really difficult issue.

Q307 Paul Holmes: Are there good examples where two-tier authorities get round that easily, or are you saying that we should have unitaries everywhere?

John Hill: No. There are pros and cons there, too, are there not? I live in the area of an authority that is trying to go for unitary status at the moment, and I am not so sure that that is the right way. I know the problematic side, although Martin might be able to mention more positive examples. The stuff that I have managed is in inner London authorities, where it is much easier. However, there is an issue there, too, because you have to make relationships with other councils' housing departments, as young people cross boundaries quickly in London and, although they might be only half a mile across the road, they could be in Newham or Waltham Forest, for example, or somewhere else.

Martin Hazlehurst: If you speak to anyone who is responsible for managing leaving care services or for the development of housing options for young people, they will tell you that it is a constant juggling act if you have seven or eight—in Lancashire, 10—unitary or district housing authorities with which to negotiate. Inevitably, at any one time, your relationship with one, two or three of them is better than that with the others. Some district councils just will not contemplate the very idea that there are any young people in care in their districts, so, yes, it is an issue. I was doing some work recently in Wiltshire, which has four district councils and a county council at the moment, but is going to be a single unitary authority. Because the county council and four district councils had together adopted a public service agreement target on homeless young people, those bodies had to work together and they were doing so well. That work combined with the movement towards the unitary authority. So, it can be done, if there is the will across a county for all the authorities to come together.

Q308 Paul Holmes: We now have a presumption in law that looked-after children will be given priority for moving into schools. Are we moving towards a similar presumption on housing? Will that make a big difference? Are we there yet with that?

Martin Hazlehurst: We are not there. Most housing protocols will, while not going as far as saying that young people leaving care have the first call on housing, try to ensure that they at least receive something. Where council housing or housing

association accommodation is available, most local authorities are moving towards having it available for young people. However, there are areas with protocols where that is just not available. I am thinking more of the rural areas, where that is unheard of in respect of one-bedroom or studio council flats. Yes, things have improved, but most people doing the job will still talk about their relationship with the housing department as much as anything else—it is an issue for everyone. Whether things are good, bad or indifferent, it just takes a lot of work, as John says.

John Hill: Each local authority has its pyramids for priority housing need. Of course, it is the homeless who get the first call on housing in local authorities, because of the quotas and all that stuff. I am not saying that that is wrong, just that I have generally been able to get people into the second box. So, these people do become a priority, and that is not inappropriate—it is a pretty fair cop.

Q309 Paul Holmes: Are we too pessimistic overall when we look at this? When the *Care Matters* Green Paper came out, Mike, you went into the national press saying, "It's all too negative. The measures that have been used are too crude."

Professor Stein: Did I say that?

Paul Holmes: Yes.

Professor Stein: Right, okay. Yes, in *The Guardian*. I am glad you asked about that because I feel quite strongly that the way we measure performance does not do justice to the progress made by many young people who are looked after or who have been in care. We tend to use educational, normative measures at a particular point in time as the only measure. I am not against them being used, but we use them as the only measure of progress. Some young people make an enormous journey just by re-engaging with education when they are 14 or 15. They might have been out of education, or they might have had a difficult family that has affected their learning and they might have had troubles at school. They then get in touch with one of these wonderful leaving care services, such as *What Makes The Difference?*, and they get engaged again. I recently heard about a lovely scheme in Norfolk that was getting people back into learning, but it will not have any ticks under the performance framework that is currently used. My argument is that we should have progress measures that take account of young people's starting points on entry into care—where they are at. That is the first thing. The second thing is that we should look at not only their education record, but issues relating to their well-being. Thirdly, we should look at how far they have travelled on their journey by the time that they leave care and, ideally, at later points. If we are talking about extending the transition stage to 25, it would be good to look at what happens later. Evidence from research studies—particularly European studies—shows that quite a lot of young people catch up later, which is understandable, given their troubles and their family and care experiences. However, we never capture that. This will presumably link with the lifelong learning agenda—

having an education and so on. There is a strong argument for looking at progress over a longer period. So, we need to look at starting points on entry to care, to link education and well-being, and to look at a longer period. That would do these things justice. My real worry when I wrote in *The Guardian* about the current way we measure performance is that it does not capture a lot of the experiences that people have because it focuses on just the educational normative measure. I would not abandon the normative measure; it is important to have it. However, as a single measure, it is extremely limited, and I feel very strongly about that.

Q310 Paul Holmes: Anybody else on that?

Steve Hillman: I would echo everything that Mike said, but I would extend it by saying that this goes way beyond care leavers. The situation that he has just described is the situation for many tens of thousands of disconnected young people in this country. They are some distance from the PSA regime under which they sit, which makes it difficult for organisations working with them to resource the work that they do. However, that does not mean to say that that work is not valuable.

John Hill: Let me make a quick point about incentives through things such as targets. One thing that we found was that those were not incredibly strong. If you take your group of those who are not in education, employment or training—those who are not in anything—and the group of care leavers, there will be very positive measures to ensure that if young people want to come back and ask for educational support, they can. However, the work that has to go into getting them to come back to ask is excluded from the measurements. We know from our work with NEET young people what will happen if we do not do that work. It is such work that it is so important to measure. If you are going to get people to re-engage, it will take them much longer to catch up and then succeed. On the targets that are set—this is one of the things we have harped on about a lot—there are some easy wins because local authorities gather information much later than the Government want to collect it. They could easily collect information at 21 on education, contact and suitable accommodation because they are supposed to provide personal advisers until then for most kids. However, we do not ask then; we ask at 19. There are some quite easy wins whereby you could start to gather more information and push the boundaries of what local authorities are going to do for those who are less interested in doing a course.

Q311 Paul Holmes: Mike, you mentioned looking at comparable European research. In general, how do we compare? We have heard from other witnesses

that it is hard to make comparisons, particularly because European countries tend to take a lot more kids into care than we do—we see it as a last resort.

Professor Stein: As you have said, there are differences in relation to the legal frameworks and cultures. There are no easily transferable solutions, but it is quite interesting that there are some common messages. Let me focus specifically on your straight question: how do we compare? In a way, we are better than some and not as good as others. Generally speaking, most European countries, and other countries internationally, face similar challenges with this highly vulnerable group of young people. There are high levels of social exclusion. Also, from the research, we have just published a book, I have given a flyer to a member of your staff, based on the experiences.

Q312 Chairman: Unfortunately, *Hansard* cannot read that piece of paper, so you might like to tell us the title of the book.

Professor Stein: *Young People's Transitions from Care to Adulthood*. We have identified a kind of diamond of outcome groups. There is a group that moves on quite successfully—I will not rehearse all the messages again because I have mentioned stability, continuity, family links and all those things—and a middle group, who are young people who kind of get by. What makes a difference to the lives of that group is the quality of services that they get. They could go either way; they could go on successfully, but take a bit longer, or maybe go down a bit. The group at the bottom of the diamond, who are struggling quite a bit, often have very complex needs and have usually had the most difficult pre-care experiences. They have often moved around a lot in care and often their mental health and emotional needs have not been met, which raises issues about the relationship between the Department and, for example, child and adolescent mental health services. That whole other area is critical. From reading the transcripts, I think you have looked at that area. Generally speaking, there is that kind of diamond. It is not fixed; people can move within it, and that probably captures something about quantities as well—[*Interruption.*]

Chairman: I am slightly disconcerted by the Division in the House because it would take us away for 20 minutes. I want to wrap this up before we vote.

Professor Stein: The final point about that is just that most of the different countries have some balance between universal services for all young people and specialist services. It is important that that balance is right. If we veer too much towards specialist services, we tend to forget universal services and how young people from care can integrate and age out of care in an ordinary way. The link between universal and specialist services is quite an important message.

Chairman: Thank you very much. That is a good note on which to finish. I thank our witnesses for an excellent session of evidence.

Monday 23 June 2008

Members present:

Mr Barry Sheerman, in the Chair

Annette Brooke
Ms Dawn Butler
Mr David Chaytor
Mr John Heppell

Mrs Sharon Hodgson
Paul Holmes
Fiona Mactaggart
Mr Andy Slaughter

Memorandum submitted by the Howard League for Penal Reform

EXECUTIVE SUMMARY

- With our experience of working with children in conflict with the law in mind, this submission from the Howard League for Penal Reform on looked after children deals in turn with three significant gaps and failings in provisions: a failure to identify children in need, a lack of formal care status for most children (and young people) in and out of custody; and a failure to look after children in care properly.
- In the case of those children who are not looked after on entering custody, entry to custody (or even the criminal justice system) should be an opportunity to assist the home local authority in complying with their duties under section 17 of the Children Act 1989 to identify the most vulnerable children in their area. To do this, we recommend that the Asset form (a type of assessment made by youth offending teams) be modified to include an extra tick box indicating whether or not the child requires a child in need assessment and that a dedicated staff member is assigned within social services to receive YOT referrals. In addition, the way in which the YOTs and children's services interact as a whole needs to be reviewed—as there is evidence that the partnership approach is not working as was intended.
- We recommend that to help our most vulnerable young people, those children who are already looked after on entering custody should not cease to be looked after. They should be entitled to all the benefits of being under section 20 of the Children Act 1989 bar the provision of accommodation by the local authority.
- We believe that the Committee should seek information from the Government as to what incentives, if any, are in place to discourage too many children being in care, given the anecdotal evidence suggesting an extreme reluctance on the part of local authorities to place children in care. If this reluctance is purely out of financial considerations, then the interests of the child must be asserted. We recommend that local authorities should actually receive financial incentives to reduce the numbers of children in custody in their area and to look after and care for children that do remain in custody. At the very least, if the financial considerations of local authorities are having an adverse effect on the interests of the child then we would suggest central government provide a ring fenced fund of money to ensure provision of care, leaving no “gaps in the safety net”. This could possibly be sourced from the considerable savings made from the reduction in child custody.
- The Howard League for Penal Reform believes that proposals contained in both the *Care Matters* green and white papers allowing young people to live with foster families until the age of 21 should be reinstated, preferably in the Children and Young Persons Bill.
- As regards young adults aged 18–20, the Committee may wish to consider that accommodation in a community home is in fact provided for by section 20 of the Children Act 1989, although unfortunately the relevant provision is rarely used by local authorities. In any event, where young adults require accommodation rather than just assistance, the discretionary duty of the local authority to provide accommodation under the Leaving Care Act 2000 where a young person's welfare requires it, should be made explicit.
- All too often the Howard League's legal team encounters corporate parents that appear to have a “corporate” attitude, with the emphasis on resources and business management rather than the interests of the child. Failures by local authorities to look after children in care properly should be penalised, perhaps financially. Children in care will not have better outcomes until corporate parents begin to take proper responsibility.

1. Introduction

1.1 The Howard League is the oldest penal reform charity in the world and set up a legal department to represent children and young adults in the penal system in 2002, following a successful judicial review against the Home Office that forced it to recognise that the 1989 Children Act protects children in prison (the “Children Act case”). The Howard League legal team has represented hundreds of children and young people and has a track record of success in forcing improvement to prison conditions, parole procedures and support on release.

1.2 As regards the Committee’s inquiry into looked after children, the views expressed in this submission are generated from our experience relating to children in conflict with the law. We believe there is an urgent need for reform through both legislative change and on a social and cultural level. Although we believe the failings we have identified must be met with real change, it is our experience that the appropriate tool is already on the statute book. If properly implemented, the Children Act 1989—as amended in its current form—would provide a decent level of care and support to a great many troubled children.

1.3 With the Children Act 1989 in mind, this submission deals in turn with three significant gaps and failings in provision: a failure to identify children in need, a lack of formal care status for most children (and young people) in and out of custody; and a failure to look after children in care properly.

2. Failure to identify children in need

2.1 Many of the children who enter custody are among the most vulnerable and challenging, with chaotic family backgrounds and histories of neglect and abuse. As noted in a report initially produced for the Youth Justice Board, among children held in custody “there is a high prevalence of children who have suffered serious abuse or maltreatment prior to their admission to custody. This may be of the order (in the case of the most serious offenders) of several times the rate of abuse of children in the general population.”¹

2.2 While it is possible to measure and raise concerns about the high proportion of children who go from care to custody, the number who pass straight to custody without any assistance from the care system is by virtue of its nature unquantifiable. The Howard League’s legal team hear on a daily basis from children in custody who have “slipped through the net”, those who have been homeless or abused but who have not received any help and assistance from social services—sometimes even when they have explicitly asked for it. These children have a right to be cared for properly and if they are not, they will continue to offend and place themselves and others at risk.

2.3 In the case of those children who are not looked after on entering custody, entry to the criminal justice system should be an opportunity to assist the home local authority in complying with their duties under section 17 of the Children Act 1989 to identify the most vulnerable children in their area. It is the experience of the Howard League’s legal team that many children in custody have not been assessed or assisted by social services despite having asked for help or being extremely vulnerable.

2.4 The Howard League for Penal Reform currently has a case being heard by the House of Lords that provides a suitable example. At the age of 17, our female client “M” had been ejected, homeless and without support, from the family home by her terminally ill mother who was unable to cope with her. Despite presenting herself to social services on numerous occasions, with handwritten notes from her mother requesting she be accommodated, M was never assessed as to whether she was a child who required a home and support under the provisions of the 1989 Children Act. Instead of the local authority taking on its corporate parenting responsibilities and children’s services handling her case, M was placed in a string of unsafe bed and breakfasts by the housing department where she lived a chaotic life and committed criminal offences. On release from custody, she and her unborn child were returned to exactly the same chaotic circumstances which had seen her jailed in the first place.²

2.5 We believe that for those children entering custody who do not have looked after status, custody is effectively an alarm bell ringing that should trigger an assessment of the child’s vulnerabilities, which the local authority can then act on. Our previous submission to the Committee on the Children and Young Persons Bill made a specific recommendation relating to the Asset assessment form used by youth offending teams (YOTs). When a child enters the criminal justice system their YOT worker fills in a form called the Asset—this is an assessment of need of sorts which details the child’s background, living arrangements, health, education and vulnerabilities: much of the information collected will be similar to that collected in a section 17 assessment of need and will reveal whether or not the child in fact requires assessment by social services. YOT workers, however, have no power to designate a child as in need under section 17 or provide that child with the welfare assistance she or he needs. Further, it is the experience of our legal team that many YOT workers find that their overburdened colleagues in the relevant social services department are not

¹ p 26, *Past abuse suffered by children in custody: a way forward* (2006) was produced by a specially commissioned taskforce which included the YJB and other government agencies, as well as leading child psychiatrists and representatives from charities such as the Childrens Society and the NSPCC. There is dispute as to why the YJB refused to publish the resultant paper and it was eventually made publicly available via the Howard League for Penal Reform’s website.

² M’s case has been considered by the House of Lords, who will deliver judgment on Wednesday 27 February 2008

willing to accept section 17 referrals from YOTs. A simple solution would be for the Asset form to have an extra tick box indicating whether or not the child requires a section 17 assessment and the assignation of a dedicated staff member within social services to receive YOT referrals.

2.6 The way in which the youth offending teams and children's services interact as a whole needs to be reviewed. Since YOTs were created, the input of children's services has often diminished—the tendency being that once a child previously in contact with children services is involved in criminal activity then their case is effectively dumped on the YOTs. This is inappropriate, as while YOTs do have a welcome role in preventing offending and reoffending, the welfare needs of the child is not their primary aim. Indeed, given that YOT workers cannot designate children as “in need” or “looked after”, it clearly disadvantages the child. Another important judgment secured by the Howard League for Penal Reform, in the case of *K v Manchester*,³ made clear that assessments under the Children's Act 1989 should be carried out by children's services and not YOT workers and effectively emphasised the need for proper interagency working. Currently, pressure on resources and failings in the intended culture of cooperation sees children getting less than the enhanced service that was originally envisaged—in short, a partnership approach will not work if no one takes the lead or takes responsibility where appropriate. As previously noted, YOT workers can find it difficult to make referrals to children's services. While the Youth Justice Board is responsible for managing and monitoring YOTs, YOT workers themselves are generally employees of the local authority and may encounter difficulties by pursuing section 17 referrals in the face of children's services resistance.

2.7 It is worth noting that the substitution of YOTs for children's services also gives rise to what can only be described as a conflict of interest: on the one hand the remit for YOT workers is to form positive relationships with children and encourage them to lead positive, crime free lives; yet when the child does commit a crime it is the same individual YOT worker who must then write a report on the child which will influence sentencing or make decisions as to whether the child should be breached.

2.8 We also have a real concern that an over reliance on YOTs sees children effectively “ghettoised” away from mainstream services. If children involved in crime are only mixing with other children involved in crime, through Attendance Centre Orders or through ISSP interventions, then individuals may simply end up learning crime from each other (as they so often do in custody). It is important that children in conflict with the law are able to participate in mainstream activities provided by children's services and that the YOT can provide the staff and resources necessary to help supervise this.

2.9 Finally, a major consequence of the successful judicial review the Howard League took in the aforementioned “Children Act case” was the placement of social worker posts by the YJB in the 25 young offenders institutions in England and Wales. Unfortunately, funding uncertainties for most of last year dogged these posts and it was only in January that the Department for Children, Schools and Families stated that local authorities with YOIs should fund the social worker posts from 2009–10 onwards. There remains a concern that local authorities will struggle to pick up the funding given the ever increasing numbers of children imprisoned in YOIs. This lingering uncertainty must be quashed as there has been a problem keeping the social worker placements filled, with only 10 of the 25 YOI posts actually filled in January 2008. The importance of these posts is illustrated by a report published last year by HM Chief Inspector of Prisons into Werrington YOI, which described disturbing incidents of forcible strip-searching that received widespread media coverage. Significantly, the report also found that the “departure of the social worker, because of longstanding uncertainty about the future funding of her post, had left a gap in the safeguarding team and in services for the young people at Werrington”⁴. It is also important that the social workers in these YOI placements are also assisted by guidance providing for a level of increased cooperation from local authorities, to avoid the social workers finding themselves arguing for services that children are entitled to as of right.

3. *Lack of formal care status for most children (and young people) in and out of custody*

3.1 Despite the manifest needs of looked after children, the *Care Matters* Green Paper noted that the majority of children in care, ie those under section 20 of the Children Act 1989, lose their “looked after” status on entering custody. As it stands, the only children and young people with care status in custody are:⁵

- those children under a full care order (s31);
- those children who are classified as “in need” under section 17 of the Children Act 1989 by the local authority in which the establishment is based, during their time in custody;
- those children on remand in secure training centres or secure care homes;
- those 16 or 17 year olds who have spent enough time in care to be “relevant” children; and
- 18–21 year olds who are former relevant children.

³ The Queen (on application of K) v Manchester City Council [2006] EWHC 3164 (Admin)

⁴ p 11, *Report on an unannounced short follow-up inspection of HMYOI Werrington 16–20 April 2007*, (HMCIP 2007)

⁵ This is a more comprehensive list than that given in our previous CYP Bill submission

3.2 To reiterate some points we made in our previous CYP Bill submission, the Green Paper did not go so far as to suggest that children entering custody should not lose their looked after status. It did, however, suggest that children entering custody should be needs assessed and that individuals should continue to be supported as if they were termed a child in care. Any reference to children in custody was watered down in the *Care Matters: Time for Change* White Paper to merely a requirement for social workers to visit previously looked after children while in custody (see p 64).

3.3 If we are truly to help our most vulnerable young people, those children who are already looked after on entering custody should not cease to be looked after and should be entitled to all the benefits of being under section 20 of the Children Act 1989 bar the provision of accommodation by the local authority. This would comply with the aforementioned “Children Act case” taken up by the Howard League’s legal team in 2002, which confirmed that the Act applies to children in custody *subject to the requirements of custody*. Arguably, entering custody requires as a matter of logic that a child ceases to require accommodation: however, there is no reason why the definition of section 20 cannot be extended to include children placed in hospital or detention under the law. This would mean that children in custody—sometimes the most vulnerable of all—do not become even more disadvantaged. It must be remembered that section 20 remains a form of voluntary care: children cannot become looked after without the consent of their parents while under the age of 16 or without their own consent above the age of 16. Any amendment to allow children placed in hospital or detention under the law to be looked after under section 20 would not *impose* care status on children but would entitle them to assistance where required.

3.4 Following on from the failure to identify many children in need, there also appears to be a reluctance to place children in need in the care system. We recognise that the decision to take a child into care is a difficult one and that the presumption is rightly that a child should live with their parents. Nonetheless, that presumption should not mean an abrogation of duty by children’s services when it is clear that the care system is in some way required. It is interesting to recall the recent judgment by Mr Justice Munby in the “Nottingham baby case”,⁶ which made the headlines. That case attracted a great deal of media criticism and was portrayed simplistically in some outlets as an instance of “meddling social workers”, despite the fact that in reality the case was more about the legal requirement to follow the correct procedure—and the failure of the local authority to do so—rather than whether it was right or not for the baby to be taken into care in the first place. Indeed, far from local authorities being “trigger happy” to place in children in care, it is our experience that all too often they are reluctant to do it.

3.5 To give another example from our legal team’s work, the Howard League for Penal Reform is currently involved in a public inquiry by the prisons and probation ombudsman. Our client, “SP”, was remanded into custody at the age of 16 for offences of robbery and assault. SP has profound mental health problems including psychopathic personality disorder and traits consistent with borderline personality disorder that gave rise to disturbed behaviour and regular self harm when she was in custody. The Howard League represented SP and successfully had her moved from New Hall YOI to Rampton high security hospital after a judicial review.⁷ The SP inquiry is now being conducted on the basis that SP’s life threatening self harm whilst in prison service custody triggered the state’s investigative obligations under Article 2 of the European Convention on Human Rights.

3.6 What may be of interest to the Committee is that SP had been known to her local authority’s social services since the age of one. Throughout SP’s childhood, her mother was sectioned under the Mental Health Act or assessed in psychiatric units at least eight times. SP was accommodated by social services in at least 28 different placements. Disturbing and violent behaviour by SP’s mother included being arrested for threatening to kill her family with a knife, attacking her husband on a number of occasions with a knife or axe, and having paranoid hallucinations. She prevented SP and her sister from attending school and SP effectively dropped out of education from the age of 13. Despite the litany of neglect, abuse and ill treatment suffered by SP and recorded by social services, it took until the age of 16 before she finally became subject to a full care order. By then, a great deal of possibly irreversible damage had been done.

3.7 Why, in such a case of manifest need, did it take so long for SP to become subject to a full care order? We believe that the Committee should seek information from the Government as to what incentives if any are in place to discourage too many children being in care, given the anecdotal evidence suggesting an extreme reluctance on the part of local authorities to place children in care. Are there key performance indicators that relate the number of children in care adversely to a local authority’s overall performance? Or does the reluctance merely relate to financial considerations? If so, this situation looks set to worsen in light of the Ministry of Justice’s proposed plans to increase local authority’s court fees for care proceedings from £150 to anything up to £4,000. Further, several local authorities are piloting the new Public Law Outline—again, the Committee should seek evidence as to how many care proceedings have been issued since the pilots have been in place. We cannot simply rely on the spirit of the Children Act to inform working practice in a resource stretched environment. The law is drafted on the assumption that local authorities’ decisions will not be predicated on budgetary concerns. It provides that children are not taken into care without either the parent or the child’s consent in section 20 cases, or comprehensive court scrutiny in the instance of full care orders.

⁶ G (R on the application of) v Nottingham City Council [2008] EWHC 152 (Admin)

⁷ SP and Secretary of State for the Home Department [2004] EWHC 1418 (Admin)

3.8 We recommend that local authorities should actually receive financial incentives to reduce the numbers of children in custody in their area and to look after and care for children that do remain in custody. At the very least, if the financial considerations of local authorities are having an adverse effect on the interests of the child then we would suggest central government provide a ring fenced fund of money to ensure provision of care, leaving no “gaps in the safety net”. This could possibly be sourced from the considerable savings made from the reduction in child custody. Incarceration is costly: a secure training centre place (run by private contractors) costs £164,750, and a local authority secure children’s home place costs £185,780, reflecting staffing ratios of four staff to eight youngsters. A place at a YOI run by the prison service costs £50,800, with a ratio of around four staff to 60 youngsters.⁸

3.9 The *Care Matters* Green Paper acknowledged research, which showed that outcomes for young people who stayed in care until the age of 21 were much better than for those leaving care earlier (p 86). The paper proposed allowing young people to live with foster families until the age of 21. It is our experience that such measures could have been extremely beneficial. In particular, young adults leaving custody will often have come to custody from care and attained maturity in custody. They may be keen to make a fresh start but may often also be institutionalised. The lack of foster placements for vulnerable young adults is not helpful in assisting with their longer term rehabilitation. The *Care Matters: Time for Change* White Paper (p 107) also makes reference to the extension of foster placements until the age of 21 and the role of young people in deciding when to leave care. As we noted in our submission on the Children and Young Persons Bill, however, the Bill appears to be silent on the issue. We believe that this proposal should be reinstated forthwith. Explicitly providing the option for young people to be placed in foster care would send out a very clear message to local authorities who often refuse to place 16+ year olds in such care.

3.10 Finally, the Committee might also consider young adults, those aged 18–20. Again, relating to our experience of representing young adults in custody, we encounter a large group of very troubled individuals with lost childhoods—a group recognised as the most hard to reach and hard to help within the secure estate, as reflected in reconviction rates of 75.3% within two years of release compared to the average of 64.7%.⁹ Section 20 (5) of the Children Act actually provides for this age group and states:

A local authority may provide accommodation for any person who has reached the age of 16 but is under 21 in any community home which takes children who have reached the age of 16 if they consider that to do so would safeguard or promote his welfare.

Unfortunately, this provision appears to be very rarely used. In any event, where young adults require accommodation rather than just assistance, the discretionary duty of the local authority to provide accommodation under the Leaving Care Act 2000 where a young person’s welfare requires it, should be made explicit.

4. Failure to look after children in care properly

4.1 As noted in the *Care Matters* Green Paper at chapter 6, “research and data show that children in care enter custody at a far higher rate than other children” (p 82). Whatever the failings in the care system that this implies, custody remains the worst option available. The purpose of the care system is to safeguard children and promote their welfare. In contrast, custody is primarily about punishment. Evidence shows that custody is profoundly damaging for children and almost always leads to poor outcomes, as reoffending rates of 76.2% for under 18s demonstrates.¹⁰ Many of the children who enter custody are among the most vulnerable and challenging, with chaotic family backgrounds and histories of neglect and abuse. Often, they have been ignored by the care system itself. These children have a right to be cared for properly and if they are not, they will continue to place themselves and others at risk. Local authorities must uphold their corporate parenting duties wherever appropriate.

4.2 It may help to introduce an analogy at this point. The law provides for an obvious remedy where a parent fails to care for a child properly, in the parenting order. Yet there is limited recourse in the case of a corporate parent who is failing and no obvious channel of complaint for a child who feels neglected—where does a concerned teacher go, for example? Independent reviewing officers and child advocates do not have investigative powers anything like akin to the powers of social services to investigate the home life of a child in the community. Neither the Children Act 1989 complaint process nor the office of the local government ombudsman appears to be particularly child-friendly. In the case of child advocates (“independent persons”) employed to participate in the investigation of complaints under the Children Act, the very fact that the local authorities themselves appoint these individuals suggests that the “independent person” system is not independent enough.

4.3 What the Howard League’s legal team encounters all too often are corporate parents that appear to have a ‘corporate’ attitude, with the emphasis on resources and business management rather than the interests of the child. What ordinary parent would not accompany their child to court, for example? Why are so many children in custody such as SP placed in so many different placements by social services before eventually landing in prison? Why are social services allowed to break the law in terms of their level of care

⁸ p 27, *Youth Offending: the delivery of community and custodial sentences*, (Audit Commission 2004). These figures are per child per annum.

⁹ *Re-offending of adults: results from the 2004 cohort*, (Home Office 2007)

¹⁰ Hansard, House of Commons written answers, 25 October 2007

to 16 and 17 year olds and what example does that send to children themselves in conflict with the law? Children in care will not have better outcomes until corporate parents begin to take proper responsibility. While we are not suggesting that there should be parenting orders for local authorities who “offend”, we do believe that there needs to be comparable sanctions, such as financial penalties, if children in care are being failed by their corporate parent. This may suggest a more proactive role for Ofsted.

4.4 As regards those vulnerable children in custody without formal case status (see 3.1 above) there is nothing in the current legislation to ensure that they are properly looked after, by which we mean there is no one performing the combined role of providing friendship and guidance, of giving pocket money, of helping the child plan for their future. We reiterate our belief that children who are already looked after on entering custody should not cease to be looked after and should be entitled to all the benefits of being under section 20 of the Children Act 1989, bar the provision of accommodation by the local authority.

5. Conclusions

5.1 In conclusion, the Howard League for Penal Reform and the work of our legal team has brought us into direct contact with the realities of a failing care system and the cost this has in ruined lives and in perpetuating cycles of offending. We believe that if the various failings and gaps identified here are tackled by urgent reform, with both legislative and cultural change, then this could have a huge positive impact on future generations of children and the health of the nation as a whole.

5.2 We have attempted to address our key concerns that relate to the social welfare and care needs of children in the criminal justice system and hope that our observations are of assistance. We have restricted our observations and comments to areas in which we have a degree of expertise specific to our legal work. The Howard League for Penal Reform firmly believes that it is crucial that these points are considered by the Select Committee and we would be very happy to provide oral evidence if required.

February 2008

Memorandum submitted by the National Children’s Bureau (NCB)

1.0 SUMMARY

1.1 NCB promotes the voices, interests and well-being of all children and young people across every aspect of their lives. As an umbrella body for the children’s sector in England and Northern Ireland, we provide essential information on policy, research and best practice for our members and other partners. NCB has over 20 years of experience in research, policy and practice development relating to looked after children and young people. We host the National Centre for Excellence in Residential Care, a two-year project, funded by the Department for Children, Schools and Families (DCSF), to improve standards of practice and outcomes for children and young people in residential child care in England. NCB also leads the Healthy Care Programme, another DCSF-funded project, which has developed tools to help local authorities and their partners to provide healthy environments for children and young people in care.

1.2 Looked after children or care leavers are over-represented in the criminal justice system. Approximately 40% to 49% who enter custody have been in local authority care at some point. This vulnerable group are not only disadvantaged in terms of the poor outcomes associated with entering the youth justice system, but are also more likely to experience resettlement problems upon leaving custody. While we welcome measures in *Care Matters: Time for Change*¹ and the Children and Young Persons Bill to address the needs of this group, we believe that further action is needed to break down the welfare/justice divide, which affects all children in custody but particularly those who are in local authority care or who are care leavers. We are calling for:

- Systems and approaches that can more effectively link justice to welfare, and the promotion of a relationship-based system to respond to offending behaviour.
- Clarification of the responsibilities of social, education and health services to looked after children who offend, and the development of mechanisms to hold these services to account when they do not meet these responsibilities.
- A joint crime prevention strategy that looks at how services can address unmet welfare and other needs that contribute to offending behaviour.
- An investigation of all youth justice interventions for their suitability for children and young people.
- A safe custodial system that provides care, education and training, and prepares young people for their release into the community.
- The needs of looked after children in custody to be highlighted in inspection frameworks for HMI Prisons and Ofsted.

- Greater cross-departmental and inter-agency working to ensure health and well-being needs of young people in the youth justice system are identified and met.
- These issues to be addressed in the Government’s forthcoming green paper on post-justice continuity of care, and that that paper contains specific proposals for looked after children and care leavers engaged in the youth justice system.

1.3 A separate submission on improving health outcomes for looked after children and young people, drawing on the work of the DCSF-funded Healthy Care Programme, is also to be sent to the Committee.

2.0 SUBMISSION: LOOKED AFTER CHILDREN IN THE YOUTH JUSTICE SYSTEM

2.1 Looked after children or care leavers are over-represented in the criminal justice system. Approximately 40%–49% who enter custody have been in local authority care at some point.ⁱⁱ Research has found a strong prevalence of poor health, educational and welfare outcomes among all young people involved in the youth justice system. For example:

- One study of young people in custody found that over a third of those of compulsory school age had a reading age of seven or less, and approximately half were functioning at or below the numeracy level of an average seven-year-old.ⁱⁱⁱ
- 95% of young offenders in custody have at least one mental health problem and 80% have more than one.^{iv}
- 45.4% of young people in custody have been dependent on a substance.^v
- One study of young offenders found that 40% of under-18s had lived either on the street, in temporary accommodation or independently, or had sought formal housing provision and/or support. This compares with 1.5% of the general population of children and young people.^{vi}

Looked after children who are involved in the youth justice system are particularly vulnerable; they are not only disadvantaged in terms of the poor outcomes associated with engagement in the youth justice system, but are also more likely to experience resettlement problems when they leave custody.

2.2 Through our work in the youth justice system, NCB has identified barriers to the delivery of much-needed educational, health and welfare services to young people who offend, particularly looked after children. This division between welfare and youth justice services (the “welfare/justice divide”) is built partly upon the fact that practitioners from the different spheres work within separate teams, to conflicting targets and using different systems for storing information, carrying out assessments and delivering interventions. In addition, practitioners within the different services operate under separate pieces of legislation, an issue which we are seeking to address during the passage of the Children and Young Persons Bill through Parliament.

2.3 Youth Offending Teams (YOTs) were initially set up as multi-disciplinary teams consisting of professionals from a number of relevant sectors. However, the links between the YOTs and their staff members’ “home” agencies are becoming blurred, with YOT staff becoming specialist youth justice practitioners. The impact of this specialisation of YOT staff may not be so concerning if there were greater clarity around the relationship between the YOT functions and responsibilities and those of other agencies. In many areas, however, this is still lacking.

2.4 The Children Act 2004 requires children’s social care, health and youth justice services to work together for the benefit of children and young people. Section 10 places a duty on local authority children’s services and their local partners—including youth offending teams, the police, Strategic Health Authorities and Primary Care Trusts—to work together to improve the well-being of children and young people, in relation to the five Every Child Matters outcomes. Section 11 requires local partners—including local authority children’s services, youth offending teams and prisons/secure training centres—to safeguard and promote the welfare of children and young people.

2.5 Despite the existence of these duties, and the clear link between offending, entering custody and other poor outcomes, young offenders, including those with experience of the care system, do not always receive the services they need, encountering barriers to accessing: education, employment and training; accommodation; and mental health and substance misuse services.

2.6 NCB, therefore welcomes the proposals in *Care Matters* and the Children and Young Persons Bill which seek to ensure that looked after children who enter custody maintain a consistent relationship with their social worker and local authority. In particular, clause 13 of the Bill places a duty on local authorities to ensure that a representative of the authority visits each looked after child on a regular basis. This will apply to looked after children who enter custody, and, through regulations, to those who were accommodated under section 20 Children Act 1989 prior to entering custody. NCB welcomes this approach and during the passage of the Bill is seeking assurances around the qualifications of those who visit a looked after child in custody and the timing and purpose of those visits (see NCB submission to the Children, Schools and Families Select Committee inquiry on the Children and Young Persons Bill, 1 February 2008). We will also seek to ensure that these procedures apply equally to children who are accommodated under section 20 before they enter custody.

2.7 While we welcome the requirements under clause 13, we are calling for further action to break down the welfare/justice divide, which affects all children in custody but, in particular, those who are in local authority care or are care leavers.

2.8 We are asking for:

2.9 Systems and approaches that can more effectively link justice to welfare, and the promotion of a relationship-based system to respond to offending behaviour

Despite the existence of legal duties requiring children's social care, health and youth justice services to work together, the specific aims of the children's social care and youth justice systems are different. Children's services agencies are concerned with safeguarding and promoting well-being, whereas the purpose of the youth justice system is to prevent offending. Many vulnerable children receive a service from both, but NCB believes that more needs to be done to enable joint working across the boundaries. Children and young people are clear that they want a more flexible approach towards helping them, and that they value people who take an interest in them as individuals and who are prepared to stick with them through a range of difficulties.

2.10 Clarification of the responsibilities of social, education and health services to looked after children who offend and the development of mechanisms to hold these services to account when they do not meet these responsibilities

The blurring of YOT staff members' links with their "home" agencies, and the lack of clarity about how the responsibilities of the YOT fit with those of other services, means that there is a risk of children, particularly those with multiple needs, being constantly passed between agencies as someone else's responsibility. Despite Justice Munby's ruling in 2002 that children in custody continue to be eligible for support under the Children Act 1989, mainstream services such as social care and education continue to be reluctant to engage with children in or leaving custody. There are currently no mechanisms to ensure that they fulfil their responsibilities, and hence an increasing use of judicial reviews as the only lever. More productive and positive means need to be identified.

2.11 A joint crime prevention strategy that looks at how services can address unmet welfare and other needs that contribute to offending behaviour

The problems that lead young people to offend are also those that place them at risk of other adverse outcomes, including the risk of entering local authority care. This is well recognised, but mainstream services often have such high thresholds that help may not be available at an early enough stage to prevent offending behaviour. Children may be labelled as potential offenders in order to access help, but this may have negative consequences in the ways that they or others perceive them. The challenge is to ensure early access to help children and their families in a non-stigmatising way. Although many local authorities are looking at creative ways of working together to prevent offending among young people, there are barriers that need to be overcome, such as separate funding streams.

2.12 An investigation of all youth justice interventions for their suitability for children and young people

There is considerable emphasis within the youth justice system on assessment activity, and on identifying the factors associated with a young person's offending, but less on the interventions that will help. Many young people are offered programmes, such as anger management or victim awareness courses, that may rely on cognitive skills to be effective, and the popularity of other approaches does not necessarily reflect a firm evidence base. There is a need to evaluate these programmes to ensure their suitability and effectiveness for children and young people. Alternative ways of engaging and supporting young people need to be considered, such as pro-social modelling or more individualised responses based on a holistic assessment of need.

2.13 A safe custodial system that provides care, education and training, and prepares young people for their release into the community

Although custody should be the last resort, the experience of those young people should be as positive as possible in order to increase their chances of successful resettlement. This is particularly important for children who have been in care, who: may have experienced disruption in accessing education; are at greater risk of engaging in risky behaviours such as drug and alcohol misuse; and may have difficulties developing positive relationships due to experiences of loss, neglect or abuse. The first requirement is that establishments are safe, so that young people can live without fear. Only then will they be able to take advantage of the services that should be available to them. Services provided to young people in custody should at least match the quality of those available to children in the community, and they should be measured against the same standards.

2.14 *The needs of looked after children in custody to be highlighted in inspection frameworks for HMI Prisons and Ofsted*

The inspection arrangements for children in custody are complicated, and do not reflect those of children living away from home in other settings. The expectations and standards are different from those required within the National Minimum Standards for registered settings (eg local authority children's homes, residential special schools), and local authorities are not held to account for the custodial establishments that lie within their boundaries. The inspection frameworks should be aligned with those for other children living away from home so that expectations are clear and child-centred.

2.15 *Greater cross-departmental and inter-agency working to ensure health and well-being needs of young people in the youth justice system are identified and met*

The health and well-being needs of young offenders should be met in a holistic way, throughout the young person's stay in the secure estate, and ensuring appropriate continuity of care on release from custody. NCB's Department of Health-funded project, "*Healthier Inside—Improving the Health and Well-being of Young People in Custody*", has produced a number of resources to share effective practice in making secure settings as safe and healthy as possible.

2.16 This year, the Government is expected to publish a green paper on post-justice continuity of care.^{vii} NCB hopes that these issues will be addressed in the Green Paper, and that it contains specific proposals for ensuring greater continuity of care for looked after children and care leavers.

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- ^{vi} YJB (2007) *Accommodation Needs and Experiences of Young People who Offend*. London: YJB
- ^{vii} Department for Children, Schools and Families (2007) *The Children's Plan: Building brighter future* (paragraph 6.84).

February 2008

Memorandum submitted by the Youth Justice Board for England and Wales (YJB)

INTRODUCTION

1. The Youth Justice Board for England and Wales (YJB) welcomes the inquiry and the opportunity to submit written evidence. This note provides brief background on the role of the YJB before outlining some key issues in relation to Looked after children and the youth justice system. The YJB would be pleased to provide any further information that would be of assistance to the Committee.

2. The role of the YJB is to oversee the youth justice system in England and Wales. It works to prevent offending and reoffending by children and young people under the age of 18, and to ensure that custody for them is safe, secure, and addresses the causes of their offending behaviour. The statutory responsibilities of the YJB include:

- advising Ministers on the operation of, and standards for, the youth justice system;
- monitoring the performance of the youth justice system;
- purchasing places for, and placing, children and young people remanded or sentenced to custody;
- identifying and promoting effective practice;
- making grants to local authorities and other bodies to support the development of effective practice; and
- commissioning research and publishing information.

3. While the YJB is responsible for overseeing the performance of youth justice services including multi-agency Youth Offending Teams and secure estate providers it does not directly manage any of the services.

OVERVIEW

4. Policy and practice in relation to Looked-after children is important to the YJB for a number of reasons.

- Disproportionate representation in the youth justice system.
- While children in care are a relatively diverse group of children, overall they are disproportionately likely to be brought into contact with the youth justice system and to enter into custody. *Care Matters: Transforming the Lives of Children and Young People in Care* reported that while a small overall proportion of children in care were involved in the youth justice system they were still around three times more likely than other children to be cautioned or convicted of an offence while in care. Looked-after children are more likely to be exposed to the risk factors established in research as associated with the onset of youth offending than the general population of children. These factors include issues such as lack of parental support, poor attendance at school, emotional and behavioural problems, drug and substance misuse. While it is not established that being Looked-after by itself puts children at risk of involvement, other aspects in children's lives that can be associated with being Looked-after can increase risk levels. There is no automatic relationship between risk and actual involvement in offending but as noted higher prevalence of risk factors in general for this diverse group of children is likely to increase overall levels of involvement in the youth justice system.
- Behaviour management and increased risk of criminalisation in relation to residential care
As well as the prevalence of risk factors associated with the onset of offending, another reason why there may be disproportionate involvement in the youth justice system relates to the management of challenging behaviour in residential homes. Magistrates have told us that they are concerned that relatively minor poor behaviour in residential homes may be more likely to result in formal proceedings and referral to the police than it would if it happened in the family home for children not in the care system.
- Implications for management of YJS and impact on offending behaviour from out of area placements
The placement of looked after children into "out of area" residential care placements raises issues for local youth justice services that need to manage children brought into the criminal justice system. There are issues about the adequacy of information flows between services and the level of shared understanding about continuing responsibilities of the placing authority if young people placed out of area do offend. There is also concern that out of area placements and instability of placements can impact on a young person's behaviour making offending behaviour more likely.
- Specific issues in relation to custody and post custodial support
Looked-after children in custody may have specific and complex needs and it is important that the level of involvement from the home local authority continues both during and after custody in order to ensure continuity of care.

POLICY DEVELOPMENTS AND CURRENT ISSUES RELATED TO YOUTH JUSTICE

5. The YJB strongly welcomed the publication of both *Care Matters: Transforming the Lives of Children and Young People in Care* and *Care Matters: Time for Change* and fully supports the objectives of both papers to improve outcomes for children and young people in care. Meeting the objectives set out in these two publications would not only improve the quality of life for these children but could help contribute to reducing levels of offending and reoffending by the minority of children in care who are brought into contact with the youth justice system. Some children in care can exhibit challenging behaviour which itself can be a reaction to the difficult circumstances which led them into care. The YJB agrees that improving strategies including improving the ability and skills of staff and arrangements to manage challenging behaviour can be an important element in improving life chances for children in care and preventing their contact with the criminal justice system and the consequences that can follow from that involvement.

Multi-agency protocols for managing behaviour and avoiding criminalisation

6. The *Care Matters* Green Paper, published in October 2006, included a commitment to develop a protocol on how children's homes should work with local police and Youth Offending Teams in order to address the issue of managing difficult behaviour while avoiding criminalisation where possible. Protocols between the relevant agencies have been operating in some areas since 2001. There are some indications that they can affect significant reductions in the number of recorded offences by Looked-after children where implemented alongside other measures such as training for residential staff in managing behaviour including the use of restorative justice approaches. Wiltshire social services and Wiltshire Constabulary introduced their protocol in 2001, at that time overall figures show the number of offences committed by Wiltshire Looked-after children was 184. By 2004 this figure had fallen to 22 and we understand the figure rose slightly in 2006 to 35. It should be noted that the protocol was part of a wider package of measures including training for residential staff in restorative justice, the introduction of remand foster care scheme and the introduction

of a mentoring scheme. As well as the benefits for individual children and the management of residential homes, improved responses can have real benefits for the police and courts through reduced demands on their resources. To take forward the commitment to develop the multi-agency approach further a cross government working group led by the Ministry of Justice is currently working to establish a common template by which all areas can develop protocols and to encourage as many local areas as possible to sign up to operating them. YJB is also working with the ACPO Youth Issues group who are looking to establish best practice guidance for forces and develop new proposals on crime recording standards in Children's Homes along similar lines to those established for schools.

The impact of out of area placements for youth justice services

7. The YJB welcomes proposals announced aimed at increasing placement stability and agrees that instability can lead to underachievement in education and in other areas of children's lives, which in turn can be associated with the onset and escalation of offending behaviour. YJB is aware that there can be significant management issues for Youth Offending Teams due to the number of out of area placements that can be made. Youth Offending Teams have not always been made aware of young people being placed in their area even when they have had some offending history. Data and information exchange between Youth Offending Teams can be patchy with the locations of placements being unknown. The implications can be particularly significant for smaller, including rural areas, some of which have significant numbers of private residential care homes in their areas. This can put a strain on YOT resources and raise difficulties where they may not have as good access to specialist services such as CAMHS or educational psychologists as they would have in larger YOT areas. The YJB has undertaken some initial work investigating the impact of out of area placements on the management of the system and is now working with DCSF to look at how best this can be addressed including the role of guidance and protocols across relevant departments and agencies on the appropriate delivery of youth justice services for those children in care who are placed out of area and who offend.

Importance of joint work between schools and Youth Offending Teams

8. YJB welcomes the measures set out by the Government to improve the education experience of children in care. There is a strong relationship between engagement and achievement in education and protection against involvement in offending behaviour. We would particularly welcome better support in schools to help prevent exclusions of children in care given the links between absence from school and offending. Better working relationships between schools and Youth Offending Teams could help develop approaches to prevent new exclusions and ensure through information sharing that emerging problems are identified early. On a related but separate point YJB would also welcome consideration being given to how approaches to improve educational outcomes for children in care could be applied to other groups including children and young people who offend and have been disengaged from education.

9. The Safer Schools Partnerships (SSP) programme has been developed to enable local agencies to address significant behavioural and crime-related issues in and around a school and while not focused on Looked-after children it can help with educational engagement and behaviour management in general terms. A result of the YJB's proposal to develop a new policing model for schools, the Safer Schools Partnership programme was launched as a pilot in September 2002, and brought into mainstream policy in March 2006. There are now over 400 such partnerships.

Custodial issues

10. There are particular issues for Looked-after children who enter custody. It is important that local authorities continue to take an active involvement in the lives of children in care who do enter custody. We welcome commitments made to help ensure this happens and to ensure that those children in care on a voluntary basis are explicitly included in the arrangements.

11. In order to address concerns about lack of social work provision in Young Offender Institutions the YJB has funded specific posts in each institution over the last three years. The DCSF has recently announced transitional funding to continue the posts in 2008–09 with the expectation that local authorities will take over funding in future years. The introduction of social work posts in YOIs has been subject to an independent evaluation which is due to be published shortly. The evaluation indicates that the social worker provision can be an important specialist service contributing to looked after children and care leaver needs that had previously not been attended to. Additionally, the specialist nature of the service indicates that this provision could not be filled by other posts within prison service establishments.

12. The YJB welcomes the measures in the Children and Young Persons Bill currently being considered by Parliament that seek to ensure that Looked-after children receive appropriate visits by local authorities including in custody. The YJB understands that guidance is expected to make clear that this responsibility for visits should not rest with the Youth Offending Team itself but with children's social services. While it is important that Youth Offending Teams, secure establishments and social services work closely together, the involvement of the social services department is important to maintain continuity of contact and ensure

there is effective planning for after the end of the sentence and contact with the Youth Offending Team. It is the YJB's view that these visits to looked after children in custody should be conducted by qualified social workers from children's services departments of local authorities.

13. We additionally support the principle that children in care who enter custody receive the full range of leaving care services that they are entitled to. Leaving custody can be a critical time of vulnerability when young people will benefit from intensive support. YJB welcomes the proposals in *Care Matters* to increase the range of supported accommodation for young people making the transition from care. Young people leaving care and those looked after by local authorities can have high levels of housing needs. Research into the accommodation needs of young offenders indicated that children who have had or are in care represent 30% of those in housing need. It is estimated that around 40% of young people in custody have had some experience of the care system and can experience particular difficulties in accessing suitable accommodation on their release from custody—undermining resettlement and risking reoffending and a return to custody. On a related but separate point the YJB was supportive of the statement by the Secretary of State for Children, Schools and Families in his speech to the Youth Justice Annual Convention in 2007 that consideration needs to be given as to whether all young people who leave custody should have the same kind of support as children leaving care in order to aid their resettlement and reduce the likelihood of their reoffending. The Government subsequently announced in the Children's Plan that there will be a Green Paper on Resettlement in the youth justice system in 2008 that will include examining what can be learnt from the support offered to young people leaving care. The YJB is working with government departments on the development of the Green Paper.

14. Secure Children's Homes are used both for welfare based placements and for criminal justice placements made by the YJB and therefore there is an interdependence between the sectors with changes of use on one side potentially affecting the other. Alongside YJB commissioning processes for the secure estate, the DCSF is currently undertaking research looking at the future market for welfare places in Secure Children's Homes. As well as the very specific connection in relation to Secure Children's Homes, in general there are interdependencies in the provision of secure and semi-secure accommodation for the three categories of children that come into state secure care—via criminal justice, welfare and mental health routes. The evidence suggests that there is a considerable overlap between the profiles of the children that can be held in these different types of secure setting. We believe there should be a more consistent approach to all three groups than at present.

Intensive fostering in youth justice system

15. The Youth Justice Board Intensive Fostering programme is a relatively small project providing intensive fostering arrangements as an alternative to a custodial sentence. The evidence based model used is Multi-dimensional Treatment Foster Care which has shown success in working with children within the juvenile justice population in the USA. There are three Intensive Fostering pilot sites funded by the YJB providing individual foster placements and a clinical team that work with both the child and the family to improve the child's social skills and emotional control, while in parallel working with parents or carers, on improving their parenting skills.

16. The pilot is for the three years from March 2005. So far 39 children have received Intensive Fostering as part of their sentence with 19 children having completed the programme to date. Intensive Fostering is being evaluated by the University of York. The interim report in June 2007 showed a promising start albeit noting the small sample size. YJB welcomes that the Government's Children Plan noted that there will be further work looking at alternatives to custody including intensive fostering.

Evaluating the reforms

17. The wide ranging reforms to children's services and the specific measures being put in place for Looked-after children are welcomed by the YJB. Given the indication of a disproportionate relationship between being in care and involvement in the criminal justice system, YJB would welcome where possible that evaluations of the reforms measure the extent to which they are impacting on the involvement of offending as well as improving wider outcomes. To undertake the evaluation this may require further work establishing the full nature of relationship.

18. There is in general terms a strong case that children in care who come into contact with the youth justice system require a greater need for adequate long term support to improve their outcomes and prevent an escalation in offending behaviour. Short term custodial sentences can be very disruptive and destabilising and can particularly impact on this group and there is a pressing need to ensure the care system works effectively to intervene early and provide alternative interventions that avoid the need for custody and reduce the risk of offending and reoffending.

Witnesses: **Bob Ashford**, Head of Youth Justice Strategy, Youth Justice Board (YJB), **Chris Callender**, Assistant Director (Legal), Howard League for Penal Reform, and **Dr Di Hart**, Principal Officer, Youth Justice and Welfare, National Children's Bureau (NCB), gave evidence.

Q313 Chairman: I welcome Bob Ashford, Chris Callender and Dr Di Hart. We are extremely grateful that you are giving your time for us to ask you about a particularly absorbing and interesting area of our work. The learning curve has been steep, as the territory was unfamiliar to some of us who were more familiar with the narrow educational world. We are finding it very exciting, but be careful with your use of acronyms. Be gentle with us and sometimes do not assume that we know all the acronyms in your area and do spell them out—I could pretend that that is for *Hansard*, but it is really for some of us. We do not want you to repeat your CV because we have a good CV for each of you, but perhaps you could say particularly in terms of our inquiry into looked-after children what you, in a nutshell, think that we should be considering from your area of expertise.

Bob Ashford: Obviously, there are many things that we are extremely happy about in terms of the progress that has been made. We welcome *Care Matters* and the Children and Young Persons Bill. We welcome many of the facets within that Bill, particularly in relation to young people in residential care homes. We also welcome the moves towards trying to restrict out-of-county placements for young people who are looked after, because that has been one of the major risk factors for offending and we are concerned about that. We are also very pleased to see the progress in increasing the emphasis on education for young people who are looked after. As always, the devil will be in the detail. Our remaining concerns are largely related to implementation and are in just a few areas, such as the implementation of the protocols for young people in residential care, which were outlined in *Care Matters*. Placing fewer young people out of county will be a difficult task. Naturally, the other area of concern is young people who are in custody and are looked after or have been looked after, and the treatment and service that they get from their home local authority. I am encouraged, however, by the development of the youth crime action plan, which is looking at the end to end reform of the youth justice system. A key facet of that concerns young people in custody and young people who are looked after within custody. There are many Governmental moves that we are happy about, but we have some concerns, largely around implementation—actually making these things happen meaningfully.

Chris Callender: I do not think the Howard League needs any real introduction, but I would like to emphasise the legal department, which I have the honour of heading up, having joined and started it in 2002. Some 3,022 children are in custody today. We represent those children and young people. We must receive about three or four referrals on a daily basis. We have children asking for help and legal representation on a range of issues. The main issue that underpins this matter is access to justice—to having their rights and entitlements met—while they are in custody. We deal with issues around parole

and early-release applications. There are children who are in need and who should be looked after being denied release because they have nowhere to go and, therefore, they end up doing additional time in prison in custody. We deal with recalls—children who are not coping on the outside being sent back to prison and asking for our assistance. We deal with children who are locked into conditions of 23½ hour bang-up per day because they have severe mental health problems, and unmet mental health needs. One of the big issues, and one that is of major concern to you, is the question of what we in the business call resettlement. That is what happens when the kids get kicked out of prison or the secure training centres and return to the communities from which they were sentenced. The real question here is the application of the Children Act 1989. I deal with two sections on a day to day basis. Section 17 deals with what is a child in need, and section 20 deals with the duty of local authorities to provide suitable accommodation and support for these children—and not merely a roof over their heads. Such children are the most vulnerable and damaged in our society. We get the files of those children from social services. We clench them and look through them and see that big warning signs have been going up for many years. Local authorities, in their guise as education or children services or youth offending teams, are not picking up and providing those children with the support that they need. I have three propositions. Children in need, before they get in to custody—possibly while they are offending in the community—are not getting the services that sometimes they ask and cry for and for which they are knocking on the door. They are refused those services. When they get them, those services are sometimes of a very poor standard and quality. They can be placed in bed-and-breakfast accommodation without support. That is inappropriate. They are knocking shoulder to shoulder with adults who have very severe mental health problems or drug abuse problems. There is a failure to undertake an assessment of their needs, as they are duty bound to do, and provide care plans. Once in custody, we find that children's services shut that file as quick as you like. That means that that child is locked up, not provided with ongoing support—you have seen evidence of that from other people who have contributed to this Committee—and they do not get a service when they are released. They are released in almost the same circumstances as they were in when they left. Through the Legal Services Commission, through the public purse, we are then obtaining injunctions in the High Court, almost on a daily basis, to force local authorities to do their duty and to provide such children with their entitlement. I hope that you have seen my biography. I took the liberty of giving you a long list of cases because I am trying to bring to your attention the fact that we have had to go to the House of Lords to emphasise that children are not getting their entitlements. Such children are going on to offend, which is not surprising. I am grateful.

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Chairman: Thank you.

Dr Hart: My concern is also with children who end up in custody. I have undertaken a project with looked-after children who are in custodial establishments. The overwhelming message that they gave me was that they felt abandoned by the social care system. They had had social workers with whom they were very familiar in the looked-after system. Once they started to commit offences, they felt that they had somehow been handed over to the youth justice system. That was while they were in custody, and also when they came out. They lost their placement while they were in custody, so they almost had to start again when they came out. All of the things that had supported them before—the relationships and placements—had been severed. Perhaps I am less cynical than Chris, but I felt that practitioners were trying to do a good job. If they achieved it, it was in spite of the systems and processes that were operating. I should like to see those systems and processes changed so that they support practitioners in retaining contact with those young people and meet their needs. Of the three big things that seem to get in the way, the first is the issue of visibility. We only speculate about how many looked-after children are in the youth justice system. That data is not collected by anybody, and we do not know who those children are or where they are. Because of the way services are inspected, they are not picked out. We do not know anything about their outcomes in relation to other young offenders. Another thing that gets in the way is the systems and processes. There are a lot of anomalies. For instance, if you have been in voluntary care, you are no longer considered to be in care if you go into custody. There are geographical boundaries: if you move to a children's home in another local authority, you will keep your social worker but get a different YOT (Youth Offending Team) worker. There are all sorts of systemic problems that cut across working with young people. More fundamentally, there are different approaches. The social care system is based on welfare needs and the youth justice system is based on criminogenic need, and the two approaches do not necessarily coincide. Although we understand the need for relationships in the social care system, that is not necessarily translated into the youth justice system. Children are moved a lot and their relationships and practitioners change all the time. There is a lack of joining up of the philosophy.

Q314 Chairman: Thank you very much for those introductory remarks. Let us get started with a question. In a sense, the situation does not sound very good for young people who are looked after and end up in the criminal justice system. Is there a malign influence, or is it just that people fall between the cracks of different departments, local authorities and so on? If there is not a malign influence, as I suspect you will tell me, is it common for there to be real difficulties in other countries such as ours when there are two or more parallel systems?

Bob Ashford: I cannot accept everything that Di said about the youth justice system focusing just on criminogenic needs and ignoring welfare needs—far from it, actually. The Youth Justice Board and the youth offending teams are very much about trying to make a bridge between welfare and criminal justice. People in a youth offending team are necessarily social workers, health workers, educationists, police officers, youth justice workers and so on. There is a large spread of people within a local YOT who are just as interested in assessing a young person's needs and why they started to offend, and addressing their needs, as in addressing criminogenic factors and holding young people to account. YOTs and the Youth Justice Board very much hold a dual approach.

Q315 Chairman: But Dr Hart would be right in saying that they lose their local context and start over again if they go into the criminal justice system, would she not?

Bob Ashford: Young people?

Chairman: Say they come from Huddersfield, to use my own constituency, and are in a youth offending scheme down in Doncaster. They lose their local context and care workers, do they not?

Bob Ashford: If they are looked after in one area and placed in another area far from home—I am sure that you are aware that that is often the case with young people, particularly troubled young people—they almost certainly lose not only their care worker, which changes to a local supervising officer, but their YOT worker. That is a positive thing in many ways, because obviously the local YOT worker will be familiar with local resources such as housing and education. That local resource is needed. What we are concerned about is maintaining the relationship between the home, placing authority and the local authority and YOT in which the young person is placed. On what happens nationally, I am aware of very good practice models in which the relationship between the home and placing authority and the home and placing YOT is maintained. There are other local authorities in which that relationship is not maintained. As a result of that, we are working with DCSF to establish good practice guidelines for what happens when young people are placed out of county, and the sort of services and support that they should receive not just from their local youth offending team, but from children's services. Returning to the point that you made originally about whether the separation is malign, I do not believe that it is malign. The Crime and Disorder Act 1998 is a good piece of legislation which defined services that local youth offending teams and the Youth Justice Board would give to young people who were offending. It could have gone further in addressing what other local services, such as children's services and accommodation agencies, could and should have given to those young people who were offending, particularly those who were looked after. What has happened, partly as a result of that, is that many local agencies, such as children's services, now see young people who are offending and who are also looked after, as the remit

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of the local youth offending team. That is wrong. We certainly want those local partners—not just children’s services, but housing, health and so on—to continue to provide that local service to those young people, whether or not they are looked after, when they are in the youth justice system. I am sure that you are aware that that can, hopefully, be fairly transitory. Young people come in, and leave the youth justice system, whereas looked after children will often be looked after for many years and some young people will be looked after for their whole childhood. We must try to ensure that local partners and local services continue to give that support to young people before, during and after their contact with the youth justice system.

Chris Callender: I think the Committee must be clear about the question that it is asking itself. If a child in your constituency goes into custody and is then moved to a prison in another part of the country, it will be difficult for a social worker, for example, to spend a whole day or perhaps an overnight visit to maintain that contact. Staff in prisons, and most children are detained in prisons, often do not have many resources. There may be two prison officers to 45 kids—you may come to social workers later—but there are not many resources in prisons to maintain contact between the children and their home corporate parent. The next question to be clear about is whether you are talking about children with care orders under section 31, in which case there should be no question about the connection between the home local authority and the child, and the ongoing relationship, and children who are accommodated by voluntary arrangement under section 20. In our experience, children under section 20 find the files closed, so end of job. We brought a case against Manchester City Council—I have picked out that case because we brought it—and the court said loud and clear that it was not for children’s services to dump on youth offending teams. That was our experience. The Manchester Youth Offending Team was told by children’s services, “You do the job, not us.” We had to bring a case to the High Court to knock some common sense into all this. It is clearly the duty of children’s services to undertake the appropriate assessments requested and required under the Children Act 1989. Is it malign? I become frustrated in my little office in N1 when dealing with local authorities throughout the country who fight tooth and nail to resist my request to look after a child. That is very frustrating, and I am sometimes bemused at the aggressive attitude to my simple request. Sometimes, I am in the office until 10 o’clock in the evening asking a duty High Court judge to grant an injunction to require a local authority to discharge its duty under the Children Act 1989 to a vulnerable, damaged child with nowhere to go to prevent reoffending and sending the problem back. Is that malign, or is it a budget problem? You will see in our submission that we refer to the corporate parent being more orientated around budgets, accounts, balances and business plans rather than the best interests and the welfare of the child, which the 1989 Act invites them to deal with. I am not sure about that. Some of the

answer, when trying to be positive to get around the line, is, “Let’s create a financial incentive for local authorities to look after children.” A child who goes into the criminal justice system and into a young offender institution becomes the financial burden of the Ministry of Justice. If we can create incentives for local authorities to look after children more thoroughly and appropriately, and to comply with their duties, perhaps they will do a better job and the children can remain in the community. So, it seems to me that it is really a question of enforcement. Regrettably, we often have to go down the route of the High Court to get enforcement. You raised international comparisons. I went to Italy not so long ago, where there are a number of differences—major differences—in the way that they approach children who offend, one being the age of criminal responsibility, which I will not dwell on. What they do do, as a matter of course—automatically when a child is arrested by an officer for committing an offence—is to produce a welfare report immediately, prior to charge. Let us find out the circumstances of the child. Why is this child out in the streets? Why is this child not being looked after? Why is this child not at school on a day to day basis? That was their immediate concern, their immediate response. In our case, in my experience, having worked in police stations representing children, there is no question about the needs of the child. No one ever asks the question about which home we are bailing this child back to—no questions are ever raised about that, and there is no investigation. That seems to be a big hole. We need to understand why these children get into the situations that they do.

Dr Hart: The system is confusing and complicated, and there are lots of anomalies. There are often a lot of professionals involved with the young people, and it is not always entirely clear who is doing what and who is going to be held to account. Some of the social workers that I talk to were saying, “We would like to go and see them in prison, but we do not understand how prisons work, we do not really know what we are responsible for or what YOT’s responsible for.” There could certainly be a lot more clarity in terms of who is meant to be doing what. As Chris said, there are issues such as financial disincentives. If you are not going to be held to account for the fact that one of your looked-after children has gone to prison, and you are going to save money, then I found that managers particularly were saying to the social workers, “You don’t have to go and visit him. He has got a YOT worker, and there’s all these other cases that I would rather you were working on. And he is placed at the other end of the country.” So, there are practical disincentives. Again as Chris says, in terms of comparisons with Europe, the fact that they all have a much older age of criminal responsibility obviously means that social care services are involved to an older age. But they also have more joined-up approaches. I know that in Finland, if a child commits an offence, the whole family is offered a joint appointment with a social worker and with someone with a youth justice background, to try and tease out what is going on for this child. “What do we need to do together to put it

right?”, rather than here, where we tend to pass young people backwards and forwards much more between agencies.

Chairman: Thank you, that has got us off to a very good start. I would like Annette to drill down on that topic.

Q316 Annette Brooke: I would like to look at the whole issue of the large number of looked-after children—proportionately—ending up in the criminal justice system. Could you give some idea of the breakdown of reasons why we have such a high proportion ending up in the criminal justice system?

Dr Hart: There are three reasons. Inevitably, children who end up in the care system will have been disadvantaged. They will have had disruptions. We are increasingly realising how many of those children have had traumatic bereavements that have never been dealt with. There is a whole range of personal factors, which make them more vulnerable to offending, because of their distress. There are then a whole set of factors that operate within the care system. Various people have suggested that the worst thing to do with a turbulent, troubled adolescent is to accommodate them in a residential home with lots of other turbulent, troubled adolescents. There will be all sorts of peer pressures, perhaps an inexperienced staff group, who are not good at responding to challenging behaviour.

Q317 Annette Brooke: Is there a lack of qualified staff in the children’s homes?

Dr Hart: There is. Residential child care is a low-status profession. Staff have some NVQ training, some staff have no training. There are some qualified social workers, but definitely the skill base can be quite low. Then, if we move children—placement disruption, when they are moved to a new place—that inevitably, with the peer pressures, might cause young people to offend. However, I think that there is a whole other set of factors that we are not aware of—whether the system itself serves to label looked-after children if they commit an offence. We do not know whether magistrates judge them more harshly, perhaps, than other young people in the same situation. People have suggested that magistrates might be reluctant to bail a young person, if they live in a children’s home, so there might well be differences in people’s response to looked-after children, when they commit offences, compared with other young people. The chances of young people offending, and of being treated more harshly when they do, can come into play at various levels.

Annette Brooke: Do Bob or Chris have anything to add?

Bob Ashford: Just a couple of things: the peak age of offending is about 15 and 16, which for many young people, I guess, is also the age at which their care episode might begin—Chris pointed out section 20 and the voluntary accommodation path. For many of those young people, there is almost a belief sometimes that social services are queuing up to take young people into care. In my experience, as a former child care manager, the reality is far from that. I think that social and children’s services

departments are sometimes reluctant to take young people, particularly 15 and 16-year-olds, into care. Partly as a result of that, I believe, those young people become even more vulnerable, because they have been taken out of their family, but are not receiving any form of care from children’s services, which can itself be an even bigger risk factor in terms of their offending behaviour. I would also like to emphasise the point about residential care, on which Di has touched already. I am sure that you have seen from our submission that one of our biggest concerns is that many young people enter residential care without an offending history, but end up with one after becoming involved in “incidents” at the residential home. If the young person was in their own home or in foster care, such incidents would be dealt with by the parents or foster carers. As you have heard, very often, the staff in residential homes involved in such incidents will tend to be among the youngest and most underpaid in the social care field without the necessary qualifications and support. They will, therefore, tend to call the police, as a result of which incidents and behaviour that might be fairly trivial end up as offences heard in court and the young person ends up with a criminal history.

Q318 Annette Brooke: A magistrate told me about an adolescent who threw a wobbly and starting throwing china everywhere, as a result of which they ended up before a magistrate. Would that be highly unlikely to happen to a child in foster care, as opposed to a residential home?

Bob Ashford: I think that it would be far more unlikely to happen in foster care.

Q319 Annette Brooke: But it could still happen?

Bob Ashford: It can happen in our own homes—dare I say it—when teenagers and children kick off, but we manage that as parents. The difficulty in residential care is that very often the staff working late nights and weekends feel unsupported—sometimes they are unsupported—so things that can and should be dealt with become a major issue for that particular home. That is not just a concern of the YJB—the Magistrates’ Association, the police and ACPO have all raised it, as a result of which lines within the Children and Young Persons Bill are now looking at improving the work force and drawing up protocols between local authority children’s services departments, local youth offending teams and the police, which have been used to great effect in many local authority areas. As we pointed out in our submission, where that has happened—in places such as Wiltshire and Hertfordshire—there has been a huge reduction in offending by looked-after children, because those young people, who were at risk of offending in residential care homes, have been supported through measures such as restorative justice, mentoring and so on. The staff have also been supported. However, we still have concerns and would like more movement than perhaps there is in the development of those protocols in that area of work. It is a huge area on which we could work more—everyone is agreed on that.

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Chris Callender: I have come across cases where the only convictions that a child has had relate to offences within a children's home, including criminal damage or theft and occasionally more serious robberies. That indicates to me that in some of these homes there is a lack of control. I think that this comes back to Di's point about the quality of care in certain circumstances. Some anecdotal evidence that I get from the children relates to some pretty dire service provision—often on a contracted-out basis. That brings in bigger and more serious questions about who is auditing, who is inspecting and who is going in to check that the systems are in place and that a proper level of care and supervision is being undertaken with such children and children's homes. On top of that, there is the other question of the quality of care: people understanding that they have to undertake needs assessment, produce care plans, engage with the child, establish in detail the child's needs and then create a care plan with that child being part of that process—participating and engaging in their own care. You are mapping out the life of a very fragile human being—often very severely abused and neglected in the past—and it is simply not good enough to go through what I sometimes see as a tick-box process when I look through files. It is terrible to say this, but in the hundreds of cases that I have dealt with, and of all the files that I have had from social services, I have rarely seen an assessment of the child's needs and rarely got a holistic picture of the child or a regularly reviewed care plan in which the social worker was consistent. We referred to our involvement with a case in which there will be an inquiry. I am the only consistent adult among that child's relationships and in her history over the past five years. That is not good enough. If we are going to have to look after children, we really have to do so properly and in the way that Bob mentioned—as a parent, making parental decisions sensitively and in an emotionally appropriate way.

Q320 Annette Brooke: I shall look at just one more issue, which is mainly directed at Bob. We have touched on it already. We know that there are many residential homes in certain localities and that children are sent a long way to them. I had a letter from a council just outside Manchester, and the concerns were that the host authority was not given information about the children who came. Equally, the Youth Offending Team was not given information, but at the end of the day, the resources to tackle the issues had to be found from the host authority, and that inevitably meant that the child was not being put first. You said that it can work and this, that and the other, but it is pretty clear that it does not work very well, and I have heard that from other areas, too. In the Children and Young Persons Bill, there is nothing—other than trying to reduce the incidence of the situation—that will solve the problem, which will exist for at least the next five years, of such children being placed a long way from home, with all the agencies trying to shrug their shoulders.

Bob Ashford: I think you are right. What is also clear is that some local authorities are what we call exporters of looked-after young people and that some are importers. I can name probably half a dozen—particularly large shire counties—that are net importers of large numbers of looked-after young people into not just local children's service provision, but private and charitable residential care, which also exist in those areas. We are concerned about that from a youth justice perspective. You are absolutely right and it is fair to say that over the years there has been some correspondence between authorities, particularly large exporters and large importers, about who will provide the services for young people and who will pay for them. We start with the premise that young people should receive a service from the authority in which they live, but that they most certainly must be supported with information and timely assessments by the authorities from which they emanate. On the Youth Justice Board issue, we are working with DCSF and looking at good practice guidelines, which have to be meaningful and to work for the local authority and local youth offending teams.¹¹ We need to try to establish what good practice is, try to ensure that we disseminate it and then try to ensure that there are some effective levers on local authorities and youth offending teams to implement and follow it. One positive thing that has happened, in terms not just of support, but of outcomes for young people, are the public service agreements whereby the targets for children's services, youth offending services and so on are becoming more joined together. There are now targets and indicators around reducing offending and reducing first-time entrance—that is, young people going into the youth justice system—and those targets are set by the local authority that has responsibility for children's services and housing, and primary responsibility for youth offending teams. I am hopeful that that move will have some positive benefits for looked-after young people.

Q321 Annette Brooke: Very quickly, because I am not sure from your answer, are there guidelines or regulations that say that the exporter has to tell the importer that a child is arriving and pass on any information?

Bob Ashford: Yes, there are. I understand that there is already guidance and that that does happen, but I am talking about good practice guidance. It is one thing to say that it is in a piece of legislation or somewhere else, but what does it mean in practice? We are trying to draw up what it means in practice, and what good practice is in terms of delivery.

Q322 Annette Brooke: And do we have any time scale? It seems to me that this is urgent.

Bob Ashford: Work is being done on the guidance as we speak, and I would hope that certainly within the next few months we would have something that we can distribute.

¹¹ See Ev 194

Q323 Chairman: We looked at prisoner education in a previous Committee, and we were always told that the trouble is around keeping records up to date and moving them on with the person concerned—churn. Do most of the young people spend very short times in institutions and the criminal justice system? Is it mainly short-term?

Bob Ashford: Hugely variable.

Chris Callender: The average sentence is a four to six-month detention training order, which means that they spend two to three months in custody. Eight to 12 weeks would be the average sentence for a child.

Bob Ashford: But in terms of residential care, of course, it can be variable.

Q324 Mr Chaytor: May I make a quick point on the division of responsibilities? Earlier, Chris gave the example of Italy. I recall that you said that for every child in Italy who is picked up by the police, a welfare report has to be done first and foremost.

Chris Callender: That is correct.

Q325 Mr Chaytor: Who has to do that?

Chris Callender: A designated social worker.

Q326 Mr Chaytor: So 24 hours a day, whatever the circumstances, any child under the age of—what, 18 or 16?

Chris Callender: Fourteen is the age of criminal responsibility.

Q327 Mr Chaytor: A welfare report is done for them. Would that be completely impossible in the UK? How far are we from doing that?

Chris Callender: No, of course it would not be impossible. It depends on how we divert and apply our resources. As Bob said, there are social workers on youth offending teams, so, in theory, we have people who are qualified and trained to undertake such assessments. It would simply be a question of increasing the level of resources at that end on a welfare basis. Coming back to Annette's point, there is a division between the youth offending teams and the children's services. There are fights between them, and we have had to come in. In the case that I mentioned of *K v. Manchester City Council*, we had to go in with the High Court to sort out the fight. We said, "No, that is the job of children's services, not the Youth Offending Team." I feel some sympathy for youth offending teams. They are unquestionably put upon in the way that Di mentioned.

Q328 Mr Chaytor: A quick supplementary. Every custody office in the country has a duty social worker available 24 hours a day, so why is the welfare report not done by the duty social worker?

Chris Callender: Do you mean a custody officer in a police station?

Mr Chaytor: Yes, in a police station.

Chris Callender: That is not how the system works.

Mr Chaytor: There are social workers on duty.

Chris Callender: There is an emergency duty team, of course, but it could be a custody officer or it could be a member of the community who you could call in

and say, "I found this stray child. Can you do something?" You could leave a message on the message system in the hope that someone might get back to you.

Chairman: Thank you, David.

Q329 Mr Heppell: From what I understand—further to what the Chairman said; I do not consider myself an expert on such things—if you go into care under a voluntary agreement and then you get involved in the youth justice system, you do not get looked-after status in court. What does that mean? Should the children in that 30% have looked-after status, and what difference does it make to how they are treated?

Dr Hart: Those are the section 20 children. As custody is not considered to be a placement provided by the local authority, if a child enters custody, they are no longer considered to be the responsibility of the local authority—in terms of the local authority being their corporate parent. They might still be a child in need, but they are no longer a looked-after child. As Chris says, in practice that means that some local authorities will then just close the case and say, "That child is not our responsibility while they are in custody. Give us a ring when they are due out and we might, or might not, accommodate them again." Those children are in complete limbo. The fact that they are in the care system usually means that their parents, for whatever reason, are not providing good enough care, yet the expectation is that suddenly those parents will have to resume their parenting. The Bill attempts to strengthen that arrangement by saying that the local authority will still have a duty to visit those children, but it does not say—I think that a lot of this will be in regulations and guidance—that it will have to assess them, provide services for them, and arrange for them to have somewhere to live. All it says at the moment is that the local authority will have a duty to visit them.

Q330 Mr Heppell: Can I just get this right? Would there, with the other 70%, be a duty to assess them and to provide services for them?

Dr Hart: The young people on a care order remain on a care order. In theory, their home local authority would still have parental responsibility for them while they were in custody. In reality, there is variation in how that is interpreted. Some local authorities are very confused about the fact that they are subject to such things as a sentence planning system. You have two parallel planning systems that do not mesh together. Certainly, some local authorities do not actively continue their parenting role with children on care orders in prison, even though, statutorily, they are meant to.

Chris Callender: To be crystal clear, a child who comes under section 20, or who is looked after and accommodated, requires a detailed assessment of their needs: clothing, education, contact with family, employment, training, where they are going, what their future is and what their wishes are. So, you have a long list, which is very nicely worked out in the framework of the assessment of children leaving their families, and a care plan, and they are engaged

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in that. If you come under section 20, you should be looked after as though you had a mum and a dad, but we find that that does not happen—there is not a proper assessment. Once they go in to custody, as Di says, it certainly will not happen. We have even had to go to the Court of Appeal about a child who was coming out because the local authority refused to acknowledge that her conditions, or factual situation, came under section 20. It was prepared to release her only to a bed and breakfast.

Q331 Mr Heppell: Are you saying that, in some respects, it is not just the 30% who are not getting what they should, but the others as well?

Chris Callender: Absolutely, yes.

Q332 Mr Heppell: Going further than that, presumably you are saying that, at the very least, the 30% should be included with the rest in terms of having looked-after status?

Chris Callender: Yes.

Q333 Mr Heppell: What about other children? I see that the Howard League is proposing that if you come in touch with the criminal justice system, you should automatically get the status of a looked-after child because you had fallen through the net and something had happened. Would that not criminalise the care system? Would it not be the case that people would rather go to court than get put into the care system?

Chris Callender: I guess that that is a reaction to the problem that we are seeing day to day. These children slip through the net—and the net is not that good anyway. If they can get out of custody because they have somewhere to go, they reoffend and they are back in custody again. The problem that we are finding is that we have to struggle to engage local authorities to look after these children. That is why I come back to the point that we have had to go to High Court judges to get orders, to get injunctions, to get the rights and entitlements of those children met, to get them into suitable accommodation, and to provide them with support. The problem is that if we do not have some way of making sure that local authorities' attention is brought to these children, they will continually slip through the net. The imperative of being looked after leads into the leaving-care rights for those children. Those children are often very vulnerable even by the time they turn 18—they are no longer children, but they still have not managed to sort their lives out and they still do not have suitable accommodation. As care leavers, they would be entitled to support until they were 21.

Bob Ashford: Just to add to what Chris is saying, with which I largely agree, we would have liked to have seen the section 20 status—the voluntary care status—remain for young people when they go into custody for all the reasons that he cites. We are obviously pleased to see the duty to visit those young people who were previously looked-after children under section 20, but our point is that the person who visits those young people is crucial. We do not feel that it is enough for local authorities to say that

the youth offending team can do these visits to young people who were section 20 accommodated. We feel that should be done by a qualified social worker working within a children's services department who has access to the resources of that department. I am also encouraged by the development of the youth crime action plan, which is looking at resettlement. There is no longer going to be a resettlement Green Paper, but that work is now being encapsulated within the youth crime action plan. That plan looks at the issues that Chris has raised, not just for young people who are looked after, but for all young people leaving custody, because there is a real concern, which we have had for a long time, about the services that are or are not available to young people who are leaving custody. That is not just whether they have a home to go to, but whether they have a family to go to, a GP, a job, training and so on. We know that unless young people are prepared for leaving custody properly in terms of their rehabilitation, they will be back in custody within a short space of time. For us, the issue is about how looked-after children leave custody, but there is also an issue about all young people who leave custody and the services that are available to them.

Chris Callender: In a way, that is nothing stronger than David's point. Do we not have social workers on call in police stations? Let us just check how they are doing. We are not trying to force anything upon anybody, but we want merely to check that these kids are all right, because often they really are not.

Q334 Fiona Mactaggart: I am very interested in where we got to on the last point about resettlement, leaving custody and the experience of all young people, but particularly looked-after young people. I was rather shocked when a charity that I was involved in was working to provide housing directly from the prison gate to see what impact that had on the prospects for young people—not particularly young people in care, although obviously the impact is much more acute for those young people because they often do not have family to fall back on in quite the same way. The absolute impossibility of getting sensible referrals when housing was available made me realise how badly we were failing young people who were leaving custody, whatever their circumstances. I know that the Youth Justice Board has started putting social workers into YOIs. Has that made any difference?

Bob Ashford: The simple answer is that it has. An evaluation that is due out soon will show that, in terms of the contacts, knowledge and expertise of those social workers within youth custody, it has been extremely valuable. There are issues, as I am sure you are aware, about the continuation of funding. It is secured until the end of 2009–10, I believe, when the funding for those social work posts will be the responsibility of local authorities.¹² We have some concerns—I will be quite frank—about how, if and when local authorities will be able to pick up that responsibility, given the other budgetary

¹² See Ev 195

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pressures in social services. Coming back to the point about accommodation, I could not agree more. One of the biggest issues that young people face when leaving custody, whether they are looked after or not, is the provision of suitable accommodation. Chris made the point earlier about how we do not consider unsupervised, unsupported bed and breakfast for 15 or 16-year-olds to be suitable accommodation. We would not put our own children into that type of accommodation, and nor should we expect that for young people who are—again, as Chris says—some of the most vulnerable and sometimes disturbed. We are setting them up to fail. That is why the youth crime action plan is looking at the importance and role of accommodation agencies and registered social landlords for young people within the youth justice system. Part of the difficulty in the past has been that accommodation is supplied by what we call second-tier authorities. If you have a shire or rural county, below that will come another tier—a second tier—of local authority. Very often, responsibility for children's services and youth offending services lies with the top-tier local authority, but responsibility for accommodation and registered social landlords rests with the second-tier local authority. That has been a problem. One thing that the youth crime action plan is looking at is the notion of having accommodation officers and accommodation agencies as part of the youth offending team steering group—currently, they are not legislated to be part of that steering group. We think that that is one thing that would certainly help the process. There need to be incentives and some effective levers if accommodation—not just accommodation, as I said, but appropriate, suitable and supported accommodation—is to be provided to these particular young people. One area that we have developed, which we have outlined in our submission, is around intensive fostering. We believe that that has huge benefits, not just in terms of resettlement, but also to prevent young people from going into custody in the first place. It is a structured and successful provision. Again, the early evaluation shows that these schemes are successful, not just as a way of preventing young people from going into custody, but for young people leaving custody and being supported after that as well.

Q335 Fiona Mactaggart: But how could you structure the kind of tag that you attach, as it were, to a young person in care to ensure that they did not pass the accommodation test just by someone ticking a box to say that they have referred them to the B and B down in Hastings or somewhere, which is what too often seems to occur?

Chris Callender: Bob is right. The judgment that we had in the Hammersmith and Fulham case in the House of Lords was on this point. In that case what is called a unitary authority—Hammersmith and Fulham—had responsibility for housing and social services. Kent or Essex is where you would get the problems. You get the County Council responsible for social services, but within that you have lots of other little authorities dealing with housing. The

answer is simple: you do not put children through the homelessness route. You do not dump them in bed and breakfasts, which is what the homeless persons unit is all about. You look after these children. Sixteen and 17-year-olds are the big group that get dumped in that way—I use *dumped*, because that is how it feels when I am talking to these kids. They are placed in bed and breakfasts under Housing Act legislation. Sometimes they are found intentionally homeless. You have 16-year-old children wandering around the streets of England who have been found intentionally homeless. Therefore, the housing authority has no duty to them and social services are merely ignoring them. That is the end result. The Hammersmith and Fulham judgment was on just that point. It was about a 17-year-old girl whose mother was dying with a tumour and could not cope with her daughter. The local housing authority found her intentionally homeless. Social services never blinked an eyelid. It did not even look at her; it did not even touch her. The reality is that there should be a protocol. These people should be communicating with one another. The difficulty is that the Housing Act legislation allows local authority social services to sidestep their duties by pushing people down the homelessness route. Therefore, they are placed into accommodation that is inappropriate, unsuitable and unsupported, which then leads to offending and, we would say, custody. There are successes. In the case of the Sutton judgment, which was in the Court of Appeal, that girl, Jade, went on not to reoffend. She did two years for a serious offence, but she has not reoffended because she had stable accommodation. She did not get the best service—it took too long to get the judgment—but once we got there, with the stability of a home that she could call her own and a room that she could personalise and make up as her own, she stayed out of trouble. That was a very good result, actually with very minimal input. You raised the point about social workers and YOIs. I deal with these people on an almost day to day basis, and these big YOIs with lots of kids are overwhelmed, as you can imagine. Their focus is on the children who are already in the system, and part of my evidence is about those children who slip through the net. I say that that is a massive proportion of those children whom we need to reach. Their big problem is that when they ring a local authority, it says, “No, we’re not doing it.” They then ring us and say, “Hey, we’re having problems getting this local authority involved.” We might then need a High Court order. The problem that they face is similar to the one that youth offending team workers face. It is a question of enforcement, and they lack the ability, independence and legal access to justice, so they bring those children and we give them access to justice. That is not a bad job at the end of the day, but it is regrettable that they need to go that far. It is regrettable that when they complete referral forms, the local authorities that they contact do not engage. I agree with the youth crime action plan. It is very important to move towards welfare and to start to meet the needs of children. If we do that, it might prevent them from reoffending.

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Q336 Fiona Mactaggart: Do you think that if you move responsibility for youth crime to children's trusts, as is proposed, that will help, make a difference or be window dressing? What difference will it make?

Chris Callender: To be tried and tested, in part. The problem with children's trusts is that they are not created as a statutory duty. The beauty of section 20 of the Children Act is that it creates a statutory duty. In the last analysis, we can try to enforce that if it comes to it and ensure that it happens. Children's trusts need a statutory duty and statutory force behind them. There is also the question of funding and how it will materialise and be channelled. Things are moving in the right direction and the right language is being talked, but the question is whether the right structures are in place for the plan to work.

Bob Ashford: Just to add to that, the point about children's trusts and their roles was a leak in the press. In future, I would like children's services to be given more responsibility. I would like more levers for, and more accountability of, children's services so that they deliver services to young people who are offending, particularly regarding custody and rehabilitation. On the structure, I firmly believe that the current structure, whereby the local authority Chief Executive has the primary role with youth offending teams, is right. That brings together not just children's services, but, in unitary authorities, housing departments. It also brings together the role of the local authority chief executive as part of the local strategic partnership and their links with policing, courts and so on. I do not want responsibility for youth justice to go to just one agency. A local authority Chief Executive bridges different agencies, in both justice and welfare, and that is an important place to be. Children's trusts are largely untried and untested. If you talk to chief executives of children's trusts in different parts of the country, as I am sure that you have, you will find that they are entirely different in terms of their development, how long they have been there, how long they have been formed, what their structure looks like, what they are responsible for, and what their funding looks like. They are very much at different stages of development. If lead responsibility were to be handed to those agencies—or any other agency, but particularly children's trusts—we would have some reservations about how prepared and ready they were. Also, we are sending out a message about placing responsibility for youth justice wholly in a children's service organisation. We believe that it is important to keep on board the police, courts and the justice elements alongside, and balanced with, child welfare in children's services.

Q337 Fiona Mactaggart: But I think what we are hearing is about child welfare and the concerns of children, particularly looked-after children. Many of the children who are involved in the justice system have parents who are not very good at being parents. It is not up to us to judge, but they have struggled,

and one of the reasons for their children getting messed up in the system is that they have not done as well as they had ambitions to, or as well as children have a right to expect. Nevertheless, in the case of those children, we—the state, all of us—are their parent. It seems to me that at the moment, the justice bit of all this is trumping the parenting bit. There are various, quite robust, legal requirements in the justice bit of all this, but in most cases there are not very robust requirements in the parenting bit. I want to hear from you some practical steps by which we can stop the justice bit trumping the parenting bit. That is really what I am looking for.

Chairman: We are getting a bit short of time, so can we riffle through the answers? Di, Chris and then Bob.

Dr Hart: I certainly think that, as Bob has said, there are some very complicated strategic partnership arrangements with multi-agency involvement. What is lacking is a clear line of accountability. The more people who are involved, either at strategic level or on a case-by-case basis, the more confusion there is about who is ultimately responsible. I think that social care felt that with the Crime and Disorder Act 1998, they were somehow being let off the hook in terms of young people who offend, and that they were handing them over to the people with primary responsibility. That does not work for looked-after children. Social care needs to be brought to centre stage again and held to account for the outcomes for the children that it looks after who are in the criminal justice system.

Chris Callender: I agree with that, and much of what I have been saying today is about the fact that we are failing to meet and reach those children and to parent them. You are absolutely right—when no one else is there to parent them, it is absolutely our responsibility. Parliament has said that that responsibility lies with the children's services arm of the local authority—we find that in the Children Act and all its associated guidance on how to parent. The reality that we find on the ground, not only for children who are in custody or coming out of it, is that when we look back into children's history and lives, at the times when they most needed it—and we knew that—we failed to look after them. They then went on to offend. The way through this is in how the children's services department is run—with children having consistent support and not being moved around the country, and with quality assessments and planning involving such children. We have stuff there already, but it is a matter of ensuring that that happens.

Bob Ashford: I am not going to get assurance about the justice part of it trumping the children's services part of it, because currently youth offending teams deliver about 11,000 parenting interventions every year to the parents of young people who offend. They work with about 25,000 young people who are at risk of offending to try to prevent them from doing so. They deliver a wide range of children's welfare services as well as a justice element. We need to concentrate more on what more children's services can do for that group of young people. We have heard from Chris and Di, and I absolutely agree; for

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me, it is about trying to ensure that there are some statutory levers in either legislation or guidance to spell out crystal clearly the responsibility not just of children's services, but of health and accommodation agencies, towards young people who offend, particularly those who are looked after.
Chairman: A quick one from you, Sharon.

Q338 Mrs Hodgson: I need two figures, if you have them. You mentioned that there are 3,000 children in custody in the UK. Do any of you know how many are on the youth offenders register, and how many children have looked-after children status?

Bob Ashford: The simple answer is that I do not have those figures on me, but we can certainly supply you with the number of people who are on the books of youth offending teams.¹³ How many of those are looked after—I do not believe that we keep that information.

Q339 Mrs Hodgson: No, one is not included in the other. I want to know how many children in the whole country, regardless of whether they are offenders, are classed as looked-after children.

Bob Ashford: The DCSF would know that, certainly, but I do not have the figure here—sorry.

Dr Hart: I think that it is about 60,000, but of course that is from birth right up to 18.

Q340 Mrs Hodgson: And how many, as a ballpark figure, do you think are on the youth offenders register?

Dr Hart: I do not think that those data are collected. I think that that is an omission.

Chris Callender: One of the recommendations in our memorandum was that that information should be collated. It is not at the moment.

Q341 Mrs Hodgson: What I am trying to drive at is that I have looked at the figures in our background

¹³ See Ev 195

information on the cost per place in a secure children's home, which is £185,000 a child, and there are 230 places. The cost per place in a secure training centre is £172,000 with 275 places. In young offenders institutions the cost is £5,300 per place with 2,800 places.

Chris Callender: I think that the cost is around £50,000 per place, per annum in a young offenders institution.

Q342 Mrs Hodgson: Right. That is the average cost for one child. The sums of £185,000 and £175,000 per place per child are huge. The time line that struck me was that when we focus that funding, I cannot help but think that the impact of those children on voters may release the funding, and that when they start to offend, people say, "You must do something about these children." We do not have time to discuss it now, but we must bring that time line and the funding forward. Will you make a quick comment on that?

Bob Ashford: There have been some good moves. I said just now that the youth offending teams are working with a number of young people on a preventive basis, and that is because, thankfully, the Youth Justice Board has been given new money by the Home Office, DCSF and MOJ to work with those young people. That has been a huge advance over the past five or six years. Other preventive elements are coming in, such as targeted youth support and the *Positive Activities for Young People* programme, which DCSF has introduced. There have been numerous initiatives with significant funding to try to move that time line further upstream and to identify young people who will offend. Clearly, that is like turning the tanker around in some respects, and we still have young people in the system for whom we must do more, as we have tried to outline today, not just to prevent them from offending, but to prevent them from reoffending. Again, the best way of doing that is with a strong rehabilitation and resettlement scenario.

Memorandum submitted by the Refugee Children's Consortium (RCC)

EXECUTIVE SUMMARY

1. The Refugee Children's Consortium asks that the Committee consider the needs of unaccompanied children seeking asylum in their inquiry into looked after children. In particular to examine how unaccompanied children's needs are met by local authorities and the changes proposed by the Home Office consultation paper *Planning Outcomes and Support for Unaccompanied Asylum Seeking Children* and subsequent reform document *Better Outcomes: the way forward—Improving the care of unaccompanied asylum seeking children*.

2. We also urge the Committee to make the following recommendations:

- The Department for Children, Schools and Families (DCSF) should have joint responsibility with the Home Office, with the view in future to having full responsibility for unaccompanied children seeking asylum.
- A guardian should be appointed for every unaccompanied child in the asylum process.

 INTRODUCTION

3. The Refugee Children's Consortium (RCC) is a group of NGOs working collaboratively to ensure that the rights and needs of refugee children are promoted, respected and met in accordance with the relevant domestic, regional and international standards.

4. Unaccompanied children seeking asylum who arrive in the UK with no parent or adult carer are currently looked after by local authorities in the same way as other children in care. The Refugee Children's Consortium's memorandum highlights the needs of this group of children within the care system. This briefing sets out three areas of concern:

- How unaccompanied children's needs are met by local authorities and the changes proposed by the Home Office consultation paper *Planning Outcomes and Support for Unaccompanied Asylum Seeking Children* and subsequent reform document *Better Outcomes: the way forward—Improving the care of unaccompanied asylum seeking children*.
- That responsibility for children seeking asylum should rest with the Department for Children, Schools and Families and not with the Border and Immigration Agency.
- The need for a guardianship scheme for unaccompanied children.

5. Unaccompanied children seeking asylum make up a significant minority of the looked after population in England—2,900 out of the 60,900 total looked after population as at 31 March 2005. Indeed, Home Office statistics estimate that as many as 5,200 unaccompanied children under 18 may have been supported (ie looked after, accommodated or provided with leaving care support) by local authorities in 2005.

6. The Refugee Children's Consortium starts from the position that child refugees and children seeking asylum are children first and foremost and must be afforded the same rights and protection as any other child in the UK. We believe that any proposals for this group of children must be judged against international obligations, notably the Convention on the Rights of the Child; and the Government's own standards, priorities and outcomes for *all* children as set out in the Green Paper, *Every Child Matters* (Cm. 5860, September 2003): to ensure that all children are supported to be healthy, stay safe, enjoy and achieve, make a positive contribution and enjoy economic well-being.¹⁴ These outcomes should be the aspiration for all children regardless of immigration status.

LOCAL AUTHORITIES' DUTIES TOWARDS UNACCOMPANIED CHILDREN

7. Currently local authorities have responsibility to care for unaccompanied or separated children that arrive in the UK. On 1 March 2007 the Home Office issued a consultation document on *Planning Outcomes and Support for Unaccompanied Asylum Seeking Children*. This set out proposals to change the way in which immigration and care arrangements are made for unaccompanied children seeking asylum. The Home Office acknowledged that there are no plans to take this group of children outside the scope of Children Act 1989 duties. We believe this to be the right decision as the Children Act 1989 remains the benchmark legislation to meet the needs of all children.

8. The consultation paper proposed an initial assessment of the child, and transfer to a "specialist" local authority, which the Government states would ensure: access to additional and enhanced services; consistency in approach across local authorities; and more rational geographical distribution. We believe that this poses a number of tensions with existing essential duties placed on local authorities. These still need to be resolved.

9. In January 2008 the Home Office published *Better Outcomes: the way forward—Improving the care of unaccompanied asylum seeking children*¹⁵ which sets out how the Government intend to take forward reform of arrangements to deal with unaccompanied children seeking asylum. The Government identify their key reforms as follows:

- Ensuring that the Border and Immigration Agency, in exercising its functions, keeps children safe from harm while they are in the United Kingdom.
- Putting in place better procedures for identifying and supporting unaccompanied asylum seeking children who are the victims of trafficking.
- Locating unaccompanied children seeking asylum with specialist local authorities to ensure they receive the services they need.
- Putting in place better procedures to assess age in order to ensure children and adults are not accommodated together.
- Resolving immigration status more quickly and, in turn, enabling care planning to focus on integration or early return to the country of origin.

¹⁴ The equivalent strategy documents in Scotland and Northern Ireland are *Getting it Right for Every Child and Children and Young People—Our Pledge: A ten year strategy for children and young people in Northern Ireland 2006–2016*, respectively.

¹⁵ <http://www.bia.homeoffice.gov.uk/sitecontent/documents/aboutus/consultations/closedconsultations/uasc/>

10. The main reform of relevance to this inquiry is the location of unaccompanied children seeking asylum with “specialist local authorities”. The Border and Immigration Agency (BIA) is currently negotiating with local authorities and the first wave of specialist local authorities are due to begin to operate by Autumn 2008. The BIA will negotiate longer-term grants (three to five years) with specialist authorities but service specification and procurement details have yet to be finalised.

11. The RCC believes that whilst the immigration status of a young person should not be ignored when planning their care, we do not agree that care planning should be dictated by that status. We do not object to a close working relationship between a child’s BIA caseowner and their allocated social worker but stress that this relationship must fall within the code of ethics that underpins social work in this country and internationally. It must not compromise the codes of practice that each social worker agrees to adhere to when registering with the General Social Care Council or Scottish Social Services Council. The Refugee Children’s Consortium remains concerned that the principles of the Children Act 1989 are adhered to alongside the processing of the unaccompanied child’s asylum claim—for example ascertaining the child’s wishes and feelings, and placing siblings together so far as is reasonably practicable and consistent with the child’s welfare.

12. From April 2008, the BIA will take on responsibility from the DCSF for funding for unaccompanied children seeking asylum who are entitled to leaving care support in England. Different arrangements apply in Wales and Scotland. Details of the new financial arrangements are due to be published later this year. The Government has found evidence that some local authorities are supporting individuals who may be ineligible for support or assistance under leaving care legislation, because of a misunderstanding of how Schedule 3 of the Nationality, Immigration and Asylum Act 2002 could apply. This Act deals with the withholding and withdrawing of support and assistance under a number of Acts, although it does not prevent the provision of support and assistance to specified groups including children. The Government will issue new guidance later this year.

13. The Refugee Children’s Consortium believes that unaccompanied children should not be treated differently than other children in the care system because of their immigration status. The Refugee Children’s Consortium would like clear statements from Government that all of the welcome *Care Matters* agenda, including improved leaving care support, will be provided equally for unaccompanied children.

GOVERNMENT RESPONSIBILITY FOR CHILDREN SEEKING ASYLUM

14. The Refugee Children’s Consortium believes that all children should be treated as children first regardless of their immigration status. As such, responsibility for asylum seeking children should rest within the DCSF and not with the Border and Immigration Agency whose primary concern will often be a child’s immigration status, over and above their welfare. This would be a step towards implementing the principle of non-discrimination, one of the four leading tenets of the UN Convention on the Rights of the Child.

15. We are concerned about the development of dual systems of care and support—one for citizen children and one for asylum seeking, trafficked and other children subject to immigration controls. An example of this is the new system for unaccompanied children seeking asylum outlined above. It is crucial that the DCSF takes the lead in policy for children seeking asylum. As a first step the Government should establish a joint unit between the DCSF and the Home Office, similar to that which has recently been established between the DCSF and the Ministry of Justice on juvenile justice issues.

16. At a recent evidence session to this Committee, the Secretary of State, the Rt Hon Ed Balls MP stated that he would consider the views of the Committee on whether he should have dual responsibility for this group of children:¹⁶

Q58 Annette Brooke: May I come in on a related issue? Joint working is a very big issue now. You have identified joint responsibilities, but there are conflicts—this relates back to the convention—such as over the rights of separated asylum-seeking and trafficked children. I assume that your Department has to be fully signed up to safeguarding the welfare of all children in this country. How closely are you working with the immigration authorities, given that they do not have such a commitment? We know that not all children are getting as much protection as they might.

Ed Balls: My colleague the Minister for Children, Young People and Families, Beverley Hughes, has been in close contact with Ministers in the Home Office over that. Obviously, consistent with the Government’s wider approach to immigration and asylum, we want to ensure that the education and welfare of children are properly protected. We monitor that and are in discussions with our colleagues about it. However, the overall framework for that policy is a matter for the Home Secretary. We do not have a joint responsibility on immigration and asylum.

¹⁶ <http://www.publications.parliament.uk/pa/cm200708/cmselect/cmchilsch/uc213-i/uc21301.htm>

Q59 Annette Brooke: You do not have a joint responsibility for every child in this country?

Ed Balls: The areas where we have a dual key policy responsibility are set out clearly in the Machinery of Government document. However, in areas that fall outside those responsibilities, but where the welfare of children is affected, clearly we have an interest and we take an interest. I do not have joint responsibility for immigration policy as it affects the children of asylum seekers.

Q60 Annette Brooke: Do you think that it is something you should be seeking?

Ed Balls: I should be very happy to listen to the views of the Committee on that.

17. We urge the Committee to recommend that the DSCF should have joint responsibility with the Home Office, with the view in future to having full responsibility, for unaccompanied children seeking asylum.

A GUARDIANSHIP SCHEME FOR UNACCOMPANIED CHILDREN

18. The UNCRC General Comment # 6 paragraph 33,¹⁷ UNHCR Handbook for Determining Refugee Status (para 182(2)),¹⁸ and the EU Reception Directive (Article 19)¹⁹ all call for the appointment of a guardian to effectively represent the interests of the child throughout the asylum process and for the duration of the child's minority.

19. The local authority as "corporate parent" is neither legally equipped to exercise parental responsibility nor adequately resourced to fulfil the effective functions of a guardian as set out in the UNCRC guidance.²⁰ Valuable NGO agencies such as the Refugee Council Children's Panel are no substitute for statutory guardianship. The case is more compelling in light of the Home Office proposals in *Planning Outcomes and Support for Unaccompanied Asylum Seeking Children*, such as the interviewing of children as young as 12. Guardianship is especially needed if Specialist Local Authorities are put in place—where the local authority is funded by the Home Office and is required by its relationship with the Home Office to play a much more conflicted role, by fitting the child's needs around those of the Home Office timetable, by acting as an immigration officer in respect of reporting conditions by co-locating and aligning social work and immigration functions, and being encouraged to write pathway plans built on a strong assumption that the refused child should be removed from the UK.

20. The RCC urges the Committee to recommend that a guardian is appointed for every unaccompanied child in the asylum process.

February 2008

Witness: Lisa Nandy, Chair, Refugee Children's Consortium (RCC), gave evidence.

Q343 Chairman: I hope that the Committee and our witnesses will allow me to do this. Can you hold there for a moment? Di, will you go and sit next door to where you are now? Could you just move along, and may I ask Lisa Nandy to come and join us in the middle? Lisa, have you ever given evidence to the Select Committee?

Lisa Nandy: Yes.

Q344 Chairman: I thought that the answer was going to be no. It is a bit intimidating when you are on your own, and members of our team may want to ask some cross-cutting questions. Most of the questions in this session will be for you, but the others can come in, if that is all right with you all. We can now get started. Lisa, we have your CV. You know that this is a double-bolted session, and we now want to look at the particular situation of unaccompanied immigrant children. How much of a problem is that?

Lisa Nandy: I suppose that it depends on what you mean by "problem".

Chairman: A challenge.

Lisa Nandy: That is part of the problem. This group of children are often seen as a problem that needs to be tackled and solved. The Committee will be aware that over the last few years a number of charities, including the 30 that I represent here today on behalf of the Refugee Children's Consortium, have become increasingly concerned about the direction of law and policy relating to those children. We have seen some huge improvements in the way in which children are treated in terms of law and policy. Having listened to the three witnesses who have just given evidence, we would certainly support what they said about the improvements that the *Care Matters* agenda will herald for looked-after children. What we have seen in relation to unaccompanied asylum-seeking children is, by and large, that law and policy have gone in a different direction for them, and that their asylum-seeking status has become the overriding element that determines the way in which they are treated and supported all the way through their time in the UK. It is a time of huge change for this group of children and young people, and a time of

¹⁷ [http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/532769d21fcd8302c1257020002b65d9/\\$FILE/G0543805.DOC](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/532769d21fcd8302c1257020002b65d9/$FILE/G0543805.DOC)

¹⁸ <http://www.unhcr.org/home/PUBL/3d58e13b4.pdf>

¹⁹ COUNCIL DIRECTIVE 2003/9/EC laying down minimum standards for the reception of asylum seekers

²⁰ [http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/532769d21fcd8302c1257020002b65d9/\\$FILE/G0543805.DOC](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/532769d21fcd8302c1257020002b65d9/$FILE/G0543805.DOC)

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huge change in the Government's agenda for both the asylum process and the care system. We are pleased that the Committee has taken a particular interest in this at this time because some huge changes are afoot, and the real fear is that if we do not get it right—at the moment our view is generally that this is not going in the right direction—we will have to live with the consequences for quite a long time.

Chairman: Thank you.

Q345 Mr Chaytor: Lisa, it says here that there were 3,300 unaccompanied asylum-seeking children as of 31 March 2007. Where did they come from and how did they get here?

Lisa Nandy: They come from all over the world. There are a number of different countries that they come from. Generally, those countries will follow conflict situations, so top countries at present might be Iran, Iraq, Afghanistan. We also work with a number of children who come from Eritrea and Ethiopia. A number of children also come from countries like China and Vietnam. I know that some of the Committee have been involved in work on child trafficking. There a number of children who are seeking asylum who have been trafficked into the country for the purposes of exploitation. That is not to say that that is the same for all of them, but it is sometimes also the case. The route that they generally follow is that they are brought here by people smugglers: somebody has paid money for them to be taken to a country. Often they do not know which country. They might come in on planes and be abandoned at the airport; they might come in on lorries and end up being thrown out of the back of a lorry somewhere along the side of a motorway. Often those children do not actually know which country they are in when they arrive and they are left and they first come to the attention of either an immigration officer or a police officer.

Q346 Mr Chaytor: Are you saying that the majority of them consciously leave their own country with the intention of finishing up in the UK or somewhere in western Europe, or are the majority being trafficked or smuggled?

Lisa Nandy: Not necessarily. The point about trafficking is that we do not know how many children it involves. Certainly, our impression is that the vast majority of children in the asylum system are not children who have been brought here for the purposes of exploitation; they are children who are seeking a place of safety, although often those children do not necessarily know much about the circumstances behind their claim. We work, for example, with former child soldiers whose family connections have helped to smuggle them out of different countries. One of the things to say about this group of children is that they are different from many children in the care system and certainly the group of children that has been talked about today. They do not come from those backgrounds or from broken homes; they often come from fairly wealthy, what we would think of as generally middle class, backgrounds in their countries of origin. They have

been caught up in political situations, often because of their parents' involvement. One of the real difficulties for this group of children in the care system is that the system is not really constructed for children like that. The main barriers to their achievement are very different factors—things like past trauma and particularly the impact that the immigration and asylum system in this country has on them as they are growing up.

Q347 Mr Chaytor: Taking your point about the need for children's services to get more involved or to take a lead in terms of the processing of these children, what is your real criticism of how the Border and Immigration Agency deals with them? What are the real problems, by which I mean immigration issues rather than children's services issues?

Lisa Nandy: The main problem is that the UK Border Agency and children's services departments and the Department for Children, Schools and Families come up at this from completely different perspectives. Whereas the DCSF and children's services departments have a remit to look after the welfare and the best interests of children and that is clear from the targets that particularly the DCSF has set for itself, the UK Border Agency is a shadow agency of Government that is primarily responsible for border control, security, fighting terrorism and international crime, and it gets involved in all those issues. It has a completely different set of skills and experience and a completely different ethos. Leaving these children as the only group, as far as we know, that is entirely outside of the DCSF's remit means that their needs cannot be met because they are not within a Department that is able to do that for them. A practical example of how that impacts on children as they are going through the care system is that last year in the UK Borders Act 2007 the Government brought in a provision that unaccompanied asylum-seeking children would be asked to report to immigration officers on a regular basis for the duration of their time in the UK. That was the stated aim of the Minister in bringing in that provision, section 16. That has an enormous impact on a child, all the way through their lifetime in this country, particularly as they are growing up. They feel different from friends. Many of them are absolutely terrified, having to go often quite long distances to report. The experience of children aged 17 who currently have to report is that it often happens during school hours, so they have to come out of college to do it. That is a clear example of a provision that is not necessary, where immigration control has taken precedence over children's welfare.

Q348 Chairman: If a significant proportion of the children are here through smuggling or trafficking, it must be an immigration issue, must it not? It must be an issue linked to crime also. How can it be taken away completely from the UK Border Agency?

Lisa Nandy: First, it is really important not to confuse the trafficking and the asylum issues. Some of these children will have been trafficked into the country for the purposes of exploitation, and may or may not still be in that situation. Other children will

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have come here seeking a place of safety—in our experience that is the vast majority. In either case, we believe that children's welfare has to take precedence over immigration control. What we have at present is the exact converse of that situation—immigration control takes precedence over children's welfare. We are not seeking to take away the responsibility for immigration from the UK Border Agency—that is what they do and they are the people skilled at it. That responsibility should remain with them. We are saying that the Department with responsibility for children's welfare should be the Department for Children, Schools and Families, because they are the Department able to do it. At present, as you will know from our evidence, that arrangement is not in place. That is a real problem for this group of children.

Q349 Chairman: What do Di, Chris and Bob think of that argument?

Bob Ashford: I have to be quite frank. It is difficult for them, but it is not my area of expertise—I may have a view, but it would be a personal view and perhaps I should not put it forward.

Q350 Chairman: A personal view is all right. Should this very significant group of children be part of the Children, Schools and Families remit or not?

Bob Ashford: Children, Schools and Families must have some remit for this particular group of young people. That should be the obvious starting point.

Dr Hart: For me, thinking about *Every Child Matters*, we cannot say that every child matters except for certain sub-groups. My personal opinion would be that the welfare considerations need to be foremost, which does not mean to say that other factors are not important as well.

Chairman: Chris is bursting to tell me what he thinks.

Chris Callender: This takes me back to last week, when I was sitting by my telephone. A social worker from a young offenders institution rang me about a young Vietnamese boy, who had been arrested, prosecuted and convicted for production of cannabis. The story goes that he was locked into a house where some, presumably, adults with other intentions had been growing cannabis. He was found in this house, arrested, charged, sentenced and was doing very well in custody. He could hardly speak a word of English. Any time they wanted to communicate with him, it had to be through an interpreter. He had just been served deportation papers. The caseworker at the young offenders institution had no idea of what to do with this matter. Actually, if you dig deeper, the Crown Prosecution Service guidance would have said that they should not have prosecuted—again, we have questions about this access to justice. Was he properly legally represented when he was prosecuted in this country and then placed in custody? At great public expense, it perhaps ought to be added—a comment made earlier by the Committee. There are huge concerns about the delivery of this. I do not

think that the UK Border Agency is best placed to be making sure that the welfare of these children is properly looked after.

Q351 Mr Heppell: Reading through some of the evidence, I was very surprised to find that you are talking about almost 5% of the children in care. That really surprises. I did not think that it would be anywhere near that amount. The other thing is that, in practice, what does the Border and Immigration Agency do? When you read this stuff that they said in the *Better Outcomes* paper, they talk about putting children in their care with a specialist local authority. Are you saying that they do not do that? That seems a logical link to me. You have these children and you put them with someone who knows how to deal with them. I cannot see how transferring the lead responsibility to the Department for Children, Schools and Families would make a difference.

Lisa Nandy: One of the proposals in *Planning Better Outcomes*, which is the document about the care of asylum-seeking children in the system and which is separate from *Care Matters* in many respects, is to create specialist local authorities. That system is not currently in operation. Our view is that that is generally a positive move forward, because there are a number of problems with how unaccompanied asylum-seeking children are treated. One particular problem is that they become the responsibility of the local authority that they present in, which leads to a high concentration of young people in some local authorities, particularly in port areas for example. It also leads to another problem which is that you get perhaps just one or two unaccompanied asylum-seeking children in an area, who tell us that they feel isolated, experience racism, have problems integrating with their peers and do not receive the specialist services that they need. So, we think that that system is a good idea. The danger, and there is a danger, is that other local authorities will lose those skills and services. You may have seen from our evidence—I am not sure whether we put this in our evidence to this Committee—that around 85% of children who claim asylum do so after arriving in the UK. They do not claim asylum at port of entry. Often that is because, for example, they have been brought into the country by an adult who has accepted responsibility to care for them and then that placement has broken down. Sometimes that placement has broken down because the adult cannot care for them, or does not want to any more, and sometimes because the child is in an exploitative situation. Sometimes the child will claim asylum after that, because they have a genuine protection need that was not met in the private fostering situation. There is a problem with thinking that the system of specialist local authorities will solve everything, because it will mean that children who have been in an area for some time and may be in school or college and may have formed links and networks, or be undergoing specialist mental health treatment, for example for past trauma, will have to move if everything is concentrated in these specialist local authorities. It could also potentially mean that

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local authorities do not realise when children in private fostering situations in their area are being exploited, because of that loss of skills. So, there are still a huge number of things to work out regarding specialist local authorities, but in general we think that they are a good idea. We do not think that they are incompatible with the idea of the Department for Children, Schools and Families taking the lead for this group of children, because if it does not, you have the Home Office negotiating a package of care for children with children's services departments, with no involvement at all from the Department for Children, Schools and Families. We think that that is a problem.

Q352 Mr Chaytor: Is there anything in *Care Matters* that you think will improve the situation?

Lisa Nandy: Yes, quite a few things. In theory, *Care Matters* should benefit this group of young people as it does any other child in care, but there are a few problems with that. For starters, one of the problems is the way in which the system has been set up. The UK Border Agency is not included in some of the measures to safeguard children. An example is that it is not included in the section 11 Children Act duty to have regard to children's safety and welfare when carrying out its duties. We hope that that situation will be rectified by this House in the Children and Young Persons Bill. At present, clause 7 of that Bill makes the immigration service subject to that duty. For example, in *Care Matters* there are a number of reforms regarding safeguarding children, including some of the duties on the local safeguarding children board. The immigration service is under no obligation to take part in local safeguarding children boards and that is a problem for us. There are things in *Care Matters* that should be of benefit to these children, but because of the way in which the system is structured at present they tend to miss out. The other critical bit of the jigsaw is that the document *Planning Better Outcomes and Support for Unaccompanied Asylum Seeking Children*—the blueprint, if you like, for the care of that group of children—is sometimes at odds with the proposals in *Care Matters*. To give two examples, the Government are proposing that unaccompanied asylum-seeking children in the care system should come out of their foster care placements at 16. There is a deep-rooted suspicion among several of my colleagues in the voluntary sector that that is so that, at 18-years-old, if their asylum claim has failed, it will be much easier to remove them from the UK. The second example involves post-18 support. At the moment, there is a lottery of support for unaccompanied asylum-seeking children whose asylum claims have been turned down. To be realistic, most children's claims are turned down. Only 6% of children are granted asylum on first application. At the moment, there is a lottery about what sort of care they get, and some end up destitute. The Government propose—

Q353 Chairman: But a very high percentage get leave to remain, do they not?

Lisa Nandy: The system as it works at present is that children are generally granted leave until 18, but at that point, most have to apply for an extension of that leave, and there are no figures on how many of those are refused.

Q354 Chairman: There are no figures?

Lisa Nandy: No.

Q355 Mr Chaytor: But in terms of the section 11 duty, is that not the other way of looking at it? Rather than making a wholesale transfer of primary responsibility from the UK Border Agency to the local authority, is it not better to beef up the UK Border Agency's responsibilities?

Lisa Nandy: What we would like to see is a two-pronged approach. Responsibility for the welfare of those children rests with the Department for Children, Schools and Families, which has the expertise and the remit. Obviously, that relies on close working with the UK Border Agency. In fact, it would be interesting to hear from colleagues within the youth justice field whether that has made a difference in terms of the joint remit that exists now for children in the youth justice system. The other thing that we would like to see—in order to counter the increasing number of powers given to the immigration service by law and policy, and particularly to their private contractors, because private contractors are increasingly used, who come into regular contact with those children—is a counterbalancing trend in law and policy that says that those children's rights and welfare will be protected. Section 11 of the Children Act 2004 is exactly the sort of thing that we think can do that, because it means that when the immigration officer goes to pick up a child at a port of entry, they must have the child in mind when they carry out their duties. That is certainly something that the Immigration Minister has said he would like to see, to promote culture change through the agency.

Q356 Chairman: Lisa, you have thrown the gauntlet down on that particular question. Does anybody want to come back on it?

Dr Hart: I think that it has made a difference having the joint youth justice unit, partly just because of the message that it gives out about the concern of children's social care and welfare services. I also think that it has done something in terms of culture change. I know that the youth offending teams and the Youth Justice Board are concerned with welfare, but it is not their primary purpose, and I think that the fact that DCSF has now been given a firm remit to concern itself with the welfare of young offenders is having a knock-on effect at local authority level.

Bob Ashford: It has made a huge difference.

Q357 Chairman: Has it?

Bob Ashford: Yes. As I said earlier, I think that the Machinery of Government changes have been positive. Giving DCSF joint responsibility not just for the Youth Justice Board but for youth justice has made a difference. As I always say, with responsibility comes responsibility. The joint youth

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justice unit is a vehicle by which officials work more closely together on shared agendas. We can—and we are starting to—pull together some very good joint work between the Ministry of Justice and DCSF. We must not forget, as well, that once we have a joint unit there, we also have, as I have heard you do, very strong links with the Home Office as well.

Chris Callender: Again, I think that it is moving in the right direction, but it needs to be more firmly focused. Also, I think that it is still not tried and tested. I would like to see some stronger results and stronger lines coming out, particularly on the sort of resettlement issues that I deal with regularly.

Q358 Chairman: Does it strike any chord with you? I heard you give your evidence originally when we did prison education. The more you learn about prisons, the more you hear everyone say that when people leave prison they want the full package. If they go into homelessness, do not have a job or skills, or no one has addressed their addiction, they will be back pretty soon. When you were talking, I had the feeling that it would be much cheaper—Sharon mentioned the cost of all this—to give that full package to young people in the care system who go into the criminal justice system. Do you feel that it is a waste of resources not to give that full page of support?

Chris Callender: Absolutely. I think we must turn the clock back slightly, and this is where I come back to my files. When I get social services files and youth offending team files, I draw chronologies. I go back to the date of birth and work forward, and then see all the signals coming through. I see referrals to social services at the age of two because a mother was dragging her child down the street by the hair, and at the age of four Dad was banging the child's head against the wall, and at the age of five there was screaming and shouting. Then social workers knock on the door and ask the mother how things are going, and when she replies "Fine," they say goodbye. Those signals hark back to the Victoria Climbié inquiry and so on. I see that in the files that I read daily. If we spent money earlier, we would not spend so much money later. I drew attention to the SP inquiry. SP is now in a high-security hospital, which is costing up to £400,000 a year. That was unnecessary and did not need to happen. It is a full package, but it could be introduced earlier, and the longer it is left the more entrenched the difficulties and disadvantages and the harder it is to make a change.

Chairman: You had better not answer that, Di, because they will lynch me. Paul, we have come to the next section.

Q359 Paul Holmes: I cannot resist. We have just spent two days in Copenhagen looking at how it deals with this, and its answer to the problem that you highlight is to take many more children into care a lot earlier than we do. Is that the answer?

Chris Callender: Yes, as long as you are not casting me as some sort of prisoner of children by different means.

Q360 Chairman: What he means is: does it worry you that Denmark has twice the number of children in care as we have?

Chris Callender: Not if those children are being looked after and they are leading relatively happy and productive lifestyles, and not ending up in prison being banged up for 23½ a day. It would not be a problem if the cycle of reoffending were broken.

Q361 Chairman: In most societies, do the life chances of children in care not plummet?

Chris Callender: I do not know. Is that what happens in Denmark?

Mr Heppell: It happens here, and in Denmark.

Chris Callender: Then there is something wrong with the care system.

Chairman: Sweden has the same rate as us, as has Norway. Denmark is interesting. It takes more into care. It is enthusiastic about that.

Dr Hart: I think there is an issue about coming into care at the right time. Many of the children I was working with when I did the project had come in at 11 or 12 and, as Chris said, when you looked back you could see that the family had not been functioning. If those children had come into the care system, if they had needed to, at an earlier age when their needs could be met, there would have been a better outcome. The other better outcome is not necessarily to bring more in, but to provide better services for families so that they can look after their children themselves. I do not think there is a single track answer to the question. It is about getting the right children into the system at the right age.

Chris Callender: I get a bit frustrated with the argument that the care system does not work so we should not bring kids into care. Is the answer to leave them on the streets? That cannot be the answer. It is to improve the care system. The care system does not work because the minimum is done, and the assessments are not done and the care plans are not done. If that is not being done, the system is not looking after anyone, and it is not a care system.

Bob Ashford: Children's services have a tough call. At a local level, they are criticised if they take too many young people into care, and they are criticised if they do not take enough young people into care. The issue should be assessment. When there is an absolutely sound multi-agency assessment and young people need services, as far as possible those local partners should provide those services to those young people and their families, ideally in a way that prevents them from coming into care and becoming part of the youth justice system. The earlier those services can be provided, the better. Again, to focus on the youth crime action plan, it looks at very early years prevention services, not just prevention at 15, 16 or 17, but prevention at birth and beyond, and very much looking at the end to end youth justice system.

Q362 Paul Holmes: You have already touched on some aspects of the huge range of problems of unaccompanied asylum-seeking children. They have probably been smuggled around the world to a completely alien country; they have probably got

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trauma in their background—they certainly will have after being planted in a foreign country—there are probably language difficulties; they may quickly be placed in temporary care that is cross-cultural and that bears no relationship to what they know. There are all those issues and uncertainty about what happens next. Your answer to that, partly, was that the Department for Children, Schools and Families should have responsibility, because it would be better than the Border and Immigration Agency. But, as to the more Rolls-Royce package that the DCSF would provide, does not that stack up bigger problems when it comes to deporting children, 94% of whom you said were turned down on the first application. *Care Matters* said it was 95%, so you agree roughly on the figure.

Lisa Nandy: There are a couple of things to say about that. That was a very good question. You have hit exactly on one of the debates that is going on about this at the moment. The first thing that I would say is while these children have an enormous range of problems, they are also a hugely inspiring bunch of children and young people, when you actually get to meet them. Many have survived some absolutely appalling things, and they have a real will to survive, succeed and contribute to their local colleges, schools and communities. It is quite inspiring to meet them and see that. Often, what we are looking at is trying to remove some of the barriers that the state is placing in their way, particularly through the asylum system. Part of the reason why we are so keen to see the remit for this group of children and young people moved to the DCSF is because we think that it would help to remove many of those barriers. They would be better supported, and they would also not be treated as asylum seekers first and children second. The other thing to say, I think, is that although 94% of children have been turned down on first application, the figures coming out of the new asylum process, which was set up the year before last—in our opinion is it a better system—are showing that more children are now being accepted as refugees on first instance. Although there are not robust figures at the moment to support that, as far as I am aware, the figures that the Home Office is producing for stakeholders have shown that. That is backed up by our own experience, so one of the things that we would say very strongly is that the asylum process is not right for these children at the moment. It is very difficult for children to make their case for protection and, in our experience, children are wrongly being refused asylum when they should not be. That goes to the absolute heart of the care and support that they are receiving. Try to imagine a UK child who was alleging abuse, which is essentially what you get with this group of children and young people—they are alleging that they have been abused in some way. It would be unthinkable to put them through the sort of adult adversarial process that we put these children through at the moment, with very minimal support. If they are lucky, they get a good social worker who they have met before they go through the asylum process. If they are not lucky, and often they are not, they get no one. The sheer

bewilderment among these children about the process that they are going through is incredible to behold. Finally, there will be a proportion of children who come to this country who do not have a recognised protection need, whether that is because they do not have a protection need at all, or because the international instruments that we have are incapable of recognising children's protection needs, which is a huge issue. There will come a point with some of these children and young people when they will have to face the situation of returning to their countries of origin. We do not think that that means that while they are in the UK, they should not receive the same standards of treatment as any other child or young person. It does not necessarily mean they will be treated the same; but, in terms of any child in the care system, they have hopes, they have aspirations, they want to make friends and they want to do well at school. This group of children and young people are no different at all. It just requires somebody to sit down with them and think about their individual needs in that system. It might mean, for example, that you talk to children who have been refused asylum at first instance, and who are going to spend the next four years in this country before they are removed, about the sort of skills and education that would be useful to them, given that they are facing the prospect of returning to that country. We think it an absolute scandal that they are allowed to sit for that time with nobody looking at their welfare support or educational needs.

Q363 Paul Holmes: Thinking about this issue from the Government's perspective—which I rarely do as an Opposition Member—the better the service you provide in that four year period before deporting the 18 or 19-year-old, the harder it will be to deport them at that point. They will put down roots in the community, make friends and local people may campaign for them. When I was a head of sixth form, the whole community got up in arms to defend some Tamil refugee children and to say that they should be allowed to stay. In the end, they were. Four years earlier, perhaps they should not have been in the country. The Government will say that if they do what you are asking, they would never be able to deport anybody. We would then become a magnet for the smugglers who, you say, bring a lot of these children in.

Lisa Nandy: The smugglers argument is one that we find difficult to counter because there is no evidence on either side. The Government's view is that if they treat these children well, they will attract child trafficking to this country. I am paraphrasing because I am sure that they would not put it quite like that. We are not aware of any evidence to confirm that. It is certainly not our experience. Secondly, it is unrealistic to expect children not to put down roots if they are in this country for any length of time. Generally, children adapt. We work with children in families, who are not the subjects of this inquiry, but they adapt much more quickly than their parents. They learn English fast and make friends. They are children; they behave like children and do what children do. There is no evidence to

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suggest that treating them properly while they are here and ensuring that their needs are met would make any difference, except that it would make a phenomenal difference to their lives. If you provide these children with better support through the asylum process, you get better asylum decisions. All the evidence suggests that when people feel that they have had a fair shake of the dice, it is easier to engage with them about voluntary return if that is the outcome of the process.

Chairman: I want to move on. I want quick questions and please evince short answers, ladies and gentlemen. You are giving good answers, but sometimes they are a little long. You are getting near to the ministerial length, but that is no criticism.

Q364 Mr Heppell: In some respects, this question follows on from the last. Are you saying that you would have different care plans for children who were likely to be removed than you would for children who thought that they might win their appeals?

Lisa Nandy: I will try to be brief. Our view is that a child's care plan should be based on their circumstances. That is no different for children who are seeking asylum than for any other child in the care system.

Q365 Annette Brooke: Do you have any statistics on how many asylum-seeking children go on to university, compared with the larger cohort of looked-after children?

Lisa Nandy: I do not think so. I can check among members of the consortium and write to you on that point, if that would be helpful.

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Annette Brooke: I am just picking up on the aspirational point that you have been making.

Lisa Nandy: My sense is that generally, a very low proportion of such children go to university. I do not know whether that is lower than the number of children in the looked-after system. There are huge issues with funding for unaccompanied asylum-seeking children who go into higher education.

Q366 Chairman: How many go into criminality or get into the criminal justice system? You do not know that either.

Lisa Nandy: No. One of the points that I would like to make to the Committee is that there is a dearth of information, not just about this group of children, but about any asylum-seeking child in the UK. That is one of the problems that we must grapple with. For example, there are no statistics on the number of age-disputed children who are detained in adult immigration detention centres, or on where they are. When such cases come to light, they are often not recorded. That is a real issue.

Q367 Annette Brooke: Can you tell us about how the child is treated when the decision is made that they will be removed? Do they lose contact with social

services once that decision has been made? Who manages the removal? Who is in charge once that decision has been made?

Lisa Nandy: This is a critical issue at the moment because, in the current system, children are not removed prior to their 18th birthday unless they are being removed to another European country under what is known as the Dublin II convention, so if they had claimed asylum in a different country, they would be removed there to have their asylum claim heard. At the moment, children are not removed until they reach 18. As the Chair pointed out earlier, children are given discretionary leave to remain in the UK until their 18th birthday. Often what happens to children around the time that they turn 18 is that they lose support. That will often relate to their immigration status. At that point, they will be functioning as a single adult who has to think through all those issues for themselves.

Q368 Annette Brooke: That is another interesting issue. You touched on specialist local authorities and pointed out that you can see advantages and disadvantages. Is there anything else you feel that you should flag up? A specialism is obviously helpful. You pointed out that we could be moving children and young people from their roots, and perhaps people from other countries who are already settled here. Are there any more concerns that you want to flag up?

Lisa Nandy: There are two critical things. The first relates to the access to services that will be in place in those areas. We have been urging the Government to learn lessons from the roll-out of the adult dispersal system—what is known as the National Asylum Support Service—to make sure that services such as specialist legal advice, specialist mental health services and education places are in place in those areas. The last thing that anybody wants to see is numbers of children placed in areas—particularly areas that might not have been used to children from those backgrounds and those countries—putting any kind of strain on services. That would be bad for the children involved and for community relations. The second brief point is that we have been asking the Government for some time to change the system for conducting age assessments. An ongoing age assessment working group is looking at how that might happen. We strongly endorse a report produced by the Immigration Law Practitioners Association called *When is a child not a child? Asylum, age disputes and the process of age assessment*, which sets out a blueprint for a system of regional age assessment centres that would be capable of establishing the age of a child or young person before they went through any kind of system. What we would hate to see with the specialist local authority system is people getting that wrong at the beginning. A child may be sent through the adult dispersal system and may end up in Newcastle, for example. If it then comes to light that they are a child, a year later, they may be uprooted and sent to Birmingham, for example. We would say that would

²¹ See Ev 194–5

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be a disaster for the child and also a waste of money. Those are the two key things that we would like to flag up.

Chairman: No carbon-dating system for human beings, is there?

Q369 Fiona Mactaggart: You referred to the ILPA report. It and a number of other groups, including the Joint Committee on Human Rights, have argued for guardianship for these children. I am very attracted by that for a number of reasons. First, the children I know who are unaccompanied asylum seekers who have made it to university have done so only because people have cheated the system—because of the generosity of individual social workers who have found some money, sometimes from their own back pockets, to deal with fees and things like that. Inevitably, in the present system, there is real lack of clarity in the period before a child is 18, if they are initially given discretionary leave until the age of 18. What do you think is the best way of protecting children in that period? I am worried about children who disappear in that period, and I am quite worried by what you say about not knowing about numbers, in view of the fact that if some of these children have been trafficked, they might be very vulnerable if they were to disappear again. I wonder how we can protect them more effectively.

Lisa Nandy: There are a number of things that we, the Immigration Law Practitioners Association and various other members of the consortium have been calling for. You will see from our evidence that there is an issue relating to support for those children, which is patchy at the moment. We think that the system of specialist local authorities will help that by concentrating skills and expertise. There is another issue relating to the funding of care placements for children, because there is a view in government that the needs of children under 16 are greater than those of children aged between 16 and 18. I do not endorse that view for any child or young person, and with regard to what Chris was saying about children who become homeless at 16, it is obvious that that is a problem for many children. However, this group of children and young people, in particular, face some of the biggest decisions of their lives around that period, because their support is changing and decisions are being made on their asylum claims, so they need more support, rather than less. We certainly support local authorities that have been pushing for an adequate funding settlement, particularly for post-16 support, and also for all those children and young people. Another key reform would be to make the asylum system more humane. We endorse the recommendations of the Independent Asylum Commission, which has been reporting throughout the year and found that vulnerable groups, in particular—all asylum seekers are, by definition, in some way vulnerable—have a very hard time standing up to the adversarial nature of that system and the treatment that they receive from it. I think that that would make a huge difference. Finally, we have been supporting calls for

guardianship, and one of our members, Save the Children, has been doing a modelling exercise to look at different models of how guardianship in the UK might work. I do not think that the details have been finalised, but Save the Children has been working with a range of stakeholders, including local authorities, other charities and the Government, to try to come up with a system on which we can reach consensus and that could work in the UK. One of the key gaps that needs to be plugged is the difficulty that children have when they need to instruct their own solicitors in that system. It is incredibly difficult for a child to instruct a solicitor and for the solicitor to be able to take those instructions. A better asylum process would sort out a lot of those problems.

Q370 Fiona Mactaggart: It seems to me that the Home Office is now bringing forward, into childhood, the date when it makes a final decision on someone's asylum claim, which it used to defer until after the age of 18. I would like your view on the consequences of that.

Chairman: Briefly.

Lisa Nandy: We certainly want to see permanence and the greatest stability for children. There is an inherent cruelty in the system because children are waiting for a long time to find out what will happen to them. We think that, in general, early decisions could be very positive because they would enable people to plan better. However, one major caveat relates to how that is handled for individual children. In the consultation on the proposals for unaccompanied children, we found that the vast majority of those children, when asked what they would do if given an early negative decision, gave the answer of suicide. There is therefore a huge issue about how you handle very vulnerable children when giving them those decisions at an early age. The social worker would have to be very heavily involved in communicating that decision to a child, because it is a huge thing for children to face.

Q371 Fiona Mactaggart: My other serious concern relates to child trafficking and the number of children who disappear in those circumstances. Does anyone anywhere have any figures about that?

Lisa Nandy: There are estimates. I am sure that you are aware that ECPAT UK, UNICEF and Save the Children have produced estimates of the number of children who go missing, and we can certainly send you all the available estimates that we have.

Q372 Fiona Mactaggart: All the things that I have read are just estimates. No one has collected from local authorities, or anywhere else, the number of named individual children who have disappeared, and whether they are asylum seekers.

Lisa Nandy: A national register for unaccompanied children was set up. We hoped that that would help that situation, particularly where children are moved around the country, because we hoped to see

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where the gaps were. Unfortunately, however, the register is not used to the extent that had been hoped. The original intention was that local authorities would put children on the register and then receive funding for them. The idea was that that would be an incentive.

Q373 Fiona Mactaggart: Why has that not happened?

Lisa Nandy: As I understand it, it has not worked because funding has not been attached to it. The trouble is that until a critical mass of local authorities are using it regularly, it is not really worth people's while.

Chairman: A very quick one from David and Paul—and I mean quick.

Q374 Mr Chaytor: Some 65% of child asylum seekers are 16 or over. Of those under 16, what proportion are in school, and is there a case for treating those aged 16 and under quite differently from 17-year-olds?

Lisa Nandy: Off the top of my head, I do not know what proportion is in school, but we could certainly write to you with the figures.²²

Generally, children under 16 get into school, but often they have to wait a considerable time to do it, because they arrive at some point during the school year and often lack the necessary support. It is not uncommon for children to ring up to find a place for themselves, which is very difficult if you do not know the system or speak English. There are differences between younger and older children, but I do not think that that means that 17-year-olds, for example, are any less vulnerable than 15-year-olds. As in any area of children's policy, it is not helpful to draw those arbitrary distinctions.

Q375 Paul Holmes: On teaching asylum-seeking children English, about five years ago, the Committee visited George Dixon school in Birmingham, which has many asylum-seeking children. One of the head's big bugbears was that he could not get funding for crash courses in English and that such pupils had to attend ordinary classes and pick it up as they went along, by and large with just an hour or so of special tuition. Do we have it better five years later?

Lisa Nandy: I think so. We have certainly seen an improvement in the provision of English as an additional language in schools. The real issue is around the restrictions that the Government placed on English for speakers of other languages, because—this falls slightly outside the remit of this inquiry—17-year-olds coming to the age of 18 are having problems getting on to courses because they lack the entitlement. In particular, we have seen refugee children in families who are entitled to learn

English, but whose parents are not, so they are acting as interpreters for their parents. That is a real problem.

Q376 Chairman: Just a very quick one to make sure that you are all paying attention. We have had a very good session and it was good of you to stay with us. Is there anything that you want to impart that did not come out earlier to which we should give a high priority and pay attention? Did we miss anything in our questions?

Dr Hart: All I would say is the constant reminder of *Every Child Matters*, the pressing need for children's welfare, and not being sidelined by other factors in their lives, whether they are offending or being an asylum seeker.

Chairman: That is a nice general point. Thank you, Di.

Chris Callender: Child first. What they do is neither here nor there, in some ways. The child comes first, and we need to look after them.

Chairman: You were beating Lisa for long answers at the beginning, and now you have astonished us all.

Bob Ashford: Just to be clear about the responsibilities of local children's services and to be sure that there are effective levers to ensure that that happens.

Q377 Annette Brooke: I have a quick question for Bob about something that my local youth offending team told me, which we have not touched on today. It said that it found it harder and harder last year to house young people as they came out of custody because of the risk assessments that had to be done, even by some of our specialist local housing associations, before they could take any young people. It was actually placing young people in bed and breakfasts because it could not get them into supported hostel accommodation in Bournemouth. Have you come across that?

Bob Ashford: I have not come across those specific examples, but it does seem rather peculiar that following a risk assessment, it is okay to leave a young person in lodgings, as opposed to putting them in good-quality accommodation. There is something perverse going on there.²³

Annette Brooke: Perhaps I can leave that with you, because it was a big issue and I have discussed it with Lord Ramsbotham, who said that that does happen.

Chairman: Thank you very much to all four of you for your wonderful evidence. We want to remain in touch with you because we can write a good report only if we listen to the people who know about this stuff. We do not have a bad record on writing reasonably good reports, so stay with us to help make this one a really good report. If, on the way home, you think of something that you did not tell us, get in touch.

²² See Ev 194–5

²³ See Ev 196

Letter to the Chairman submitted by Katherine Hill, Parliamentary Adviser, The Children's Society

At the recent oral evidence session held as part of the Looked After Children Inquiry, Lisa Nandy from the Refugee Children's Consortium undertook to write to the Committee members on a number of points. I am now writing on her behalf with this information.

Before addressing the specific questions posed by the Committee it is important to make a general comment that the availability of data on unaccompanied children is on the whole very limited.

NUMBERS OF UNACCOMPANIED CHILDREN SEEKING ASYLUM IN EDUCATION

There are no official national figures for the total number of refugee children in school in the UK. To date, the only estimates have come from school refugee surveys and these include unaccompanied children and children in families.

In 2003, the Refugee Council estimated that there were 98, 929 refugee children in UK schools, of which about 65% were in London. (Rutter, J. *Refugee children and social policy*. Open University Press, 2005).

In July 2001 the Refugee Council estimated that there were at least 2,100 refugee children out of school in Greater London (Refugee Council, *Daring to Dream, Raising the achievement of 14–16 year old asylum seeking and refugee children and young people*, 2005).

NUMBERS OF UNACCOMPANIED CHILDREN SEEKING ASYLUM WHO GO ON TO HIGHER EDUCATION

These figures do not exist on a national basis but are in some instances available at local authority level. One example for illustrative purposes is Hillingdon, which states that 14% of its UASC (unaccompanied asylum seeking children) care leavers go on to higher education. (London Borough of Hillingdon, *Retrospective Equality Impact Assessment (EIA)*, 2008, http://www.hillingdon.gov.uk/media/pdf/e/8/reia__childrenfamilies2008.pdf, p.13)

NUMBERS OF UNACCOMPANIED CHILDREN SEEKING ASYLUM IN TROUBLE WITH THE LAW

Again national figures are not collected. However, the crime reduction charity Nacro has published an informative fact sheet *Youth Crime briefing: Refugee and asylum seeking children* <http://www.nacro.org.uk/data/resources/nacro-2007071202.pdf> from which the information below is summarised.

Contrary to common perceptions, there is a lack of evidence to suggest that children who are asylum seekers or refugees commit offences at a higher rate than the general population. In general, there is evidence that suggests that refugees and asylum seekers with children are concerned about the potentially harmful influence of the wider population who may be viewed as lacking discipline and supervision. See for example research findings in The Children's Society report *Safeguarding and promoting the welfare of children in the African refugee community in Newcastle* published in 2006 available at www.thechildrenssociety.org.uk.

There are some categories of offending that are more likely to apply such as documentation, illegal working and illegal entry. Some may not understand domestic law, for example with regard to the use of illegal drugs. A few are susceptible to gang related activities and to offending through economic necessity. See for example, *Young refugees and asylum seekers in Greater London: vulnerability to problematic drug use*, Greater London Authority, 2004, available at www.london.gov.uk. Those who are susceptible to exploitation may have to commit offences under duress.

STATISTICS ON NUMBERS OF TRAFFICKED CHILDREN WHO GO MISSING

ECPAT UK's report *Missing Out (2007)* identified 80 suspected or confirmed child trafficking victims, 60% of whom had gone missing from local authority care.

July 2008

Letter to the Chairman submitted by Bob Ashford, Head of Youth Justice Strategy, Youth Justice Board (YJB)

LOOKED-AFTER CHILDREN INQUIRY

Further to the evidence I gave to your Committee on 23 June 2008 I would like to provide you with some additional information and clarification on several points that I raised. For ease of reference I have included the question number that my comments refer to.

National Protocols (Q320)

I mentioned that YJB is working with the Department for Children, Schools and Families to develop good practice guidelines for local authorities.

Working alongside colleagues in both DCSF and the Joint Youth Justice Unit, YJB is developing national case responsibility protocols which will incorporate issues surrounding looked after children. In developing this work, YJB has been liaising with local authorities to identify examples of good practice and existing working agreements between youth offending teams (YOTs), children's services, police and residential homes to address, amongst others, the issues of managing challenging behaviour and out of area placements.

YJB has also commissioned research into working protocols between YOTs and children's services and which will, therefore, incorporate children in the care system. The research will consider, amongst other issues, the impact of area agreements between local partners on reducing the criminalisation of looked after children. YJB is aware of a number of local authorities piloting restorative approaches in residential care homes based on the model of restorative justice in the youth justice system. Initial reports from residential homes in Salford in particular show promising results, with interim evaluations expected later in the year.

YJB funding of social workers in YOIs (Q334)

I said at the evidence session that I believed that the date that current funding has been secured until is 2009–10. To clarify, the position is that the current funding arrangements are secured until the end of this financial year 2008–09, not 2009–10. However, there continues to be active discussions with DCSF and ADCS to seek future funding arrangements.

Numbers of looked after children in the youth justice system (Q338)

The latest figures for 2006–07 show a total of 147,790 young people committed one or more offence resulting in a pre-court or court disposal. Data on looked after children who are in contact with the youth justice system is collected by YOTs on an individual basis. This information is then passed to children's services for their records but is not currently required to be submitted to YJB as part of the counting rules.

Whilst there is no definitive data set for the proportion of young people in the youth justice system with looked-after status, the YJB is developing a new Management Information System (MIS), currently being piloted with ten YOTs, which will provide for information to be sent at case level. Whilst still in development, YJB hopes this new method of recording will enable data on the care status of children and young people known to YOTs to be collected from the financial period 2009–10 onwards.

While the data needs to be treated with some caution as it is now relatively old and there were some concerns about the quality of the completion of the assessment profiles, research undertaken on the youth justice assessment tool, Asset, gives an indication of the current and previous care status of young people in the youth justice system on court orders. The relevant extract from the research report is copied below. Since this research was undertaken, new sections have been added to the Asset assessment tool to help clarify the young person's eligibility for services based on their care history and their current care status.

2.2.3 Care history

This section asks for information on both current and previous care experiences. Table 2.2.3 shows the frequency of answers for the whole sample. Eighteen percent of the sample had been accommodated by agreement with parents at some point and 10% were currently (or had previously been) placed on the child protection register.

Table 2.2.3: Care History

	<i>n</i>	<i>CURRENT</i>	<i>PREVIOUS</i>	<i>NEVER</i>	<i>DK</i> ²⁴
Accommodated by voluntary agreement with parents	2,711	6%	12%	77%	5%
Subject to care order	2,685	5%	2%	88%	4%
Remand to LA accommodation	2,657	3%	8%	85%	4%
Name placed on the child protection register	2,667	2%	8%	77%	13%
Any other contact with social services	2,748	15%	23%	53%	9%
Social Services involvement with siblings	2,667	10%	12%	61%	17%

The research can be viewed on the YJB website; <http://www.yjb.gov.uk/Publications/Resources/Downloads/ASSETReport2003.pdf>

The Committee may also be interested to know that the previous Department for Education and Skills collected Outcome Indicators for Looked-after Children, published annually between 2001 and 2006. This data included an indicator on offending behaviour of looked-after children (indicator PAF C18) and showed that throughout the period 2000–05, the percentage of children in care aged 10 and over who were cautioned

²⁴ DK = Don't know.

or convicted of an offence during the previous year remained steady at approximately 10%, three times the national average for all children at that age. The data can be accessed at <http://www.dfes.gov.uk/rsgateway/DB/VOL/index.shtml>

Risk assessment and suitable accommodation (Q377)

There will always be risk assessments that need to be undertaken when accommodation is being sought for a young person, and where a young person has come out of custody they may have greater resettlement needs and pose higher risks. These risks need to be managed and supported housing providers need to consider a range of factors, for example whether the young person will be able to address their needs through the housing being considered and whether there are any risks that would need to be managed in terms of other young people who are already being accommodated at the site.

YOTs can work with local authorities and housing providers to improve their understanding of the needs of young people. A good example of this can be found in Wiltshire, where the YOT helped a supported housing provider improve its eviction protocols to prevent young people being evicted without any follow-on accommodation to go to.

In terms of the specific query, the situation may be due to the greater accessibility of bed and breakfasts and the general shortage of suitable accommodation (due in part to decreased numbers of supported housing and funding difficulties).

I would be happy to provide the Committee with further details about any aspect of our work that may be helpful.

July 2008

Monday 30 June 2008

Members present:

Mr Barry Sheerman, in the Chair

Annette Brooke
Ms Dawn Butler
Mr David Chaytor
Mr John Heppell

Mrs Sharon Hodgson
Paul Holmes
Fiona Mactaggart

Memorandum submitted by the Association for Improvements in the Maternity Services (AIMS)

SUMMARY

As a UK-wide pressure group covering maternity care with nearly 50 years experience, we are particularly interested in the problems of babies and small children in care, and their families. These are the children least able to speak for themselves, and the potential for long-lasting damage is great, not only to the children but to bonding with the parents to whom most of them will return. We draw attention particularly to loss of breast-feeding, damage to bonding and attachment, damage to relationships with siblings and the extended family, inadequacy of arrangements for contact, relationships with siblings. Social workers and courts do not seem to understand the special needs of small children, and unnecessary damage is inflicted. We would also draw attention to the fact that the lack of respect shown to parents within the system means they lose trust in professional services and some avoid accessing care and services in future. Yet high quality research from the USA shows that a more supportive, less authoritarian and punitive approach to parents, yields better results.

ANTENATAL DAMAGE TO CHILDREN

1. Although the unborn child has no legal status, it is now common for local authorities to convene a pre-birth conference when they know a woman is pregnant. Often this is because she comes into certain risk categories rather than because of information that she individually poses a risk to her child. Having been brought up in care, for example, poses a high risk for the mother of having her child removed, which seems to say “the state as a corporate parent did such a bad job that you yourself are unfit to be a mother” rather than “you may need extra help. Let us talk about what we can provide.”

2. Social workers seem unaware of the fact that there is now a substantial body of research showing that prolonged and severe stress for the mother can do long term harm to the child she is carrying—to its growth, levels of stress hormones, and behaviour. Our experienced team is used to dealing with families in stress—those who have lost babies, had a birth-damaged child, or even a maternal death. However, we have been appalled at the prolonged and intense levels of stress in pregnant women faced with the possibility of having a child taken into care at birth—let alone those which are taken from the delivery room. Strong research evidence suggests that the level of damage inflicted on the child before birth by protective services may well exceed any future harm the mother might be capable of. Most of these children will be returned to the mother if taken, or if taken into care or adopted, will have greater problems in life than they need have had if only supportive rather than “policing” care had been offered to the mother.

3. One mother has written movingly to us of the difference in the quality of feeling she has towards her two children, though she loves and cares for both. There is a distance from the older child, whose pregnancy and birth was surrounded by social work “protection” activity. With the second there was no such involvement and her feelings are warmer and much more spontaneous. She thinks of his arrival with nothing but joy.

4. Sometimes social workers make very strict pre-birth plans about the conditions under which the mother will be allowed to keep her baby. They often show ignorance of how these may impair development of bonding, breastfeeding, or optimal emotional and physical care of a newborn, or affect the mental health of the mother. From time to time we have queries from mothers affected by such future plans. They are women who are willing to cooperate, and take every responsible step to show they can be a good parent, but they realise the conditions are going to be almost impossible to follow and at the same time build a normal relationship with their child. Any deviation then provides an excuse for social services to step in and take the child. In one well-publicised case, a pregnant woman fled abroad to give birth, because she felt the position was hopeless.

5. Experienced midwives and community support workers see mother and newborn as a dyad, and the initial “babymoon” is a precious and sensitive time, during which the umbilical cord which physically joined the baby to the mother is replaced by an emotional umbilical cord—which will be an important protector of the child even in hard times and poor social circumstances. At this time supporting the father is also important, as the pair adjusts to being a family with their first child: this is a very sensitive time. Intervention may increase the risk of post natal depression, or worsen it, and a number of postnatal suicides of mothers have been connected with social work intervention, and the Confidential Enquiries have expressed concern.

BREAST FEEDING

6. In a decision of the European Court of Human Rights concerning a case where a baby was removed from the mother after birth, the UK was criticised for not respecting the baby’s rights to family life or to have the opportunity of breast feeding. (P.C.& S v. UK).

7. The baby has a right to its mother’s breast milk if she is willing and able to breast feed. There is now a large body of medical research evidence showing the long-term benefits of breast feeding for the child. In addition, it has health benefits for the mother, prolonged lactation reducing risks of breast and ovarian cancer. We have had a number of cases where breast-fed babies have been removed. In one case it was written on official papers for the court (which, as advocates and supporters we are allowed to see) that the child was bottle fed, although all the medical records clearly showed it was breast fed.

8. In order to maintain her supply of breast milk and to feed the baby, the mother has to have frequent access, and the best way to establish breast feeding and to nourish the child is to feed on demand. In no case has adequate access been allowed when a child has been removed into care. We have had contact with a number of distressed mothers who have wanted to express milk to continue supplying what they know is best for their baby. There has been no question raised that these mothers were street drug users or addicts. Yet social workers have often refused to take the milk, or if it has been delivered to their office, the mothers discovered it had been thrown away. Who is doing their best to protect the child here—the state or the parent?

9. In one case a mother’s first child was taken into care. The baby was being breast fed. It was placed in a foster home where there were older school children. The baby, too young to be immunised, got whooping cough—presumably caught from the other children. Had it remained at home, as the sole child in the household, the risk of exposure would have been less. The risk of contracting the illness even if exposed would have been less because the mother would have passed on her immunity to this, and other infectious diseases, in her breast milk. Fortunately the baby survived what could have been a fatal illness at that age. The baby was returned to the mother; it seemed that there were inadequate grounds for its precipitate removal in the first place. She was unable to re-establish lactation.

10. We have had two cases where a mother had to bring her breast-fed child to contact with an older child who was in care. On both occasions a male social worker was supervising the visit and insisted on remaining, although a female social worker was also present. One of the mothers was Asian, and the other was West Indian. Both were deeply upset and asked the male worker to withdraw, but in each case he refused, making remarks which they found offensive.

11. In many of the cases we have seen, the State could have provided a Norland Nanny for a family with a baby or young child at far less cost than that for social workers, lawyers, medical experts, foster carers, etc, involved in the current process, with better results and with far less damage. A number of new mothers, some of whom knew they might need help, said their ideal situation would be to live for a time with an experienced granny, who would support and advise them, while they gained confidence and experience and enjoyed their new baby. These mothers did not have aunts or mothers of their own nearby who could do the job. Why could such a service not be provided, at least for some mothers?

TODDLERS AND PRE-SCHOOL CHILDREN

12. Removal of these children happens at a crucial time for attachment, and interruption or loss of the usual continuous carer can, as we know, have long term effects on the child’s personality and mental health for the rest of life. From his own extensive work in Child Guidance Clinics, Dr John Bowlby showed in his classic study of 41 Thieves, that the crucial factor which distinguished young offenders from boys brought up in similar unfavourable circumstances, was that they had been separated from their main carer at a crucial period for attachment. We find it surprising that his classic volume of work, which is a cornerstone of modern psychiatry, and much more work which followed it, does not seem to have been read, understood, or taken on board by social workers. It suggests that unless there are very good grounds babies and toddlers should not be separated from the mother or main carer, and other measures proven to be supportive to the mother and family unit should be used in preference wherever possible.

13. We find ourselves sharing the concerns of mothers whose young children are removed; they are too young to understand what is happening, or to take in explanations, and their experience of time is very different. Twice weekly contact, to a two or three year old, is a huge time gap, and weekly or fortnightly incomprehensible. Explanations cannot convey to them when Mummy and Daddy will be seeing them again.

14. It is well known that continuity of placement with as few foster homes as possible is important, but what has been little remarked on or investigated is how much disruption there is within the foster home, even in longer placements, and how important this may be for very young children. One mother had been telling us for a few weeks that her two very young children seemed to have deteriorated, become disturbed, and lost weight in a foster home where they were previously doing well—and much better than in an earlier placement. Then she discovered that there had been an emergency placement of a family of four children in that home, so her bewildered children were getting little attention. Social workers would not listen to her concerns.

15. Another cause of disruption within the foster home is when foster carers go away for holidays with their own children, so fostered children are moved to other families.

A mother adopted a two year old who had been with the same foster family, who specialised in fostered babies, since birth. She had not expected the degree of persisting attachment difficulties she found: this child would go to anyone. She learned that the foster carers had had frequent holidays abroad, leaving the foster children with a series of different families—and what is more, families who were not monitored.

16. In addition, separations would occur when respite care was arranged for foster carers—often it was respite care which families themselves had been begging for when they had children with serious problems, but which had never been provided. As soon as a child went into foster care, many basic needs which had been denied parents, who had merely become an irritation because they fought so hard for them, were automatically provided by a case worker.

17. As with other contacts of older children, planned frequency as decided by the court, is often not borne out in practice. It is disrupted by Bank Holidays, foster carer's arrangements, non-availability of social workers, etc. We have seen a number of cases where contact is suddenly reduced at a whim by social workers, quite contrary to court decisions, and sometimes it seems to be used as a means of disciplining parents or bringing them into line—as it is a most powerful and effective tool. Parents dependent on good will dare not complain about anything in these circumstances, so dissatisfactions are quashed. But contact is for the child not just for the parent, and often it has low priority when there are other demands on resources.

CULTURAL INCOMPETENCE

18. The levels of cultural competence in social workers and Cafcass officers can be surprising. They also often assume that needs of a child from one ethnic group can be met by placement with a similar—or vaguely similar group, ignoring the fact that differences can be as great as differences within any other group. They are unaware, for example, that attitudes and ideas can be very different among families from different parts of the West Indies, or that a well-educated, UK born parent from an Asian family might prefer placement with a white family with similar standards to placement with a family of immigrants.

19. In one home, the teenage daughter of the foster carer was allowed to use chemical products to straighten the Afro hair of the young foster child. The mother, who supposedly had joint parental responsibility and not been consulted, was appalled. In the first place the products are potentially dangerous and could have injured the child; they are used with great care by professional hairdressers. Secondly, her strongly held belief was that her daughter should be brought up with the confidence that her heritage appearance was beautiful, and did not have to be altered to cope with white ideas of acceptability. There seemed to be no concern on either point from the social worker or the department; they did not even seem to understand the problems—both families were of West Indian origin so they saw no problem with culture clash. This, alas, is a not untypical example.

20. A West Indian foster carer was criticised by the agency which employed her for the over strict discipline which was her cultural norm, but not acceptable in the UK. Social services were also informed of this, and the agency's concern. The foster carer simply switched agencies, and nothing more was heard about the problem. The child's birth family felt helpless—but like so many others, dare not offend social services by making a complaint to try to protect their child.

21. The English speaking children of a well-educated English-born mother from a Pakistani family were placed with a Pakistani immigrant family who spoke their own language at home—and a different language from that of their Pakistani grandparents. The children's own language development regressed, and their mother had to watch this with great anxiety, but her comments and concerns were not acknowledged. Although the family provided their customary food, it was not what the English-reared children were used to, and the mother felt that their nutritional standards had greatly deteriorated at a crucial period for growth and development. However, social workers felt that ethnic needs had been met, so they could not be criticised, and other standard concerns about child rearing were less important. The mother felt otherwise, but dare not press the matter.

22. A young black child, born in the UK and only English-speaking, was placed with a white foster family from Europe, who spoke only their own language at home among themselves. She was bewildered, and her own language development regressed.

 PARENTS AS CONTINUING PROTECTORS OF SEPARATED CHILDREN

23. Most children who are looked after by the local authority will be returned to their original home. Unfortunately this will be to a family which may have been damaged by the process and it is a family which will never be the same. Parents have been disempowered, had self esteem lowered, and have lost confidence, as many tell us. Yet there is now excellent research showing that it is empowerment of parents and raising self esteem which is one of the most effective tools in improving parenting; this has been shown in long-term follow up of the randomised trial of home visiting, with long term follow up, by David Olds and in the final evaluation of SureStart, which showed that the centres which empowered and trusted parents were the most successful. And alternative approaches to social work, involving support and care rather than policing and removal, have been shown in randomised trials in the United States, to improve outcomes without increasing risks for children (eg in Minnesota, Missouri and a number of other States).

24. We were delighted to see that in the *Care Matters: Time for Change* White Paper the Government has acknowledged that more attention will be paid to partnership with parents. This is long overdue. We would like to give some examples of the protective role many parents try to play when they are separated from their children, and the fact these are sadly often discounted and blocked. Parents usually know their children well, and are keen observers of changes in weight, appearance and behaviour. Unfortunately many tell us their concerns are dismissed, and they are seen as a nuisance and a potential source of damaging criticism to them rather than co-protectors, even when they supposedly have joint responsibility with the local authority.

25. One mother regularly kept an eye on her children in care at contact visits. She measured a toddler's feet, and found it was wearing shoes which were too small which no-one had noticed. Although she was poor, and no longer received an allowance for the children, she immediately went out and bought new shoes for the child. She also bought and provided sun hats and sun cream when she noticed her very fair skinned children were getting red in the sun. This was typical of her care, but never appeared in reports.

26. A mother noticed frequent unusual bruises, bumps and cuts on one of her children. She pointed them out each time to the supervising worker at the SureStart contact centre, and for a few weeks they were recorded in a special book kept for the purpose. Then the book disappeared, and was never heard of again, so the record vanished and future episodes were not recorded.

27. A mother who had been separated from her children by severe post-natal depression was alerted by the relative with whom they had been placed that one was ill. She went to the home and found a very feverish sick child. Immediately she stripped the child and began sponging the child with lukewarm water and told the junior social worker who was present the child must go to hospital. The social worker phoned the office for instructions and was told by her senior that the child must go to the GP. So time was wasted while they went to the surgery, waited for the GP to return, and he then told them to take the child to hospital where it was admitted— admission had been delayed by over two hours. A social worker who could not even see the child had given instructions over the telephone which over-rode this experienced mother and put the child at risk.

28. A mother, accompanied by a social worker, watched her children play outside at a family centre used by social services for many families to have contact. Her little daughter ran into a large garage which had open doors. When she did not come out again, the mother looked for her, and found her putting blue pellets from the floor into her mouth. They were rat poison. The mother extracted them and pointed it out to the social worker. If she had been so careless at home, it would have been a source of criticism which appeared in court reports, but here the matter was hushed.

CONTACT ARRANGEMENTS

29. Some parents have told us how concerned they are that young children are ferried back and forth to contact visits by a series of strangers, so that they have no fears of getting into cars with strangers—it has become the norm for them.

30. We hear widely varying reports of centres used for contact, and the behaviour and standards of staff. We feel that an inspection, in which views of parents and children are widely collected, should be done.

31. Some of these staff carry out assessments of parenting for social services and the courts. We are greatly concerned at the level of training of staff concerned and the poor quality of the reports we see. Some parents also strongly dispute the accuracy of what is written.

32. Although mostly we deal with parents and young children, their older siblings are often involved, and we have contact with them. When he knew we were making this submission one child whose sibling is in foster care telephoned us to make sure we emphasised how important contact is, and that social workers who arrive late, thereby reducing the short, precious time allowed, seem to regard it as a minor matter, when it is not. A mother also spoke to us pointing out that sometimes a very long journey is made when a child is a long distance away, so a couple of hours contact can involve a whole day trip. Whereas fares are paid by social services, it is a battle to get a quite modest amount to provide food and drink for a family of children on a long trip.

 THE VOICES OF CHILDREN

33. Many of the children whose families we deal with are too young to speak, or to express their wishes clearly. But their body language and vocal sounds are often eloquent, but are unreported, and we see it often. The intense engrossment and mutual prolonged gaze of a mother and baby on a contact visit. The toddler who studiously ignores his father when he arrives to take him for a court-ordered overnight visit which will separate him from his mother, and his piercing screams when he is picked up and taken out to the car.

34. However we see a worrying number of cases where children's voices which conflict with social workers' decisions are downplayed or ignored. It is assumed—and perhaps wrongly assumed—that these must be brainwashed into them by the parent but some children who have spoken to us are very indignant. Social workers and Cafcass officers are not invariably accurate, or unbiased, reporters of the child's views.

35. Often during contact, communication between parent and child is blocked, and it seems that close supervision is there not because the parent might do anything dangerous to the child, but because of fear that the parent might tell the child a different version of what has happened and why. Children are left bewildered and confused because parents are not allowed to tell them what is going on, and once when a sibling blurted it out, the parent was blamed.

February 2008

Memorandum submitted by Parents Against Injustice (PAIN)

Please accept the following submission which is based on the experience gained in our work for PAIN—Parents Against Injustice (www.parentsagainstinjustice.org.uk) which for over 20 years has offered advice and support to parents and carers who have been falsely accused of abusing children in their care.

From our experience as advocates for families involved in public law proceedings and beyond, we agree that outcomes for children in care can be improved through changes to:

- corporate parenting;
- family support including contact;
- care placements;
- education;
- health and well being; and
- social work practices.

We believe though that more emphasis needs to be placed on certain aspects of these principles to ensure that high quality care and support is given to children and young people in care.

CORPORATE PARENTING

1. For corporate parenting to work effectively there needs to be a substantial improvement in transparency within care planning and its operational base. Our feedback from local councillors seeking to ensure quality care within corporate parenthood is that officials within social services can often be obstructive as well as patronising when asked questions or when information is sought on behalf of birth families and friends of children in care. The prevalent attitude that they are the professionals and therefore know what is best for children in care is a barrier to effective and shared corporate parenting.

2. There is an ignorance of the role that local councillors play in looking after children in care and some of that ignorance is held by local councillors themselves.

3. Local councillors are duty bound as corporate parents to ensure that children in care are fully protected and that includes protection from abuse by individuals and by the system. Increasing numbers of parents at councillor surgeries claiming false allegations of abuse do not generate confidence in the system if those councillors as corporate parents are not allowed to see for themselves that, unless they are the Lead Cabinet Member for Children's Services, the process of taking a child from caring parents is rigorously scrutinised at every stage. Social services are part of local authorities and as such are accountable to the local community through elected representatives. These representatives though need to be able to look into concerns raised by the people they represent in order to curtail instances of over zealotry by social services in their intervention into family life.

4. Scrutiny is therefore crucial to the workings of corporate parenthood and complaints should be open to all and not restricted to the immediate parties involved and those that the local authority choose to allow to complain to them. A system where the complainant's eligibility to complain is judged by the organisation

that is being complained about is not sustainable. Accountability is needed throughout so that a robust complaints procedure allows criticism to be noted and lessons learnt through the various stages. A migration therefore is needed away from “marking ones own homework” to a rigorous and critical investigation of all complaints by an independent body not associated in any form with local authorities and well before the local government ombudsman is engaged.

FAMILY AND PARENTING SUPPORT

5. The Children Act 1989 is an effective piece of legislation but it is not working. Local authority social workers are ignoring the guidelines and the spirit of the Act. PAIN through their substantial caseload is aware that social services are not supporting families in need. Care orders should be used only when all other possibilities have been exhausted but in our experience they are used much earlier than at the “last resort” stage and well before family support is looked into. The search for kinship care is a case in point.

6. The Public Law Outline and associated changes in the statutory guidance (Volume 1 Court Orders Children Act 1989 Guidance and Regulations) are being introduced nationally on 1 April 2008 and a key element in this process is to place kinship care as a more preferable option to placing children into care. This will be the stumbling block for any successful change to current thinking within social services as to quote Jean Stogdon, chair and co-founder of Grandparents Plus, there are “highly restrictive notions of safety which persuade social workers it is better to place children with strangers than kinship carers no matter how unfulfilled emotionally a child may be because of the apparent risks associated with family placements.”

7. A further stumbling block in reducing the numbers of children going into care is that from 1 April 2008 the pivotal stage is the Letter Before Proceedings (LBP) which not only attempts to ensure that only extreme cases get to go forward to care proceedings but also provides the platform for identifying carers from the extended family and friends. The LBP triggers legal aid for the meeting arranged for the parents to discuss the problems with social services but there is no provision for potential kinship carers to attend this crucial meeting and if they do they will not be legally represented unless they choose to find funding for themselves or have parental responsibility.

8. The problems are exacerbated as the legal aid reforms are in danger of ensuring that the interests of the child to remain if at all possible with the family are ignored. Case after case we advise on suggest injustices on a worrying scale but legal recourse is being compromised as more and more parents, grandparents and kinship carers are forced to become litigants in person as they are unable to seek adequate legal representation either because the legal aid is not in place or because the huge demand for such services is being met by a dwindling supply of specialised legal practitioners willing to take on this work.

9. The postcode lottery that exists needs to be eradicated from the process so that the dependency on where you reside does not become the determining factor whether a child enters care or receives family support. This not only demeans a child’s value but will create irreparable harm in the future when a child reaches adulthood and is made aware of the failures in the system.

10. There is too little emphasis on the discharge of care orders and much more effort needs to be made to encompass this stage as a workable solution in assisting positive outcomes for children in care. Our particular concern relates to the need for complete independent advocacy where the voice of the child is required as too often parents complain to us that their children’s views are ignored or changed to reflect the professional’s position.

11. The other major concern that works against children been discharged from care relates to contact of the child with parents, family and friends. Reasonable contact as enshrined in the Children Act 1989 is being flouted by local authorities so children often stay in care longer than they should or more worryingly it ensures that children stay permanently in care rather than be returned to their parents or to kinship carers. Lack of contact can have serious consequences for a child as it can be a major factor in deciding whether to discharge a care order.

CARE PLACEMENTS

12. PAIN has noted the results of the recent *What Makes The Difference Project* which found that children in care who have been moved frequently from placement to placement are nearly three times more likely to be detained in a youth offending institution or prison.

13. Children in care need far more stability and a cap needs to be made on the number of placements a child goes through whilst in care. Stability would also improve if out of borough placements are reduced as this would not only assist children’s ties with their families and friends but also free up social work resources. We are aware of round trips of eight hours or more being made by key social workers to carry out their statutory duties of meeting with children in their care. This also impinges on contact with family and friends where distance, time and costs negatively influence reasonable contact.

 EDUCATION

14. There is an urgent need to end the role of the local authority in assessing children's special educational needs. Councils' dual responsibility of assessing and funding SEN leads to a conflict of interest. We are aware of cases where local authorities have refused additional educational funding for looked after children with SEN and those cases have not been challenged by the corporate parent cases as robustly as the birth parents.

HEALTH AND WELLBEING

15. PAIN is aware that some children in care are severely disadvantaged by the rigid risk averse procedures that social workers demand. These children do not have the same opportunities as other children to engage in out of school activity which provides character building exercises, skills for social networking, cultural sustenance and sporting encouragement. Bureaucratic procedure means that often such activity is not sanctioned in time or CRB checks are found to be still outstanding. In replicating aspirations of parents for their own children corporate parents must replicate the means to which those aspirations can be achieved for looked after children. It must be accepted that risk averse procedures can also harm looked after children.

16. There is a worrying lack of awareness and understanding by social workers of conditions such as of ADHD and autism in children. We have dealt with many cases that have been judged by social workers as bad parenting of children when in fact ADHD, ASD and other genetic conditions have been diagnosed. As these children represent a large proportion of children in care it is essential that social workers are trained to deal with the needs for such children.

The role of the practitioner (including training and workforce development)

17. There needs to be a substantial culture change within social work practice for the outcomes of children in care to improve. These changes may also have a collateral effect in reducing the numbers of children entering care thus giving them the potential for better outcomes in their lives if the State continues to be a bad parent.

18. The culture change needs to start earlier in the child protection process so that children only enter care as a last resort. Unfortunately our experience is that often children are wrongly removed from parents and carers where there is no evidence of abuse or where proper support to the family as a system would result in there being no need for the child to enter care. Social work practice needs to be overhauled so that family support and kinship care is encouraged. We find that grandparents are overlooked as carers in many cases and there is a suspicion of age discrimination creeping into assessments by social services.

19. The quality of social work needs substantial improvement as we constantly encounter examples of a very poor standard of work, be it in assessments, investigations or court preparation. The proposed social work practices may offer the opportunity for a complete change in culture that will also lead the emphasis away from over management. To work effectively though they must be robustly scrutinised not by the usual professional peers but by "the community" either in a model similar to school governors or a completely new model that will help to improve public confidence in this area.

20. Throughout the professional practices working in the care system, the lack of independence makes it difficult for the outsider to be confident that the children's best interests are being taken into consideration at all times. The state's role as employer or funder of social workers and childcare experts involved in the proceedings can allow for bad practice to continue unabated. The recent Ofsted Report on Cafcass (*Ofsted's Inspection of Cafcass East Midlands*, January 2008) was the first Ofsted report on a Cafcass region and some of the findings will reflect wider practice nationally. In the experience of PAIN, much of the criticism of Cafcass in this report can be applied to other childcare professionals involved in the system and we can confirm Ofsted's findings in that we have also noted regular references to information in reports on the children as being "unnecessary, inappropriate and [which] made implications rather than explicit evaluations" and that evidence presented did not substantiate allegations or assertions. We have also found many cases where the views expressed were outside the worker's professional expertise, particularly in relation to mental health concerns.

21. Decisions need to be continually scrutinised as there are continuing problems in implementing, monitoring and carrying forward plans for children in care. Accountability is essential for the system to produce improved outcomes for children in care.

February 2008

Witnesses: **Trevor Jones**, National Co-ordinator, Parents Against Injustice (PAIN), and **Jean Robinson**, Association for Improvements in the Maternity Services (AIMS), gave evidence.

Q378 Chairman: I welcome Trevor Jones and Jean Robinson to our proceedings. We are very grateful that they can join us today. We are taking the inquiry into children in care—looked-after children—very seriously, and it has been a very good learning curve for many members of the Committee. We generally give our witnesses a couple of minutes each to give an opening statement to the Committee. If you do not want to make an opening statement, we can go straight into questions. It is your preference, but we always give you the right to make a statement.

Trevor Jones: First, I want to thank you for the invitation. I am pleased that at long last we are being sought for evidence. I represent Parents Against Injustice—PAIN, for short—which was set up in 1985 to advise and support parents and carers who claim they have been mistakenly involved in child abuse investigations. We have been in operation for the last 23 years. Up to the late 1990s, we were funded quite substantially by the Government, but that funding stopped, so we are now a completely voluntary organisation. We advocate, represent and support the parent and carer as the service user in public law proceedings. I want to highlight the fact that in public law proceedings, certainly when children are being removed, there are really three parties involved—the state, the child and the parent. The last party is often ignored and not asked to the table to give their view—the parent’s voice. That is what I want to stress as an important issue. We see it as an important issue simply because the key stakeholders in the various consultations and reviews had no representative. Certainly, when I first got involved in 2005, the child care proceedings review team key stakeholder meeting had no representative at all on the side of parents—as the service users—involved in public law proceedings. In consultations since, we have come up against the same problem. When the consultation on transparency in the family courts system started, the informal consultees numbered 41, but not one of those 41 consultees was there exclusively to represent the parent in public law proceedings. That has been an issue for advocates representing the parent, and I would like to highlight the checks and balances involved this afternoon. On the checks, we are questioning whether there are checks; on the balances, we are questioning whether there is an imbalance that is unfair to the parent. When I say unfair to the parent, I also mean unfair to the children, because we are looking at families, which include parents and children. That must never be overlooked. That is all that I can say in my opening remarks.

Q379 Chairman: So Trevor, you have been involved for some time in campaigning on this issue. Given your involvement and your experience of other people’s campaigning, would you say that things in this area have got steadily better?

Trevor Jones: I have been actively involved for only five years, so my experience comes from the last five years, but Alison Stevens, who runs and chairs PAIN, has been involved right from the start in

1986, and she has seen very little change for the better. She is still there after 22 or 23 years, and she is advising and advocating on the same issues. Hopefully, the issues will become clearer during our evidence.

Q380 Chairman: Thanks for those opening remarks, Trevor. Jean Robinson?

Jean Robinson: I represent the Association for Improvements in the Maternity Services, which is a UK-wide organisation that has existed for nearly 50 years. We are a totally voluntary group, and we are obviously very experienced in dealing with maternity care. It is only in the past 10 years or so that we have suddenly found ourselves continually being asked for help by pregnant woman and mothers whose babies are to be taken or who are threatened with having their babies taken. We feel that that relates to the Government’s policy on increasing adoption. That policy started out as adoption and permanence, because of the adverse effects, which are well known, of children spending a lifetime in care. The idea was—it was a very good idea—that you would find permanent settlement. That was then translated into the crude target, which inspectors put to every local authority, of simply increasing adoption numbers. The target was not to reduce the number of children in long-term care without a settled future, but to increase adoption numbers. The result, which we saw, was the desperate reactions of the women who were threatened, which has had a serious adverse effect. We are now getting calls from pregnant women who have missed one or two antenatal visits—one was ill and could not get there; another telephoned—which can mean referral to social services. In such circumstances, people become terrified, because the stress levels are incredible. There is now very good medical evidence from a large number of studies that shows that such stress adversely affects the foetus and the child afterwards. Behavioural difficulties in children are now proved to be related to stress in pregnancy. We recently received a call from a mother who described how a midwife had said, “You needn’t think you’re going to get away. We will hunt you down.” Midwives and health visitors have been turned into the health police. We have a surveillance system rather than a support system, which is frightening people away from health care. The last confidential inquiry into maternal deaths, which I quoted, showed that mothers at high risk of maternal death are avoiding maternity care for fear that their children will be taken. I cannot tell you how dreadful the material is that we are dealing with. We have gone too far in this country into surveillance, policing and control rather than giving support and help. We have had two families who were absolutely desperate for help. The mother of a disabled child, who had severe post-natal depression and whose husband worked long hours, at first said to social workers, “I’m not coping,” but nothing happened and she received no help. Then she said, “I’m afraid I could hurt my child,” but nothing happened and she still received no support. Finally,

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she said, quite untruthfully, “I tried to strangle my child,” and immediately the whole state mechanism descended on her, when she got quite the wrong type of help. I know of another family to whom the same thing happened. The mother had severe post-natal depression and was not getting adequate help. A member of the family falsely told social workers that she had hurt the child—I am convinced that it was false; I have gone into the details—in order to get help. Why is money not being spent on help for people who need it? Our paper to you quotes research from SureStart and from Minneapolis. We are talking about high quality research from the States—the gold standard—using randomised trials with long-term follow-up. The research shows that giving support, respecting parents, listening to their needs and wishes and supporting the family—not taking the child out of the family—actually works. You get fewer incidents of abused children and better outcomes in behaviour and education. There is proof that it works, so why are not we using it?

Chairman: Thank you very much for that opener.

Q381 Ms Butler: Thank you both for coming and giving evidence. First, let me apologise because I have to leave early. Thank you for your opening remarks. On the triggers for state intervention, what do you think are appropriate and inappropriate care proceedings in the current system?

Jean Robinson: I am sorry; care for whom?

Q382 Ms Butler: What do you think are the main causes of inappropriate triggers? For instance, you said that this female had to mention three things and that nothing happened until she said, “I tried to strangle my child.” What do you think is the appropriate way of dealing with that?

Jean Robinson: We should be putting resources into listening to families and supporting families. We should listen to what they see as their needs and giving support instead of policing them. What happened was that all health care workers, teachers, midwives and so on were circulated with orders to report any risk for children. The whole system is concentrated on risk and is very risk averse since the Victoria Climbié report and similar reports of devastating things happening to children. That feeds into the system more and more examples of alleged risk, sometimes on very poor grounds, for example, because of a neighbour’s animosity. Everyone then says, “We must prevent risk because we as social workers might get into trouble,” rather than saying, “Hey, this family might need help. What kind of help do they need? How can we do it?” If one compares the SureStart areas that got good results with the SureStart areas that did not get good results, the difference is that the ones that work went for empowerment—they respected parents, helped to empower them and gave them confidence in themselves. That had a huge range of very good outcomes, but we go for blame and shame.

Chairman: Does Trevor want to come in on this question?

Trevor Jones: I just want to add the backdrop of the figures. There are children in care annual costs of more than £2 billion, and family support services cost £600 million a year. We have always campaigned for balance and equality; if anything, family support costs should be more than the costs of children in care. The message that we hear in case after case from the voices of the service users—the parents—is that they are offered very little support. People who have brought up disabled children say that they were offered very little respite, and people who have brought up children with behavioural problems say that they were given very little educational assistance at nursery level, for example. There are many reasons why parents feel that family support was not given initially, but they soon see the unjust situation as care proceedings commence. They see foster carers receiving respite care and increased support, and they feel that the system is unfair. The message that we get is about the unfairness of it all. Children have been taken care on the flimsiest of allegations. Partly to answer your question, Ms Butler, very often the trigger in cases featuring parents with disabilities or mental health issues is a lack of sensitivity in social services interventions. We have heard time and again about a lack of insight from social workers into the practicalities of parenting and the way in which mental health issues impinge on it. Social services should care for not only vulnerable children, but vulnerable adults, which seems to be a problem that they cannot understand. Anything that helps to balance out that unfairness is welcome—ideally, we are talking about resources. We should push more money into families and less into court and foster care costs.

Q383 Ms Butler: I want to talk about the system for a moment. If we take the example that you mentioned, Jean, was that child taken into care?

Jean Robinson: Which one?

Ms Butler: The child whose parent had said that they had tried to harm the child.

Jean Robinson: Ah. The first one. The mother had to move out of the house and the father had to give up his work, which was not well paid, to stay at home to look after the children. One of the problems is that perinatal and post-natal mental illness is extremely common. About 10% of women get post-natal depression and a third to a half of those women can have severe depression. These women are not receiving the care that is set out in Government guidelines, so the depression can be prolonged. That gives social workers an opportunity to take the children as adoption targets and we have seen a number of those cases. In the case that I mentioned, the mother moved out and it was a long time. Everything concentrated on the potential risk to the child then, not on support for the family—you know, “Make sure this child’s safe so we don’t get blamed.” Actually, you only had to give good care to the mother and the children would have been safe. In the other case, the child was moved away from the mother and is still in the care of someone else who, in my view, is less satisfactory than the mother;

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however, that is just my view. We see court documents, I may tell you; we see everything, because we are advocates. There then comes the separation of siblings. We are getting desperate requests from siblings who are separated from children who have been taken. I may also say that we are getting desperate requests from those siblings to say that Children and Family Court Advisory and Support Service officers, who are supposed to be their guardians and represent them in court, are not representing their views truthfully and they want to go out and get their own lawyer, because their view is not truthfully represented. One of the things that I need to say is that the probity of the evidence that goes into court really worries us. The whole system depends on good-quality social work; it is not there. I worked in a child care department in the early years of my marriage. I have seen good social work and I have seen good social work files. I dealt with the files as they came into the office, so I know what good recording and social work looks like. What I am seeing in files now, since the training was changed after the Seebom report, really bears no resemblance to that work. I see the way that parents are treated when I accompany them to review meetings. I have dealt with health care complaints for 30 years, but I have never seen such lack of respectfulness in the worst doctors that I have complained about as I have seen in the way in which people are treated by some social workers.

Q384 Ms Butler: This is my last question, as I think that you have answered the other question. Do you think that the recent reforms of the care proceedings—the public law outline—will have a beneficial impact on the experiences that parents have of the family courts?

Jean Robinson: No. The cases are supposed to be better prepared before they get into court and to go through more quickly. Well, going through more quickly when the parent is trying to understand what is happening and to prepare a case against it, and is poorly represented by their own lawyer—we have parents who have been through three different lawyers to try to represent them—is not beneficial, because it is being done badly. Speeding it up and doing it more quickly is not beneficial. The quality and the integrity of the data that are going in are poor, and judges are making decisions on the basis of that data.

Q385 Chairman: Do you agree with that, Trevor?

Trevor Jones: Yes, I am afraid to say. It is probably too early days, because the new system came into being in April. Certainly the policy in terms of the stressing of kinship care is very much something that we support. Kinship care is really enshrined in the Children Act 1989 anyway, in terms of what that was set up for. We are just a bit concerned that it has always been that members of the wider family should be asked to take care of the children, but in the cases that we have advocated for, certainly in recent years, that just has not happened. Grandparents have said that they were not even asked until way down the line, which creates

problems and is part of the reason why some court proceedings drag on. They are very much an afterthought. The public law outline does bring them into the forefront, but it will depend on how that is put into practice in social services around the country.

Q386 Annette Brooke: It is very much my impression that there is huge variation among local authorities, particularly as far as kinship care is concerned and, indeed, statistically, which is easy to see in terms of family support and the clear inverse relationship between higher levels of such support and fewer children taken into care. Have you actually looked across the board at whether there are particular local authorities that need to address their practices and have the 2008 guidelines pointed out to them? Most of your remarks seem to be broad-brush—about all local authorities.

Trevor Jones: I suggest that there certainly is a postcode lottery when it comes to, “Are you going to keep your child or not; is he going to be moved or not?” In looking at our cases, I am afraid to say that there is a disproportionate number that emanates from the list that was given to Tim Loughton in a written answer on 3 September last year, when he asked for all those councils that had received money for their adoption targets. Going by talking to the people at PAIN we agree; we have not scientifically surveyed it, but in terms of the feeling, there are certainly more cases from those 30 local authorities than the other 123. That is my impression.

Jean Robinson: There are some areas where our feeling is that this is particularly bad. There are areas where I would almost say to pregnant women, “I would not have my baby there, quite frankly,” but there are not any that I would be sure enough about to say, “That would be a good area to go to.” I cannot say that our analysis on that is really strong enough to say, but certainly some of the areas that got large payments for their adoption figures have, in our experience, been particularly bad. I could not say it of all of them because I do not have the data.

Chairman: Annette, I made a slight slip a moment ago and did not call John.

Q387 Mr Heppell: I am going to have to go in a moment; that is why the Chairman is being good to me and letting me get in with a question quickly. You talk about feeling that the system is too punitive and that what is really needed at the beginning is more family support. How does that stack up with what we saw when we recently visited Denmark, where there are more children in care than there are here? There seems to be something wrong with the analysis. If our system is so punitive, how do we end up with fewer people in care than there are in Denmark?

Jean Robinson: I am not familiar with the Danish system at all. I know they have done work on a high standard of care for children in residential facilities and that they have very highly trained staff for that, but I do not know what their system is for children getting into care, or what kind of care they get. I only know that with the American randomised trials both

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from David Olds on home nurse visiting and Anthony Loman and his team at Minneapolis, fewer children end up in care when you have support for parents, and there are fewer adverse incidents with children, and all sorts of things. I am a researcher, so I like hard evidence, and I go for randomised trials with long-term follow-up.

Chairman: When we went to Copenhagen, we found that the Danish had high levels of quality care and did not believe much in adoption. They have twice the number of children in care as in England, and twice that in Sweden and Norway.

Jean Robinson: Yes. I think that is true of much of Europe.

Q388 Chairman: Would it worry you if we had twice as many children in care in our country?

Jean Robinson: I would like to hear from consumer groups in Denmark. I have seen some stringent consumer criticism of what goes on in Sweden. Until you hear the consumers' voice, you do not know what the underbelly is, do you?

Q389 Mr Heppell: Leaving aside how people got there, when you get to the care proceedings, what could be done that is not being done to make them less confrontational?

Trevor Jones: Less confrontational, yes. In this country, they are too adversarial. It is very much us and them, so any idea of support is broken down in the process. It is very much a battle, with social workers going for a win, which really should not be the case. They are not there to win the child. The winner should be the child. I am sure that a less adversarial system would help enormously, and it would assist families to engage with the support that will be, or should be, on offer. Going back to the Danish system, I may be wrong, but I was under the impression that it is based on voluntary care. In this country, the care is involuntary, so there is a major difference, and I am sure that that has an effect.

Jean Robinson: On the courts system and the fact that the courts are secret, if the public outside knew the yardsticks—the ethical standards—that are being used to remove children, they would be horrified. The standards and grounds by which one takes children should, it seems to me, be something that society as a whole should decide. The ethics of what is being done simply appals me, and because they are secret, the standards are not judged outside. In addition, most local authorities have in-house lawyers, so they please the team that they work for, which may be why some of the illegal activities that judges have picked up on have come about. We had one mother whose child had been in care for nine months, and it was finally discovered that this was totally illegal and that the proper legal process had not been gone through at all. The imbalance in the quality of lawyers that people get is very noticeable. We are used to working with medical negligence lawyers, and they are very bright. Family lawyers are not well paid and family law is not going to attract the brightest and best. To do a family case properly and challenge inaccurate evidence—even dishonest evidence, and I have seen plenty of that, or falsified

evidence, which I have also seen evidence of—you must have a lawyer who goes through all the facts, and challenges them in court. People who give false evidence should be prosecuted for perjury. I had a case in which the health visitor had totally falsified the weight chart of a child who had been taken into care. She put the weights in, in the wrong order so that it looked as if the child, who was very young, had gained weight after being put into foster care rather than losing weight. The mother spotted this. I sat in a review meeting with the social workers—everybody was there; it was a large meeting—and pointed it out to the health visitor. She went very pale. She did not deny it. She left the meeting. Nobody else said a word. The awful thing is, whatever is happening in a case, you dare not complain, however serious your complaint. There have been a number of cases where people have pretended to be registered social workers and were not registered, and were allowed by the local authority, which knew, to represent themselves—you dare not complain because it is only going to be worse for the couple. I have dealt with health care complaints for well over 30 years. I am an expert complainer and I have never been so hamstrung in terms of seeing bad, dangerous, dishonest or unsatisfactory practice and not being able to do anything about it while a case is going on—and a case can go on for a couple of years.

Q390 Mr Heppell: I still have a difficulty. You are pointing out cases where individual things went wrong.

Jean Robinson: Yes.

Q391 Mr Heppell: Well, that happens in courts of law all the time; there are always things going wrong. What I am trying to get at is how you want to change the system when people get to court. For instance, one of the things I just thought of when you were talking about the confrontational bit for the social worker was this. The social worker, according to my understanding, would be there as the guardian of the child, but what I am getting from your message is you think they are the guardian of social services. Again, my understanding is that a solicitor is appointed to the child, and you seem to be saying that that solicitor is acting as the solicitor for social services. Am I right in my assumptions?

Jean Robinson: Well, there is the parents' solicitor, the Cafcass officer's solicitor, who is supposed to be acting for the child, and the local authority solicitor and their barristers. In our experience, parents' solicitors are, sadly, not doing the best job they can, but I think with the decline in legal aid and the reduction in their payments, that is not surprising. Parents are desperate, saying to us, "Do you know a good lawyer?" We know one or two. They are overworked in this field. Members of the Committee may have heard about the recent inspections of Cafcass reports by Ofsted in the east midlands and the south-east. It was highly critical of the quality of Cafcass officers' work—not nearly as strongly as we would be, but there is enough meat in those reports to show the problem. So whatever the lawyer is

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doing, the information the lawyer is getting is not good enough to work with in the interests of the child. Children's voices are not being represented, but parents' voices are not being represented either. In our view, the best way to look after most children is to nurture the parents—care for the parents, support them, advise them, help them. You will not have a problem with children. You will not have serious problems.

Q392 Mr Heppell: You are saying, "Listen to the children." Certainly on secrecy, the message that seems to be coming from children is, "We don't want the courts to be opened up to everyone." If we are listening to children there, we are trying to maintain that secrecy.

Jean Robinson: It is interesting that the studies of children's views by the children's rights director, who has appeared before you, show that children are saying exactly what parents have been saying for a long time—the children could have stayed within the family; they should have more contact with the family if they have to be separated. It is interesting that the children's rights director, since he appeared before you, has done a survey of the views of parents of children in care and has found many things similar to the things that we have been finding. There is a lack of respect for parents within the system. If you humiliate people, shame them, downgrade them, do not listen to them, what do you expect to come out of the system?

Mr Heppell: I apologise, but I have to go now.

Q393 Annette Brooke: I hear what you say, Jean, and I have heard of a few cases that have given me cause for concern. However, if we put things into the perspective that the social worker and everyone else has to put the welfare of the child first—that is a very difficult decision—the issue seems to be that we must make sure that there are enough checks and balances in the system. I would therefore like Trevor and Jean to give us their three top checks and balances—what needs to be in the system that is not there now?

Trevor Jones: On the checks, it would be down to scrutiny. I would certainly advocate greater inclusion of the concept of corporate parenthood in the sense not of local government officers, but of local government members. Local councillors do have a role to play, but, unfortunately, their hands are tied. The new disclosure regulations regarding who can see reports, judgments and orders from the family courts stopped at making disclosures to local councillors, even though social services come under local councils and local councillors represent the community. So I would certainly advocate increased means of disclosing what is actually going on; otherwise, councillors cannot really operate as a corporate parent looking after children in care. That is a crucial move forward. Again on scrutiny, there needs to be more scrutiny in the family courts system.¹

Q394 Annette Brooke: By whom?

Trevor Jones: By opening it up and making it more transparent in some form. That needs to be investigated. I do not mean complete openness for all and sundry, but certainly much more openness, so that not only local councillors, but more advocates and other people can come in and see how the system works—just in case. I have had cases in which allegations have been raised against a person in the family court, but that person has not been allowed to be present in the family court to challenge what has been said about him or her. That is completely wrong. If you are mentioned in court documents or court statements, you should have a right to challenge that—certainly if an allegation is made—in the family court system. At the moment, you are not allowed an automatic right to do so.

Jean Robinson: Yes, I think there should be openness in the family courts. A red herring was thrown when it was said that things would be public for the children. There is no reason why children's and families' names should not be completely anonymous. I sat on the General Medical Council professional conduct committee when the names of individual patients were mentioned, but these things were never reported and were always respected. We have to have openness because we as a society are responsible for the standards that remove people's children and change their lives. So having openness in the family courts is a priority. The second thing is that we have to have better and different training and stronger discipline among social workers who work on these issues. Thirdly, we have to deal with lawyers who are not representing parents well. I would really like us to scrap the system and start again. We are going in the wrong direction. We can improve the system and tinker with it. However, I would like to give the Clerk to the Committee—if the members of the Committee would like to read it—the letter that we sent to the Chief Medical Officers in the UK last year. We pointed out the serious adverse effects on families of being involved in child protection proceedings.

Chairman: We have got that in our memorandum.

Q395 Annette Brooke: May I just ask one small question? Another issue that I have heard about from other groups similar to yours relates to the imbalance of expert witnesses. Can you both make a brief comment on that? I understand that you cannot just keep on bringing in more and more expert witnesses to try to get the right answer, but could more balance be introduced, in your view?

Chairman: This will have to be a quick one.

Trevor Jones: We cannot rely on just one expert witness because you cannot remove a child on the basis of one person's expert decision. If there were just one expert witness nominated by the courts, I am afraid I cannot see that working because we have had experience of such bad practice within expert witness reports. It would be very unfortunate if one family happened to get that particular expert witness; it would really not be fair.

¹ See Ev 209

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Jean Robinson: Has the Committee heard the phrase, “I sing the song of him whose bread I eat?” There are many expert witnesses whose names appear again and again. The local authority usually nominates the expert witness and the witness knows what it is they want said. Parents find it difficult. Where would you find an expert on Munchausen syndrome by proxy—now called factitious and induced illness disorder—to say, “This parent does not have this problem; this child is not being abused in this way”? The only people who have written papers on it are those who are proselytising for the disease and finding it. Now, of course, that has gone by the board. That problem became too difficult to put to the court because children were turning up with real illnesses and it was very inconvenient. People are now diagnosed with personality disorder. It is not said that you have ever harmed a child or have ever done anything wrong to your child, but that you are thought to have a personality disorder and therefore you may harm the child. The Chief Medical Officer, Sir Liam Donaldson, wrote an excellent article, or study, on expert witnesses and said that there should be trained teams within each area. There should be a trained team and you should not have people doing it privately just for money.

Chairman: That is a strong point. Sharon, a quick one from you because we are running out of time.

Q396 Mrs Hodgson: On children in care who have special educational needs, you say that you do not feel that the council should have the dual

responsibility of assessing their needs—I think that is in the report from you, Trevor—because of the funding difficulties that arise

Trevor Jones: We commented on that, yes.

Q397 Mrs Hodgson: I was also interested in the training of social workers in identifying conditions such as attention deficit hyperactivity disorder. I know that the Committee will look at teacher training and the children’s work force, but how widespread is that problem?

Trevor Jones: In the cases on which we worked and that we support and advocate for, there is a debateable issue—well, not debateable; rather we see it as bad practice—in relation to social workers classifying families with ADHD (Attention-Deficit Hyperactivity Disorder) children and families with autistic children as being bad parents. Those particular disorders are treated as a sign of bad parenting when, in fact, research shows that the disorders are genetic and are nothing at all to do with bad parenting. We have come across that issue in case after case. It is a matter of training and social workers being trained in knowing what is happening on a child development level. Again, training in child development needs to be increased.

Chairman: I am afraid that we have to finish it there. It was an interesting session. Thank you, Trevor and Jean, for your contribution. Please remain in contact with the Committee. If you think that we have missed something or have not asked the right questions, we are open to receiving a letter, e-mail or telephone call from you.

Supplementary memorandum submitted by Parents Against Injustice (PAIN)

1. Further to the oral evidence provided by Parents Against Injustice (PAIN) on 30 June 2008, we wish to submit supplementary evidence to address in more detail the question raised by Annette Brooke on the checks and balances that should be in place so that children are not taken into care unnecessarily.

2. Ten years ago, PAIN’s founder, Sue Amphlett, wrote that “when a government or its agents undertake an intrusive action whilst carrying out their duties, it is incumbent upon them to establish proper checks and balances and to be accountable for their actions [1].” Sue remarked then of “an absence throughout the system of the checks and balances taken for granted in the delivery of other public services” and it is our belief that little has changed.

3. PAIN has always understood that the key to reform lies in persuading government ministers to evaluate and “safety-check” the child protection system. Increasing the checks and rectifying the imbalance in the system would ensure that less children enter care and also prevent the emotional damage and trauma they experience when removed from, quite often, innocent parents and carers.

INCREASING THE CHECKS

4. Conflicts of interest are endemic in the system and coupled with the lack of scrutiny there is a pressing need to address these conflicts.

5. Complaints to social services are seen by many complainants as being rubber stamped by investigators. The perception is one of “marking ones own homework” and the refusal by Directors of Children Services two years ago to back the transfer of the complaints procedure to Ofsted has meant the opportunity to improve confidence in the system has been lost. Further confidence was damaged when the new complaints regulations ensured that local authorities could choose who could complain against them.

6. Many parents and carers tell us that their complaints cannot be acted upon as they are part of current court proceedings or that they are not part of administrative procedures. Often these complaints arise from a perception that they are being treated unfairly and this standard response confirms that injustice.

7. The homework analogy is further confirmed in analysis of the current list of Chairs of the Local Safeguarding Children Boards [2] which shows that over 50% are either Directors of Childrens Services or their Assistants. It is encouraging though that a number of local boards see good practice as being the appointment of an independent chair but this should be reflected in every board.

8. A major concern over the years has been the status of independent family centres instructed to assess parents. Many parents feel it unfair that some of these centres are funded by the instructing local authority and therefore cannot be fully independent. PAIN has also discovered that the fixed term contracts are renewed to incumbents without any tendering process.

9. Local councillors are barred from the disclosure regulations that came into force on 31 October 2005 so parents calling on their help in surgeries are aggrieved that their elected representatives are not allowed to read court documents and judgements.

10. The scrutiny of meetings with social services is in great need of change as a common complaint we hear is that what was said in a meeting bears little resemblance to minutes or a report of that meeting. We now always advise parents to take a witness to these meetings or failing that to ask whether they can, similar to police interview procedures, record the meeting. It is illuminating that most requests for recording are refused by social services.

11. The need to open up the family courts is imperative for the public's trust and confidence in the system to return. The vast majority of parents we have dealt with over the years support this move.

12. The appeal system requires a fairer approach as the limited deadline to lodge an appeal is far too short given that the first two weeks after a final hearing parents are usually still in shock. Parents also find the loss of legal aid by right at this stage is grossly unfair and consequently appeals are limited in number. It is apparent elsewhere that a fair appeal system assists in the scrutiny of a system that is open to criticism of abuse of power by local government officials. At the time adoption targets were beginning to cause concern to organisations such as PAIN, the Office of the Deputy Prime Minister released a report [3] which showed that linking cash rewards to targets encouraged abuse in the planning system. The problem only arose when it was noticed that planning appeals had shot up as a result of applications being refused outright rather than meriting careful analysis within the time frame. A fair and inclusive appeals system can therefore be an effective means of scrutiny to ensure that adoptions do not lead to inappropriate placements.

13. As perjury by social workers and other professionals is seldom if ever pursued, scrutiny is essential at every stage. As the current system lacks transparency, a vigorous exploration of the facts and conjectures at the earliest possible opportunity and correct assessment is vital as by the time it gets to the final hearing the errors have been compounded.

ADDRESSING THE IMBALANCES

14. The present system of investigating child abuse is far too adversarial and gives little opportunity for families to work in partnership with the same people who are trying to remove their children. To support families to stay together we suggest that the social work function could be split into family support workers and child protection workers as the social worker's mission to empower the service user is compromised in the role of adversary. It is our opinion that such a functional split could improve the quality of social work, repair the profession's poor standing in the community and allow more specialised training to be implemented where it is needed.

15. Parents and potential kinship carers often complain to us that their parenting is assessed whilst the child is looked after elsewhere and that this assessment takes place in a false environment that is hugely disadvantageous. Often, social workers employed by the local authority carry out assessments again generating accusations of bias yet the use of independent social workers in assessments is becoming increasingly acceptable to parents and carers and should be available as of right.

16. A particular feature of the imbalance within proceedings between parent and local authority is the advantage gained by the latter in failing to release documents. Recurring themes in our cases either involve obstructions to Data Protection Act requests for social services files or local authority reports and other documents not being delivered on time to read.

17. PAIN's caseload historically shows that around 90% of our cases arise because of "perceived" abuse rather than any empirical evidence or a direct allegation from a child. It is this area that reveals the potential for wrong decisions being made and confirms our belief that the system should be far more research led and evidence based. Mental illness in the parent or behavioural disorders in the child, for instance, often appear in our case reports without any firm evidential base.

18. The imbalance in fairness however is most noted in contact arrangements whilst the child is in care. The statutory duty for local authorities to grant "reasonable contact" is heavily influenced by resources and the need to control events as minimum contact can be contributory to winning their case irrespective of the damage it causes to the child in denying contact.

19. Parents and carers, with very few exceptions, tell us that dealing with social services is a nightmare as they make things as difficult as possible. A re-balance is therefore urgently needed.

20. As PAIN deals substantially with parents and carers who have been falsely accused of child abuse, many cases fall into the category of the false positive which is impossible to defend against as it is up to the accused to prove that something did not happen—in effect proving a non-existent event. The checks and balances therefore need to be much more effective to ensure that children are not removed into care unnecessarily.

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Memorandum submitted by the Association of Directors of Children's Service (ADCS)

EXECUTIVE SUMMARY

- *Health of CIC*—We are concerned that there is no reference to promoting health, within the Bill although this was recognised as an issue in the White Paper.
- *Mental Health/Well being*—We support the priority given to health assessments for alcohol and substance misuse, together with teenage pregnancy, but also would like to emphasise the importance of the availability of appropriate mental health and emotional well being assessment and support services for this vulnerable group.
- *Education and Schools*—We think the Government should develop guidance for schools which interprets and drives the application of the new duty of well being that was introduced by the Education and Inspection Act 2006. We believe that subject to the impact of that guidance, government should keep open the option for that duty to become a duty to cooperate that matches other partners under the Children Act 2004 (which is a point that also applies to GP's). And we believe that Ofsted should strengthen the way it inspects schools for the quality of support they provide to children in care.
- *Children and young people in both the looked after and youth justice systems*—We share concerns that the two systems do not work sufficiently well together in an integrated way to improve outcomes, and support further guidance to ensure a better coordinated response is available to these young people including a focus on shared rights and responsibilities.
- *Unaccompanied asylum seeking children*—ADCS seek assurance that all new policies and guidance that cover children in care also apply to those who are looked after with immigration needs.
- *Resources*—We are concerned about the appropriate availability of resources to fully implement the requirements of the Bill.
- *Social Work Practices*—We welcome the opportunities of the pilot arrangements and wish to be involved in the subsequent evaluation.
- *Implementation Plan*—We propose that a “user friendly” summary be published and widely disseminated for staff involved in service delivery, parents, carers and children.
- *Workforce*—We suggest that three groups need to be prioritized: (1) Social workers; (2) Foster Carers; and (3) Residential Care Workers.
- *Missing from the Bill*—We note that a number of ideas that were explored in the original Green Paper have been dropped.

INTRODUCTION

1. The Association of Directors of Children's Services represents leaders of children's services in local authorities and children's trusts. This submission has been prepared on behalf of the Association by Ann Baxter, Corporate Director of Children, Education and Social Care at Stockton-on-Tees, and Chair of the ADCS Health, Care and Additional Needs Policy Committee, and Andrew Christie, Director of Children Services at Hammersmith and Fulham, and Vice Chair of the London Branch of ADCS.

2. The Association would be willing to give oral evidence if asked to do so.

3. The Association welcomes the opportunity to submit written evidence to the Select Committee on provision for children in care (CIC) and wishes to commend the DCSF on its level of commitment to ensuring that children and young people receive the highest quality of care and support and that their

outcomes should continue to improve. We have had a high level of access to the DCFS in their work to address the White Paper, *Care Matters*. We are also aware that the Children and Young People Bill will form only one dimension of the strategy to implement the recommendations of that White Paper. Nevertheless it is a critical dimension and we generally support the content of the Bill.

4. The Select Committee should note that ADCS alongside LGA and other members of the Children's Inter Agency Group (CIAG, which is chaired by ADCS, are collaborating with DCFS in the development and launch of the Care Matters implementation programme). We welcome this as a model for joint working between central and local government.

CHILDREN AND YOUNG PEOPLE'S BILL

5. *Health of CIC*—We are concerned that there is no reference to promoting health, within the Bill although this was recognised as an issue in the White Paper. We feel that this is an opportunity to ensure a statutory status for the guidance “Promoting the Health of Looked After Children”, together with a timetable for implementation. It is also an opportunity to ensure this is a requirement for healthcare bodies as well as local authorities and to ensure co-ordination with DH developments and the Operating Framework for the NHS. Thought should also be given to the respective responsibilities of the originating and host health authorities in the case of children placed across health boundaries. Although *Care Matters* properly assumes that children should be placed within their authority of origin where possible, and where it is in their best interest; this is not a principle that can properly be applied without exception. It remains the case that children placed out of area may experience additional difficulties in accessing health care, particularly from specialist services such as CAMHS.

6. *Mental Health/Well being*—We support the priority given to health assessments for alcohol and substance misuse, together with teenage pregnancy, but also would like to emphasise the importance of the availability of appropriate mental health and emotional well being assessment and support services for this vulnerable group.

7. *Education and Schools*—We commend all of the initiatives outlined within the Bill and the White Paper to strengthen educational outcomes for children in care and especially those which strengthen the roles and accountabilities of schools. We see much good practice, but also variable practice. We urge caution in the way in which children in care can be crudely compared with other groups in a way which does not reflect the exceptional problems that children in care and their carers have to overcome. But this does not mean that we must not be ambitious for these children. In particular, we are convinced that three steps need to be taken in this regard (alongside the positive proposals within the White Paper). We think the Government should develop guidance for schools which interprets and drives the application of the new duty of well being that was introduced by the Education and Inspection Act 2006. We believe that subject to the impact of that guidance, government should keep open the option for that duty to become a duty to cooperate that matches other partners under the Children Act 2004 (which is a point that also applies to GP's). These are general duties but would impact especially on groups such as children in care. And we believe that Ofsted should strengthen the way it inspects schools for the quality of support they provide to children in care. We welcome the proposal that more emphasis be placed on value added data in measuring achievement, as opposed to simply relying upon raw attainment scores.

8. *Children and young people in both the looked after and youth justice systems*—We share concerns that the two systems do not work sufficiently well together in an integrated way to improve outcomes, and support further guidance to ensure a better coordinated response is available to these young people including a focus on shared rights and responsibilities.

9. *Unaccompanied asylum seeking children*—ADCS seek assurance that all new policies and guidance that cover children in care also apply to those who are looked after with immigration needs.

10. *Resources*—We are concerned about the appropriate availability of resources to fully implement the requirements of the Bill. This particularly applies where additional funding comes in the form of provision in the RSG settlement for authorities which are below “the floor”. It is suggested that additional funding that is made available for educational purposes be delivered through the Standards Funding within the Dedicated Schools Grant. This means that the money can (a) be ring-fenced, and (b) encourages the concept that the needs of looked after children be treated in the same way as other vulnerable groups within the education system.

11. *Private fostering*—We welcome the postponement of the decision whether to use the Children Act 2004 power to establish a registration scheme, and look forward to the outcome of the current Ofsted inspection programme to inform further developments.

12. *Social Work Practices*—We welcome the opportunities of the pilot arrangements and wish to be involved in the subsequent evaluation. We have no difficulties with the development of further mixed economies of care and believe the record of local government children's social care services is evidence of our completely open approach. We have expressed reservations about how these practices may function while not compromising the crucial aspects of the parental and financial accountabilities which must rest with the local authority and the DCS as corporate parent. We also wish to ensure that any financial support

that is offered to the pilots should not distort the results of the pilots and that those results are given careful consideration before any next steps. We have actively used our networks to encourage authorities to consider applying for pilot status.

13. *Pilots*—A number of the new ideas put forward as part of the Care Matters programme are to be piloted. We welcome this approach and urge that the pilots will be properly evaluated over a sufficient period of time; with proper attention being paid to dissemination and review of the findings before proceeding to any general roll out.

14. *Implementation Plan*—We welcome the proposal that an Implementation Plan be published. It is likely that this will be primarily aimed at senior managers and policy makers. We recommend that a “user friendly” summary be published and widely disseminated for staff involved in service delivery, parents, carers and children. This should be modeled on the publications used for Every Child Matters which had a great impact.

15. *Workforce*—Having a well trained, competent and stable work force is crucial to the success of the Care Matters programme. We would suggest that three groups need to be prioritised. (1) Social workers—it remains the case that there is not a reliable supply of social workers who are properly trained for the task. We welcome that attention that is being paid to this issue by the DCSF and the Children’s Workforce Development Council. Local authorities continue to invest a great deal in this area. However, it is our view that the degree courses do not adequately prepare social workers for the social work role in Children’s Services. More specialist training is required, above and beyond for an increase in supply. (2) Foster Carers—we welcome the development of more specific standards, and the attention being paid to the right kind of training and support for foster carers. (3) Residential Care Workers—probably the staff group where there are the most serious concerns about skills and competence. Some of the least trained staff provide the majority of care for some of the most needy children and young people. We commend the proposals to explore the application of pedagogy, as in place in many other European States, and urge that this remains a priority within the programme.

16. *Missing from the Bill*—We note that a number of ideas that were explored in the original Green Paper have been dropped, in particular, the proposal not to extend care for children in stable placements from 18 to 21. Whilst we understand the reasons for that, we suggest that thought needs to be given as to what is stated publicly in respect of these developments. We believe that many may have had expectations raised and will seek some form of explanation as to why some proposals have been prioritised over others.

February 2008

Memorandum submitted by The General Social Care Council (GSCC)

EXECUTIVE SUMMARY

1. In this memorandum we offer evidence and advice about ways in which the contribution of registered social workers and social care workers to services for looked after children can be enhanced. We cover:

- (a) how to improve the supply of qualified staff;
- (b) how to ensure that new workers are well supported;
- (c) how to ensure that all workers get the training required;
- (d) how to equip social workers with the skills they need;
- (e) how to improve workforce planning; and
- (f) how to boost the skills of care workers.

ABOUT THE GSCC

2. The General Social Care Council (GSCC) is the workforce regulator for social care in England. We were set up under the provisions of the Care Standards Act 2000 to promote high standards of conduct and practice among social care workers and to promote high standards in their training. We began by publishing two codes of practice, one for social care workers and one for their employers. We then opened a register for social care workers beginning with social workers and social work students. So far (to 30 May 2008) we have registered 97,000 people—82,000 social workers and 15,000 social work students. The Government’s intention is to register the whole social care workforce over time and it has announced that it will ask us to open another part of the register for domiciliary care workers shortly. We expect then to move on to those working in residential social care settings and to other groups.

3. We also hold to account registrants who are judged to have failed to live up to the requirements of the code of practice and so far have held 38 hearings and removed 17 people from the register. We also ensure that the Higher Education Institutions which offer courses which lead to the social work qualification degrees meet the requirements laid down by government.

4. We do not wish to submit evidence about every matter that is listed in the Committee's terms of reference for the inquiry. This note of evidence will be restricted to those matters where the involvement of GSCC with the workforce which provides services for looked after children, helps to develop an informed view.

CARE MATTERS: TIME FOR CHANGE

5. The GSCC considers itself to be a key partner in implementing the vision for children's services set out in *Every Child Matters*, in *Care Matters*, The Children's Plan and now in *Building Brighter Futures*. We believe that those who work in social care—particularly social workers who work with children, young people and their families—have a crucially important role to play in ensuring that all our children thrive and that looked after children get the help and support they need. We share the aspirations of ministers at the Department for Children, Schools and Families (DCSF)—and indeed of the workforce itself—to ensure the skills and knowledge of children's workers are significantly improved and that their practice and their conduct are of the highest. We believe that the spread of registration, the enforcement of the codes and the development of better training opportunities are a key part of the improvement programme that is needed.

6. Set out below is a series of comments on key issues that we think are relevant to the task of improving services for looked after children.

Ensuring that there is an adequate supply of appropriately trained workers

7. There is a continuing shortage of qualified social workers to undertake jobs in children's services departments. The proportion of vacancies has remained around 9–11%² for some years, much higher than for example the rate of teacher vacancies which is typically under 1%. It is slightly higher for children's social workers than for social workers in general. Average vacancy rates vary between areas, and are particularly high in London (15%).

8. Some Local Authorities have been forced to make high use of agency staffing. This can reduce continuity of contact with social workers for children and families, which is something they often state as a concern. Indeed, for looked after children, the value of a social worker acting as the long term point of contact and continuity can hardly be over-stated.

9. There is increased take up for the new social work degree compared to the two year diploma course it replaced, of around 22%. There are about 5,000 students in the university intake of September 2007 and that for the more popular courses there were about five applicants for every place. However, more investment in university places will be needed to increase the output of trained social workers from these courses to a level which could begin to make a significant dent in the current vacancy rate, especially since turnover remains high (typically 12%).

Ensuring that new social workers get extra support

10. It is accepted as good practice for employers to give extra support to newly qualified social workers. It is generally understood that a social worker who has just graduated is not the "finished product". The original design for the degree assumed three years academic study followed by one year of consolidation activity in the workplace, supported by post-qualifying training and learning.

11. Employers vary in the way in which they support new social workers. Not every new social worker gets all the support they need and some report that the case loads they are allocated are too large or too complex and that the supervision they get is too little or not well managed. Some newly qualified social workers in children's services say that they can get allocated difficult protection cases very early in their career. This concern underlays the proposal in the Options for Excellence review to develop a Newly Qualified Social Worker (NQSW) status and we are currently supporting the Children's Workforce Development Council (CWDC) in their work on behalf of DCSF in developing a pilot NQSW scheme for social workers in children's services. (Skills for Care [SfC] are developing a similar scheme for the Department of Health [DH]). We believe that social workers working with children need the skills and knowledge to work effectively with adults, and that social workers working with adults need the skills and knowledge to work with children and families, so the generic degree—followed by opportunities for specialisation later—provides the right balance.

12. The GSCC recognised that there was a risk that employers might not be willing to take on their full responsibilities to new workers in an effective way and so we included words intended to cover the issue in the codes of practice for social care employers and for employees. The code for employers specifies that they "Must provide training and development opportunities to enable social care workers to strengthen and develop their skills and knowledge".

² Skills for Care Annual Workforce Report 2008. Percentages based on vacancy rates for "field social workers", 2001–06.

This includes:

“3.1 Providing induction, training and development opportunities to help social care workers do their jobs effectively and prepare for new and changing roles and responsibilities;

3.2 Contributing to the provision of social care and social work education and training, including effective workplace assessment and practice learning;”

13. The code for workers includes a provision stating that they must “be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills”. (section 6)

Ensuring that employers foster a culture in which there are continuing professional development opportunities for all social care workers

14. The GSCC has recommended that the new Care Quality Commission (CQC), the new service inspection body whose role is being defined in the Health and Social Care Bill currently before parliament, should be obliged to make an employer’s compliance with the code of practice a requirement when they inspect services. We are disappointed that the Government has not taken this opportunity. Similarly we recommend this is done by Ofsted in inspections of children’s social care provision for which it is responsible.

15. The GSCC also sets out a requirement that all social workers, as a condition of their three yearly renewal of registration, should engage in development activity to meet a “post registration teaching and learning” (PRTL) requirement of 15 days or 90 hours. A recent survey of social workers seeking renewal found that they had undertaken an average of 280 hours so we are confident that workers are “thirsty” for learning and development opportunities. We are currently considering how to revise and update the policy and we are looking at proposals to make certain subjects compulsory in the PRTL activity and at other ideas which will help to strengthen PRTL so that it can be a lever for ensuring that social workers are guided towards improving their skills in particular areas which are key to the “Every Child Matters” vision.

Ensuring that social workers are well prepared for their work with looked after children

16. The new three year degree in social work was introduced in 2003 in England, replacing the two year Diploma in Social Work. Whilst it is much too early to make a full judgement about the new degree, the early indication from the Government’s evaluation of the degree³ is that it is delivering the objectives set. The GSCC believes that the degree provides the initial preparation for social workers, with the expectation that they undertake further training, as happens in most professions. We are working closely with DH and DCSF on strengthening the qualifying and post-qualifying curriculum to make sure that they continue to meet the needs of working with children.

17. Practice learning placements are a compulsory part of the social work degree and are hugely important in developing the skills of student social workers. The minimum requirement is 200 days total over the course of the degree (not all in the final placement). Placements have to provide the opportunity to undertake statutory tasks and provide two separate client group settings. It puts a demand on employers for good quality placements which is greater than ever before. The practice placement system is a continuing challenge—as it was under the old diploma system—but CWDC and SfC are working to develop improvements.

18. The GSCC has developed a framework of qualifications for social workers to extend and develop their skills and understanding after their initial qualification. This post-qualifying (PQ) framework has qualifications at three levels—specialist, higher specialist and advanced—in different specialities including one for work with children and young people. It is too early to assess the level of take-up of PQ qualifications, but there are more PQ courses in Children and Families Social Work than any other area under the new framework which was introduced in 1997. There is some funding to support social workers to do the qualifications but it is limited. Arguably, the current pay and career framework does not provide a large incentive to social workers to take further qualifications but there is evidence that there is a real demand for good training opportunities.

Improving workforce planning

19. There is no single main employer for social workers although most new social workers go into local government employment. At UK level the sector skills body Skills for Care and Development (SfCD) takes the lead, whilst, in England, two bodies share the responsibility. They are the Children’s Workforce Development Council—for social workers working with children and young people—and Skills for Care—in respect of social workers working with adults. There was a unified sector skills strategy drawn up in 2001 by the predecessor sector skills body, TOPSS, but the two new bodies are now working on separate workforce development plans. The support of the relevant government departments for CWDC and SfC will be crucial in bringing together the various and varied employer interests so that workforce planning can be better managed.

³ Based on the draft of the *Evaluation of the New Social Work Degree Qualification in England*, commissioned by the Department of Health, 2004–07. The full report is yet to be published.

Better qualifications for care workers, particularly workers in children's residential care

20. GSCC has recommended to Government that, when the social care register is opened to the wider social care workforce—and particularly to those working in children's residential care—a requirement is made that these workers are trained to NVQ Level 3. Existing National Minimum Standards have included qualifications requirements for staff in relevant settings but these have not been widely met. Many employees continue to have qualifications at a level which does not guarantee that children in residential care are receiving the skilled support they need.

21. GSCC recommends that the best way to enforce this level of qualification would be through registration. This could put a requirement on individuals seeking registration to have, or to be working towards, a particular level of qualification and on employers to ensure that they employ, for particular activities, staff who are qualified and registered.

The contribution that social work practices may make

22. GSCC welcomes the provision for pilots of social work practices in the Children and Young Persons' Bill so that the benefits to children and young people can be evaluated prior to wider roll out. The GSCC has an interest in how the roles and tasks of social workers in care planning and in the delivery and implementation of care plans will be exercised in the context of social work practices. We are also interested in any new opportunities this brings to allow social workers and others to undertake more direct work with children and young people. We understand that, in practices, registered social workers are likely to engage both in direct delivery of services and also in supervising arrangements for delivery. We welcome the emphasis on registration and we agree that social workers must continue to play a vital role in ensuring that the statutory duties for children and young people are carried out in full and to the highest standard.

A ROLE FOR SOCIAL PEDAGOGY

23. Many aspects of the social pedagogue approach are already reflected in social work degree courses. There are social workers in England already using the skills and methods associated with the social pedagogy approach as practiced in some other European countries. The issue is more around the design of service delivery in children's residential care and the level of funding required. However, we are very keen to support the planned pilots in children's residential care and to learn from them.

June 2008

Witnesses: **Kim Bromley-Derry**, Vice President, Association of Directors of Children's Services (ADCS), **David Holmes**, Chief Executive, British Association for Adoption and Fostering (BAAF), **Caroline Little**, Co-Chair, Association of Lawyers for Children, and **Mick Lowe**, Director of Strategy, General Social Care Council (GSCC), gave evidence.

Chairman: Will the next group of witnesses join us, please? We have four witnesses in the second group—Kim Bromley-Derry, David Holmes, Caroline Little and Mick Lowe. Welcome and thank you for your time. As you know, we are trying to find out some facts before we write a report on this important subject. I shall hand over to Paul to open up the questioning.

Q398 Paul Holmes: As was mentioned in the previous session, we have just spent two days in Copenhagen, looking at the Danish system, and we were struck by a lot of things there. They have spent more on child care, supporting parents and better training for the social workers, yet they take twice as many children into care as we do, which is interesting. I want to ask particularly about the quantity of children in the Danish system who were put into care voluntarily by the family—up to 80% or more are in care voluntarily, whereas here it is about a third—and the lengths that the system goes to to keep the families involved, even when children are in care in the long term or have been adopted, although not many are adopted in the Danish

system. Is there more that we can do to have a less adversarial system and get parents involved more in placing their children voluntarily into care?

Chairman: Who wants to open up on that? Perhaps the question could be considered a little more broadly, with introductory remarks cut out, because we are running a little late, as you might have noticed.

David Holmes: I am happy to talk a little bit about Denmark, because I have some knowledge of the system. It is important to recognise that we need to compare like with like, wherever we can. Yes, Denmark has more children in care per 10,000 of population, but it is a much smaller country than England—there are 11 million children in England and about 1.2 million children in Denmark—and, yes, more children come into care in Denmark through voluntary arrangements, but about two thirds of the children who first come into care in England do so in a voluntary arrangement. When those children have been in care for some time, the local authority moves to take a care order. The other significant difference between the care populations in Denmark and England is that in Denmark it is generally much older than in England. You can go into care in Denmark until about 21 or 22 and the

30 June 2008 Kim Bromley-Derry, David Holmes, Caroline Little and Mick Lowe

majority of young people or children in care are 10 and over. A big difference is that we have many more younger children in our care system. The final difference is that Denmark uses group care—residential care—much more than we do, with about half of children in group care. I argue strongly that younger children in particular are much better off in families.

Mick Lowe: Actually, it is not something that is within the jurisdiction of the General Social Care Council. Our concerns are mainly to do with the training and development of social workers. I do not want to make statements outside that general area.

Q399 Paul Holmes: But from the point of view of training, for example, are social workers encouraged to work with families to look to voluntary arrangements and to use more section 20 voluntary agreements, as opposed to compulsory agreements?

Mick Lowe: Certainly. The last thing that any social worker wants to do is take a child into care, particularly if it were not done on a voluntary basis. The training for social workers is now degree training, and we are now on the third cohort of social workers coming through a three-year degree. That training focuses on all means to support children other than taking them into care. As I have said, that is a feature of those degree courses in all the higher education institutes that provide degree training.

Chairman: Mick Lowe, I called you because I thought that you wanted to come in—you were holding up your pen, which I thought was a cue. In the future, perhaps you could catch my eye in another way. Do you want to come in on that, Caroline?

Caroline Little: Yes. I am a child care practitioner representing children and parents in care proceedings, and I have done so for many years. I baulked at some of the previous comments about the care process, because, although there are problems in individual cases, care proceedings work well as a system of justice. The Children Act 1989 is a well thought out and researched piece of legislation, which, on the whole, has served the needs of children. The quality of representation for children, which is measured by the Law Society children panel, is good on the whole. There are risks, which have been alluded to, funding issues and problems with legal aid. We are a dwindling and ageing population, so there are risks. One of the things that concerns me is the emphasis on voluntary placement outside the family. You have heard from previous witnesses about the injustices in our system, and in my experience care proceedings provide protection against inaccurate allegations against parents. Such proceedings allow parents to be represented in a way in which they are not outside care proceedings, which means that they can challenge allegations and have free legal representation without means-testing. They can challenge social workers' allegations in a court of law and in front of an independent arbiter, and the child has separate representation through guardian and solicitor. If local authorities make inaccurate assumptions or

say that a child has been injured, care proceedings on all the matters being considered by this Committee can provide justice for the parents and child.

Kim Bromley-Derry: I work for an organisation that represents all the directors of children's services across the country. We are seeing an increasingly high level of voluntary agreements and arrangements for older young people. Interestingly, the major investment in family support has been for younger children. One of the issues that that raises concerns the level of identification surrounding a family, which we might not have noticed or which might have been hard to reach previously. We are also seeing an increase in the number of children on the child protection register. An interesting debate is going on about whether you are sufficiently protected by being on the child protection register as opposed to brokering a package of family support or entering a voluntary arrangement. It is still early days in deciding on that balance of risk. The legal profession has criticised local authorities for being insufficiently cautious in managing that risk and has suggested that the balance might move in the other direction. Certainly, the number of children on care orders is reducing every year, as is the number of looked-after children as a result of that different level of intervention. We are also increasingly seeing the use of family group conferencing with families with complex needs and arrangements. Social workers rarely act independently, but usually act with a team of colleagues from other professions. One of the checks and balances in the system is that decisions are rarely made independently of other professionals involved with the family. Certainly, the threshold for either care proceedings or voluntary arrangements is discussed in those arrangements around questions such as whether it is possible to put together a package that supports the family. Most social workers of whom I am aware always see putting a package together within the family as their first priority. However, we are in a transitional phase. SureStart is still in its early days, and the evidence on the positive impact of that additional level of family support is not as strong as we would like it to be at this point, although families feel good about it.

Q400 Paul Holmes: Mick has said that social workers are trained to regard taking children into care as a last resort; Caroline and Kim have both said that it is a last resort, but that the numbers are decreasing. However, we have pointed out that fewer children are taken into care than in just about any other western European country. How do we square that with the evidence from the first panel and what we read in the newspapers, which imply a quite different situation?

Kim Bromley-Derry: My personal view is that there are number of cases in which judgments can be called into question, but I am talking about only a small number of cases. It would be wrong to build a system based on a relatively small number of cases. Certainly, there is a problem with training for social workers. A lot of the initiatives that are being implemented through Government policy or that

use current resources are not part of social work training simply because they change every year, and some colleagues are being trained as we speak. That is a problem. Also, the number of families with whom local authorities work is increasing, even though numbers in the looked-after children system are decreasing. There is a lot of evidence that we are working in a more integrated and coherent way with families. From my own recent experience, the number of families with whom we use family support packages has increased by about 40% in the past two years. Sometimes, those family support packages cost more than looking after a child, because they are integrated and multi-disciplinary. There is some evidence that trends are changing and social workers and their colleagues are changing the way they practise as a result.

Caroline Little: The threshold for intervention by the state in families is pretty high. Evidence from research carried out by Dr Brophy and recently by Dr Judith Masson on behalf of the Ministry of Justice and the former Department for Constitutional Affairs in 2005–06 shows that care proceedings are brought only when things are very serious, so the threshold is very high. From a child protection point of view, and as regards ensuring that children are safe, you would not want that threshold to be any higher. There is historical evidence from the Children Act 1989 that expert assessments of family members are not often carried out before care proceedings are taken. That provides parents with the facility, on behalf of the child, to challenge evidence, to commission an expert or to put forward alternative plans. If mechanisms for getting alternative family members involved—it is part of a child’s guardian’s role in such an event to consider alternative family members—do not operate prior to care proceedings being issued, that would not be ignored when care proceedings are taken.

Mick Lowe: I have two points to make on that. First, to put it in perspective, in the past few years there have been about 550,000 referrals to social services involving children across the UK,⁴ and approximately 5,000 cases go through the legal system, which means that fewer than 1% of referrals go as far as care proceedings. From the regulatory perspective, it is important that social workers go through general training or a degree. We fix a minimum number of hours for post-registration training and learning, and there are a number of post-qualification specialist courses for social workers. It is important that we invest in those, which we naturally do, to ensure that people are kept up to date, certainly given the changes to which Kim has referred. The post-degree training is about maintaining quality within social work.

David Holmes: I just want to make a point about numbers of children in care. It is true, if you look at the statistics, that over the past 10 years there has been a gradual increase in the number of children in care, but there has been levelling off in the past few years. What is interesting, if you look at the

variations between different local authorities and the number of children coming into care within those local authorities, is that that may be explained by the recent history of those local authorities’ policies and procedures and by the services that they have in place. Some local authorities that have very highly developed support services may be able to use care less, but in those circumstances they are still managing a considerable amount of risk to children within the community, and we should not delude ourselves about that. The needs of children in different parts of the country are not different; it is just, maybe, about how they are met.

Q401 Chairman: Come on, David; we went to Merton, which is quite a challenging borough in London, where we saw low levels of children in care and the very good work of the NCH (National Children’s Homes) Phoenix Family Project, “Supporting Families”. We were shown a graph that put the City of London at the top. The graph also showed Manchester, which is comparable, where there is a much higher level of children in care. Surely, children in pretty average urban environments are not that different.

David Holmes: No, but some children will be in care for 18 years, so if you are looking at differential rates of children in care, you need to look at what has been happening in those areas in the past 18 years and what have been the policies historically. Has there been a long-term push to develop family support services over 10 years, for example, that has reduced the looked-after population over time? Or is there a new initiative, so you find that you already have a very high children-in-care population? Some of those children will be in care until they are 18, which is why you should look at the recent history. Past policies, procedures and decisions are relevant to understanding how the local care system works and why it might look very different from the care system next door.

Q402 Paul Holmes: The major change that was referred to a while ago—the public law outline—was introduced in the past couple of months. Initially, much concern was expressed because the local authority has to do all its preparatory work before it goes to proceedings, rather than starting proceedings and then doing the preparation. The concern was that that might lead to more children being left in a dangerous position. Is that concern valid?

Caroline Little: Yes, it is a valid concern. The public law outline should not prevent local authorities from taking emergency action to protect children when required. That has been made very clear within the guidelines. With any new procedure, there is a bedding-in process and a learning process, and it is very early days for the public law outline. The Association of Lawyers for Children, of which I am co-chair, has been fairly involved in implementing the public law outline, and we see it as a very good system to focus social work and local authority practice. The idea is that when local authorities get to court, they will have a plan and will know where

⁴ See Ev 230

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they are. They will have been through certain procedures; they will have looked at family members and alternative support mechanisms; and court will be a last resort. There should not be any reason why protective measures are not taken, if required.

Kim Bromley-Derry: Can I add to that? My particular authority also piloted some work around the public law outline, and I agree with Caroline that there is a risk. There is an inherent risk in changing from one system to another, but we have no evidence on any decisions that would have been made in emergencies but were not, which is encouraging. The feedback from social workers and social work managers is that they are finding it useful to look at the rounded picture within a case before they enter the court system. They see it as an opportunity to focus their energies on the work that needs to be done before they enter court, so it is generally well regarded and seen as a positive step in the right direction. Obviously, we still look at casework decisions in emergencies to ensure that we are not leaving children at risk. We do a case audit fairly regularly, and my local authority would be no different from any other. Case audits would still take place in cases where there was an element of doubt about risk factors to ensure that children are not left at risk.

Q403 Paul Holmes: Another fear—again, you will say that it is far too early to tell after two months—is that the local authority has to pick up the full £5,000 cost, rather than the nominal £150 that it used to pay, so cost could come in as a factor. The Government will say, “We’ve given the local authority all the money,” but as we all know, local authorities have lots of other things to spend their money on, and they do not always agree that the Government have given them everything they say they have. Will cost be an issue?

Kim Bromley-Derry: Cost is always an issue, but I have not seen any evidence that it is changing the decision-making framework. Local authorities were aware that that was going to happen, and most of them have built it into their financial planning. Obviously, cost is one issue, but the issue for us is whether it reflects on decision making in cases, and there is no evidence that it has. Certainly, when we talk to social workers and social work managers, that is not something that they take into account when making their decisions. It might be something that I take into account as a director, but it is certainly not something that they take into account.

Caroline Little: We share some of those concerns. There has been a significant reduction in the issue of care proceedings, with a 40% reduction in London. There is evidence that children are being accommodated in very serious cases. Good quality child care practitioners are challenging local authorities to issue proceedings, instead of leaving children accommodated when they should not be—when they have broken bones, when there are unfounded allegations and that sort of thing. However, the reduction in the issue of care

proceedings, if ongoing, will lead to fears that children are remaining unprotected, which is a worry.

Kim Bromley-Derry: If I can speak for my authority of Newham, Newham’s perspective is that the amount of work that we now have to do has led to a backlog in cases entering the court system. We therefore do a case review in case we need to intervene in emergency circumstances, so that a child does not stay at risk. It is still early days, and we are only two months in, but there is certainly an issue, which has led to a significant amount of work on a number of cases. From talking to other directors across London, which is your particular concern, I think we are likely to see a significant increase in the amount of activity over the next few months as that work is completed.

Q404 Paul Holmes: Caroline cited the case of a child with broken bones. Would that not be a case more for the emergency assessment that Kim has discussed?

Kim Bromley-Derry: It may be. It depends on the age and the circumstances; it is difficult to say. The issue for us is whether the child has been left at risk and whether we should have intervened in an emergency or taken care proceedings.

Caroline Little: From our point of view, we are finding evidence of children being accommodated instead of proceedings being issued. It is early days, but the public law outline pilot has been in operation since September, so it has been running for several months, and there is still a significant shortfall in the issue of proceedings.

Q405 Chairman: We want to move on. It is interesting, because I have never seen two panels of witnesses who seem to differ so distinctly in their views on one topic. Caroline, I think that you demurred only once. Did you not say that the experts in this branch of law are a diminishing band and are increasing in age?

Caroline Little: Yes.

Q406 Chairman: Why is that?

Caroline Little: Legal aid has been under severe stress for a number of years. The payment to child care practitioners has not increased for years, and it has recently been cut significantly under legal aid reforms. As a result, the number of young people coming into this area of law is diminishing, despite our efforts to try and encourage them—because it is a very rewarding area of law—and we are an ageing population. There are very few child care solicitors under the age of 35, and most are in their 40s and 50s.

Q407 Paul Holmes: Does that then back up something that we heard from the first panel—that the solicitors involved are not doing their job properly, because the job is not well enough remunerated to attract good enough people?

Caroline Little: I had no difficulty with much of what was said in the written submission by Parents Against Injustice. Indeed I acted for it—for

parents—some time ago. I am aware that parents and relatives—this is the particular point in the written submission—have great difficulty getting representation. On the threshold, parents and children get representation free at source. They do not have to fill in means tests, but if you are a grandmother, an aunt or an uncle and you have a disability allowance or anything like that, it is very unlikely that you will be represented. The courts are seeing more and more unrepresented parties.

Q408 Chairman: But the general tone of the first bank of evidence was that all the professions, social workers, health visitors and lawyers, are lacking—no one seemed to escape. Is it true that across the piece the system is totally flawed?

Caroline Little: On the legal process, we have committed children's solicitors. The people who have stayed through thick and thin tend to be very experienced, well educated, very interested in the area of law and very keen to do a very good job for their clients. On guardians, I do not know how much this Committee knows about the Children and Family Court Advisory and Support Service, but it has been through significant changes, and the children's guardian system has also been through changes. I would not say that all Cafcass representatives do not represent children's voices. I work with them day in, day out, and there are excellent children's guardians reflecting the voices of children and challenging local authorities on a daily basis. I am sure my colleagues in local authorities agree with that.

Q409 Chairman: But Mick, are poorly trained social workers terrified and therefore bunging children into care?

Mick Lowe: I do not think that there is any empirical evidence to support that point on a bigger scale. I think, as Kim has said, that there may well be exceptions, and we see those exceptions. There is a three-year degree course for social workers, which is new, and the third set of graduates is coming through this year. Interestingly enough, the degree course has now increased the number of people coming to train in social work by 22%, which will be a positive thing as it plays out in the years to come. Hopefully it will also address some of the shortfalls that local authorities have in recruiting social workers. It is interesting also that the most popular area of social work activity, still, for those people coming through training, is children's services; so there are some positive aspects. Obviously the work that is currently going on with the Department for Children, Schools and Families around newly qualified social workers—and also involving the Department of Health—will hopefully improve that quality in the years to come. So no, I do not think there is empirical evidence to support that statement.

Kim Bromley-Derry: From the perspective of the Association of Directors of Children's Services, we feel that the current training should be more focused for social workers who are working with children, and we have made submissions to that effect. We feel

that there are some generic issues—values and training issues—that need to be picked up in a generic qualification, but we feel increasingly that children's services is becoming a far more specialised area of work and that there should be more focused training in relation to that. I guess the area for debate is whether that should be part of a degree course or part of something that is post-qualification training. I think that we would argue it ought to be both. I also think that the nature of policy and practice is changing in children's services significantly and the training needs to reflect that. So I think that there is room for development in social work training for children and young people. Whether it should be a separate degree is a matter of judgment. Our view is that it probably ought to be specifically targeted. The other thing I would say about social workers is that I very rarely come across social workers who do anything other than put a child's paramount welfare at the forefront of their thinking. Now, whether through the checks and balances that is influenced the better, I do not know; I think that it probably is. However, I do not think that any social worker comes into the profession without wanting to do the best that they can; they come in to protect children from risk and to develop services. I would also say, regarding increases in adoption, that we do not adopt any more children now than we did in 2003, nationally. There was an increase over the last three or four years, but those targets and that finance from the Waterhouse report were aimed at young people of an older age who are in residential care because they were languishing in residential establishments. The general view was that family-based care was better for those children who were in long-term care. So, most of the public service agreement and targeting was based on those children in long-term care who were in residential care, not children who are entering the care system at an early age. So the growth in adoption and the targeting of our work has generally been at children between the ages of four and 10.

David Holmes: I am sure that we will talk about adoption later. My point was more to challenge any suggestion that social workers are a maverick group who make entirely unevidenced decisions about children. Social workers work within a framework where they have to evidence the assessments that they make. If they find themselves in the middle of a contested application for a court order, they will find themselves in court before a judge, justifying the assessments that they have made and the judgments that they have come to. This is not a system without checks and balances, and I think that we do social workers a disservice if we forget that.

Chairman: We are going to move on, to the issue of family support.

Q410 Mr Chaytor: May I clarify something that Caroline mentioned earlier? Caroline, you said that there had been a 40% drop in the number of cases taken through the courts. Since when?

Caroline Little: Since September; since the public law outline initiative started in London.

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Q411 Mr Chaytor: Presumably, a key factor in that significant reduction has been the greater involvement of parents and the family in the process at an earlier stage.

Caroline Little: There is no evidence for that; we do not know what the causes are. The statistics about the issue of care proceedings throughout the country and in the initiative area since September are very mixed, and they have also been potentially influenced by the increase in fees in May.

David Holmes: To support that, if I may, certainly the British Association for Adoption and Fostering's legal members have expressed concerns about the number of child care proceedings that have been commenced. They have also expressed concerns pretty consistently about the increased court fees. The reality is that we do not know yet. I agree with Caroline's assessment about not knowing the reasons for the reduction. That is why it is so important to make sure that numbers of proceedings are scrutinised really carefully, so that we are able to say very clearly what is going on, but it is very early days.

Q412 Mr Chaytor: Is there any evidence since last September of any increase in risk to the children whose cases have not been taken through to the courts? There are no major issues that have arisen in that regard, or no major public incidents, are there?

Kim Bromley-Derry: Not yet, I would suggest. Obviously, what we encourage colleagues to do is to ensure that they audit cases on a fairly regular basis, and that would be good practice anyway. I think that it is too early to say exactly what the dynamic is. It may be around delay and lag in the system, which is certainly true of some places. It could be the additional cost. At the moment, I do not think that there is any evidence to say either way.

Q413 Mr Chaytor: Earlier, Kim, you said that one of the consequences of the change to the procedures since September is the increasing use of family group conferences. Why was that not done routinely prior to last September? To the outsider—

Kim Bromley-Derry: I was not creating a causal relationship between the two. I was saying that there has been an increase.

Q414 Mr Chaytor: No, but this is one of the requirements of the public law outline reform, is it not?

Kim Bromley-Derry: Increasingly, local authorities have been using family group conferences, and very few have not started to develop that practice before September. What the outline does is to create a focus for that work, but I agree, and would argue that it would have been good practice, and authorities should have been developing their approaches to family group conferencing before the outline came in.

Q415 Mr Chaytor: To come back to Caroline, what is your objection to that? Is it not obvious good practice to involve the family at an earlier stage to keep the case out of court?

Caroline Little: I do not object to that. Indeed, in my experience, family group conferencing has gone on at different stages—prior to or during care proceedings, or even after care proceedings—to try to find carers as alternatives to adoption for many years. Something that the Committee needs to know is that the parents and families who come within the care system are in the lowest socio-economic range in the country. Many of them have significant problems and many are very isolated. One feature—I am speaking anecdotally and not from research—is that there is significant research about the problems that many parents have and I have already mentioned that, but I would say anecdotally that many families that come within care proceedings do not have the support of family members, and that is why they end up in the care process.

Q416 Mr Chaytor: Coming back to the 40% drop in cases, we have seen figures showing the huge variation between local authorities in the proportion of children in care, so presumably there has always been a parallel variation between local authorities in the proportion of cases taken through the courts, but has there been any significant change in that since September? Are the new arrangements impacting differently on different local authorities, and what does the evidence suggest?

Caroline Little: I am afraid that in my Association of Lawyers for Children capacity, I have been trying to find out about that, but the statistics in various parts of the country have been difficult to come by.

Q417 Mr Chaytor: Is there a formal process whereby those statistics will be published?

Caroline Little: Yes, there is. I sit on the ministerial group for reform of care proceedings, which sits quarterly. Over the past few months we have been asking for those figures. They should be produced in due course, but they are not available yet.

Q418 Mr Chaytor: May I ask about the contact arrangements after care proceedings have taken place? What is the general view about the adequacy of contact arrangements and the extent to which the parents are properly involved in agreeing that? During the previous session, Jean was hugely critical of every aspect of the system, and I am interested in whether her criticism about parents' lack of involvement in the decision-making process applies equally to the decisions on contact arrangements.

Caroline Little: If a care order is made and children are removed from their family, their parents retain parental responsibility. They should be called to reviews and there should be ongoing consultation. I do not think it is within my remit to indicate whether that always happens. I am sure that there are problems from time to time. Within the court process, when moving towards the final hearing, it is part of the remit of the parents' and the child's solicitor and the local authority's solicitors to look at contact arrangements if a care order is made. It is always a question of balancing the risk of disruption to a long-term alternative placement and whether the parent is able to support that alternative care.

Some contact arrangements are quite regular, and it happens when parents do not necessarily have drink, drug or mental health difficulties that could cause them to disrupt the long-term alternative arrangements. That is debated very fully within the care proceedings process.

Q419 Mr Chaytor: I have one final question relating to kinship care. In earlier evidence sessions, we discussed the exact approach taken to kinship care. On the training of social workers, I would be interested if Kim or perhaps Mick could tell us what the consensus is at the moment about the role of kinship care. Has there been a shift in attitude in recent years?

Kim Bromley-Derry: Possibly if we had had this conversation five to six years ago, kinship care would have had a very low level of consciousness in most social workers' minds, although it did exist and there were quite good examples of where it had worked. However, increasingly, local authorities are setting up specific kinship care teams looking at a range of kinship care arrangements. Certainly, they now consider kinship or alternative care arrangements when making decisions in partnership with the courts. There has been a major change over the past three to four years, but it is accelerating, and certainly it has been embedded practice for many local authorities for many years and for others it is developing practice. That is the level of inconsistency at the moment.

Q420 Mr Chaytor: Is the public law outline programme likely to increase the use of kinship care?

Kim Bromley-Derry: I think it will improve the level of consistency in its consideration. Obviously, authorities where it has been embedded good practice for a number of years have been considering it for a number of years. Those that were lagging behind—there were a few—are now absolutely putting it at the forefront of their thinking. They now need to develop the services and support for those arrangements, because obviously kinship care support can be significantly different from other types of fostering or adoptive support and certainly requires a different level of work prior to placement. It requires a level of specialism, as do all the different systems, but certainly some of that expertise is developing among local authorities.

David Holmes: I think that what we are seeing through *Care Matters* is an increasing emphasis on kinship care. Certainly, it was encouraging to see how much it was discussed within *Care Matters*, but the Government have stopped short of introducing, for example, a national framework for kinship care or requiring local authorities to have a particular set of minimum services for kinship carers. We are therefore seeing developing local practice, but that falls short of a national framework.

Q421 Mr Chaytor: Are you strongly suggesting that there ought to be a national framework?

David Holmes: We need to be realistic when talking about what we mean by kinship care. If we are just talking about kin carers who are foster carers, it is a

defined, relatively small group of people, but if we are talking about all of the people providing kin care—grandparents and everybody else—we are potentially talking about 200,000 or 300,000 children. It is a huge group, and I think that there would be very significant resource consequences. We need a very careful debate, but certainly we want kin carers, and what they do and provide, to be recognised more.

Q422 Mr Chaytor: What about the training of social workers?

Mick Lowe: Yes, kinship care features in the generic degree—particularly on the post-qualification specialism around children. It is one reason why we are strongly in favour of the generic three-year degree, rather than a specialist degree starting earlier, because it helps social workers to understand the relationship with the child in a family and community context. It also helps them to understand adult, as well as child behaviour. Within that generic degree, combined with that post-degree specialism in children, kinship care features a great deal.

Q423 Chairman: Is kinship care driven by demand from particular ethnic minority communities? Does it become more available because perhaps particular ethnic minorities have more extended families? Does that have anything to do with it, or am I just speculating?

Kim Bromley-Derry: There is an element of that. Newham, where I am director, is quite a diverse authority. Kinship care is quite a high priority in that authority. I have worked in other authorities where there is less diversity and it has been variable. There is perhaps not enough evidence to create a direct causal relationship, but you are right: diversity certainly increases the demand for kinship care arrangements.

Q424 Chairman: Does that square with your views, David or Caroline?

David Holmes: Yes, inasmuch as some communities certainly would strongly recognise kinship care as part of their normal way of caring for children. Some communities do not recognise the legitimacy of adoption, for example, and would support, understand and recognise kinship care much more. So there is that dynamic.

Q425 Fiona Mactaggart: In looking at the court system, I would like to start with kinship care, because I am concerned about the rights of carers in these relationships, where they might not have had a full responsibility order or a transfer of responsibility to them. That is more likely to happen in kinship care arrangements. I have had concerns mentioned to me by grandparents and others, who are unable to be legally represented because they cannot afford to, for whatever reason, and where there has not been a transfer of responsibility, even if they are actually caring for the children. In such circumstances, they have not got the right to make important decisions about children whose parents

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are not capable of caring for them. That seems to be made worse by the fact that local authorities now have to pay £4,000 to take a case to court. I suspect you are a bit reluctant to spend that £4,000 when someone is happily looking after the children. What do you think about this and what ought to happen?

Caroline Little: You have had witnesses from Barnardo's and you heard from Robert Tapsfield from the Fostering Network.

Q426 Fiona Mactaggart: I am also a constituency Member of Parliament. I am not just citing evidence that has been presented formally to this Committee, although Barnardo's is part of it.

Caroline Little: Our experience in court is that financial considerations weigh heavily in decision making all the time. A lot of what children's solicitors do is to fight within the court system to obtain the appropriate support for kinship carers. If someone within the family is able to care for a child but does not have the appropriate housing, or does not have funds to do it, a lot of the court process is about arguing—often with reluctant local authorities, I must say—to try to get sufficient support for the child into the future. It takes up a lot of our time.

Q427 Fiona Mactaggart: How would you change it?

Caroline Little: I liked the evidence that Robert Tapsfield gave to you: the idea of a separate fund, effectively, to support kinship carers. The lengthy arguments that go on to try to get the correct support waste a lot of time. Consider an aunt, an uncle or a granny being approved as a carer for a child and being entitled to a certain amount of money, resources and support. The support package under the special guardianship provisions allows for that, although I do not know whether we have time to go into that this afternoon, and that assists a lot. But the suggestions about an allowance for kinship carers is helpful. The court process helps kinship carers, because they will often have the benefit of some legal advice. We argue often for local authorities to pay for them to have a session of legal advice so that they know where they stand. They are then brought into the court process and the complexities within the family can be understood and the evidence can be seen. That helps protect the child and helps support them while they are looking after the child in future.

Q428 Fiona Mactaggart: David and Kim, are you reluctant to spend money on court fees when the children require a decision?

Kim Bromley-Derry: It is variable. I have worked in authorities where we gave the same level of allowances to kinship care arrangements as we did to any other placement, and also funded aids, adaptations and extensions to property as a result of a kinship care placement, so that does happen. The problem we have at the moment is there is not a national framework for that and it is variable in delivery. Certainly those authorities that I have talked about, where it is embedded practice, tend to pay allowances and treat kinship carers with equity

in relation to their other carers. That practice needs developing across the country. There are some advantages to having a framework within which to deliver that. What is the minimum and core entitlement for kinship carers? That would be a helpful approach.

David Holmes: I agree. Transparency in policy and procedures for kinship carers is really important. Some of the children who are being looked after by kinship carers would, if those carers did not exist, be in care, and we know that the resources expended on children in care are very large indeed, so without doubt those carers are saving the state a considerable amount of money. It is therefore not unreasonable to think about how they need to be supported.

Q429 Fiona Mactaggart: Do you need extra help to make sure you think about those carers' rights to make decisions over those children's futures? Where there has not been a transfer of responsibility, which there has not always been, sometimes those kinship carers are not allowed to make certain decisions that are important.

Caroline Little: I did not address that properly. That is one of the areas that we have concerns about when children are accommodated or family placements are made without going through the court process. The court process is required to acquire parental responsibility for a child for a kinship carer, and that process is useful and necessary for kinship carers.

Q430 Fiona Mactaggart: I am just wondering whether local authorities are reluctant to do that or to get residence orders or whatever in these cases, because the children are living somewhere. Is there a risk—I fear there might be—that with those children it is a case of, "They're sorted. We don't need to worry to get it right"?

Caroline Little: This is not research evidence but experience. I think there is not the same priority in that sort of case. The children are safe but not always as well supported as they should be.

Q431 Fiona Mactaggart: Let us take a different kind of case then. I was shocked, in relation to some of our earlier evidence, at the way in which the relationship between parents and social workers can be utterly destroyed by this process. Parents feel that they are disrespected. They lose trust in people whom it is important that they trust. I got the impression from your earlier comments that that was not a picture that most of you immediately recognised, but I bet you recognise it in some cases. I am wondering what more could be done, practically, to prevent the way in which the process is conducted from destroying the prospect of a constructive relationship between the parent and the social worker, which it seems to me it too often does.

Kim Bromley-Derry: My view, having been a social worker, is that the foundation of your relationship with parents and carers is honesty and good communication. Much of what a social worker does is not necessarily uniformly popular with families, because of some of the decision making

that falls behind it, but you need to be honest and communicate, and communicate effectively. I am sure it is true to say, as you said, that there will be cases where that does not happen sufficiently well. Certainly parents and carers need to know where they stand, what they need to do to change the circumstances they find themselves in, and what level of support can be offered to help them with that. That can actually be quite a complex relationship. Sometimes the social worker changes and people covering for others in key decision making arrangements, court cases or other circumstances militates against the process being fully effective. Certainly, there are parts of the country where the level of turnover is high and recruitment is difficult. That makes it difficult to create a sustainable relationship with a family. We need to work hard on dealing with that. If you can develop a sustainable relationship with the family and the young people involved, the outcomes are much better, the relationship is less fractious and there is less tension. That approach is based on good communication and honesty.

David Holmes: If you look at the statistics and the primary need codes—the key, or principal, reasons why children come into care—one in two children come into care because of allegations of abuse or neglect. After that, it is absent parenting, families in acute stress, and families that are dysfunctional. That probably accounts for 80% of children who come into care in terms of the key reasons why they come into care. There are extraordinarily difficult and complex circumstances that social workers will try to talk about with the families to find out exactly what has happened, negotiate what happens next and work out what is in the child's best interests. We need to recognise the difficulty of the circumstances that social workers are dealing with and the stress that families are under in responding to allegations. It is imperative that there is as good a level of communication as possible between the social worker and the families. The Children's Rights Director has just published a report on social workers' engagement with families. It is certainly worth referring to that report because it talks a lot about what he found while doing the review. This is very difficult territory. Social workers have to work their way through the issues and protect the children involved.

Kim Bromley-Derry: When talking to social workers and other professional groups involved in children's services, many of them argue that they increasingly spend less time doing direct work with people and more time undertaking assessment and process-orientated work. That puts a strain on the relationship. One of the things you would hope is that there are some positive benefits to interaction with a social worker. Rather than just someone having their child removed, you would hope that some social work goes on in relation to how you live with your family or the circumstances in which you find yourself. Carving out enough capacity for social workers to do that work is critical to the relationship because there have to be advantages to working with a social worker. Working with a

psychologist in the special educational needs system is another good example of where the interface and the direct work with the family and the individuals within that family is what makes the difference, in most circumstances, to the relationship that people have with the social worker.

Q432 Fiona Mactaggart: I am glad to hear you say that because one of the things that I encounter too often is families who are in stress and are not paper people arriving with a massive file of bits of paper. They say to me, "Do you think I'm allowed to show this to you because Cafcass told me that I couldn't share it with anybody else in the world?" One feels that such people lack an advocate and that they do not have a relationship to provide a way through the system. It worries me that we have not constructed that. Although in a short visit you cannot see the whole picture, the thing that I found most striking in Denmark was that I sensed that the decision about the future of children was taken in partnership between a parent and a social services department. I have never met a parent who feels that in Britain—I have just never met one. Such an approach might sometimes be your intention, but I do not believe that is how the process works. It would be utterly wonderful if we could create a system where a substantial proportion of parents—it will obviously never be 100%—felt like that about the system. As we heard earlier, there are parents who are calling out for help with caring for their children and who know that they are not coping and that their children could be at risk. It sounds as if the only way in which they can get help when they are not coping is to say that their children are at imminent risk.

Kim Bromley-Derry: Yes, I agree with you completely. The critical step forward in terms of current Government policy and practice in local authorities is to create a different interface for colleagues who are social workers and for other professionals working with families, while maintaining the safeguarding systems that we have. The professionals who have the skills needed to work with families are not always working with families, while some of the least qualified individuals have the greatest direct contact with families, and we need to address that as we move forward. That does not mean that such people do not have a range of skills, but they are often not the most qualified people in the system. The system of thresholds for intervention by a social services department that was designed by Seebohm is not necessarily the way forward. SureStart is a really good example of that. You do not need a threshold to intervene with a family, and nor does a social worker need a threshold in the real world. There is no reason why we cannot have social workers intervening at the lowest common point, rather than having to go through a threshold. That does not mean to say that we do not need a system that is safe, and we need a safeguarding system, but we need to spread our resources so that that interaction can be positive.

Q433 Fiona Mactaggart: If you ask any successful business, they will say, “Front-load your capacity. Put some expertise and strength in your sales force, not just in your back office.” It seems that social services departments have made sure that the guys making the decisions about thresholds are the best trained and the most expert, but the people out there on the front are those who your lot just about let out or who are still on their placements, Mick—they are not actually the people who are capable of making substantial decisions. Is it time that you perhaps turned things upside down?

Mick Lowe: As your earlier witnesses indicated, the adversarial system that we face in some of these care proceedings is a systemic issue, and it does not necessarily create the basis for working together. However, I do not know whether the Committee has seen the recent Ofsted report about what parents say about children in care. Interestingly, 74% say that their children do get good care once they are in care, but 76% say that they themselves do not get enough support from the system once their children are in care. So parents say that the care for their child is okay in 74% of cases, but they say that support for them once their children are in care is not quite so good. I have spent most of my life in local government, and the pressures on social services and social work are such that the child becomes the priority, and that is a resource issue as well.

Q434 Chairman: This is a very rich seam, but we have to talk about adoption. However, I have just a quick question on the back of Fiona’s. In Denmark, we saw highly skilled groups of professionals, such as the social pedagogues. They were highly trained and they supported and worked well with social workers. Is there not a gap in our system? The support people in the UK who would do the jobs of the social pedagogues do not seem to be very highly qualified at all. Are they, Kim?

Kim Bromley-Derry: I would argue from a director’s perspective that we are desperately trying to shift that balance. That is much of the work of the director, and that is what we are trying to do. However, we still have to keep the system safe. It is not an either/or at this stage—both are required. We still need good-quality safeguarding systems, but you are absolutely right that we need to front-load the system and to have greater access to highly qualified individuals at a universal level. A lot of the strategies around extended services, SureStart and family support development relate to providing universal access to better multidisciplinary—that is the key—arrangements. Family group conferences in many authorities do not wait for the threshold to be applied; it is actually a self-referral, direct access service. I have certainly worked in authorities where if somebody says they have an issue with a young person’s behaviour, they will immediately directly access a social worker—they do not have to go through an assessment to access that service. Those arrangements are developing, and they are

very similar to the Danish approach. However, you need to do both. At this stage, you cannot do one without the other.

Q435 Chairman: We are moving on, but let me say one last thing. We noticed that there were a lot of well qualified and sparky psychologists—would it be sexist to say that most of them were female? Is not that a big missing part of what we have? I am not particularly saying that they should be young or female, but that there should be access to that sort of service.

Caroline Little: That is such a big area that I hesitate to say a great deal about it. Through the changes in the use of expert witnesses, which were referred to by your previous witnesses, the teams of experts that we hope will develop should be accessible to local authorities pre and post-court proceedings. It is one of the hopes that social work teams will have access to whatever advice they need, whether in relation to special educational needs or to psychological or psychiatric help. That development is starting.

Chairman: As you know, at the end of these proceedings, I always say that this is just the oral session and that we will keep in touch on these issues. Now, we are going to move on, with Sharon and Annette, to adoption. David will be sulking on his way home, I think.

Q436 Mrs Hodgson: Last year, Ian Sinclair and others published a report arguing that an increase in the number of adoptions is possible and desirable. In practice, do you think that we should be moving towards that, and that adoption should always be the preferred option?

David Holmes: I do not think that adoption should be the preferred option because I do not believe that there is such a thing as a hierarchy of placements. I do not think that any one placement is any better than another. What is important is what is the right placement for a particular child with a particular set of circumstances. It is important to say that. As for whether adoption could be used more—yes it could. Look at the rate of adoption of children from care: in the late ’90s, maybe 2,500 or 2,700 children a year were adopted, but the impact of the Government’s adoption reform programme was that the number went up to 3,800 children a year. I think it was Kim who mentioned that there was a drop back down to 3,300 children being adopted from care in the last year for which statistics are available. If you look just at the hard numbers, we are seeing quite a variation in the number of children being adopted from care, year on year, but if you look at the percentage of children from care who are adopted every year, it is pretty consistent at 5% or about one in 20.

Q437 Mrs Hodgson: Obviously, there is adoption that involves legal separation from the parents, but what about other forms of adoption that do not have that legal separation, such as special guardianship or

even kinship care? Do you feel that more should be done to have more special guardianship arrangements?

Chairman: What about adoption where there are still links with the birth parent?

David Holmes: My starting point is always what is in the best interests of the child. Adoption is a service that is very much for children. It is about what individual children need. What we know—here, I want to refer to the evidence base—is that as an intervention with children, adoption works. There was a huge study by Van Ijzendoorn and Juffer in 2006—I can give you the reference—which looked at 270 different adoption studies that had been carried out over the years, with a sample of nearly 250,000 adopted children and their parents.⁵ It looked at the effectiveness of adoption as an intervention by looking at what it had done in terms of those children's attachment, cognitive development, self-esteem and physical growth. It found that adoption had been shown to work against all those measures. If NICE (National Institute for Health and Clinical Excellence) were looking—as it does with different drugs—at whether or not to recommend adoption as an intervention with children in care it would have to recommend it. That does not mean it is right for every child. The reason why special guardianship was introduced—the policy intention behind that—was recognising that for some children it would not be right to cut the ties legally between the child and its birth parents; what the child needed was security and stability throughout its childhood, but it did not need a complete legal break with its parents. That is why special guardianship was introduced. If there is a kinship carer, the Children Act 1989 is absolutely clear that the first responsibility is to try and keep the child within their family; if you cannot do that you look to the wider kin network. Only if that does not work do you look for stranger carers. I think it is about making sure that we do not allow very strong views about individual types of placement to mean that those placements are not available for children who need them. I think that is what is important. It is about making sure that a child who needs adoption, for whom adoption really is the right plan, can achieve adoption; but what we still see, even today, is many children for whom there is a strong, clear evidenced plan that adoption is the right answer, who cannot achieve it, because either the adopters are not available or, for whatever reason, we cannot achieve adoption of the child, and that is very sad.

Q438 Mrs Hodgson: It is really interesting that you said the outcomes are better for children who have been adopted; you obviously must have been able to measure that and prove that. Whenever we have been looking at this, especially in Denmark, trying to compare their system to our system and trying to see which one works better, I think it was agreed on

both sides that children who enter the care system have worse outcomes than children who do not, and they have twice as many children, as a percentage, entering the care system as we do. So the question is whether we are not bringing children into the care system who should be there, or they are taking in too many. We could not find out whether the outcomes for the extra children they were taking in were better, because they have never measured that, and it would be hard to have a control group. It is interesting how you have managed to get the evidence together that the outcomes for children who have been adopted are better; that is great to hear, but I would be interested in how many of the 5% of children who have been adopted were adopted against the wishes of the birth parents. I think you call that forced adoption. In Denmark they said there had only ever been—was it three?

Mr Chaytor: Three in five years.

Mrs Hodgson: Yes, there were very low numbers for what they said was forced adoption, when the child had been adopted against the wishes of the parent. That is not to say that no parents had ever put children up for adoption voluntarily, but where the state intervenes and says “We are taking this child away and severing your legal rights and having that child adopted,”—they never went down that road.

David Holmes: It is important to qualify the research evidence and say that we know the younger the child at placement the more likely very good outcomes for adoption are. That is important. I do not know, but I suspect, that there have been very few domestic adoptions from care in Denmark, because certainly England, the US and Canada are very different from the rest of the world in terms of our tradition of developing a domestic adoption system. If you look at the number of children who are adopted in England I think it is 10:1 or 12:1 you are more likely to be adopted from the care system than you are to be adopted from abroad. If you look at inter-country adoption in western Europe, there tend to be very few domestic adoptions but very large numbers of inter-country adoptions. Certainly in other Scandinavian countries, I know that there are large numbers of inter-country adoptions. In terms of the number of domestic adoptions in Denmark, we are probably looking at a very small number. In terms of whether or not those adoptions are adoptions with or without consent, under the Adoption and Children Act 2002, which is the new adoption framework in this country, we have introduced the concept of a placement order. Essentially there are two routes to a placement order: either through consent with the birth parents or, if there is no consent, if a court determines that a child's needs are such that you have to dispense with the birth parents' consent. Certainly, if you look at the statistics, some birth parents consent, but the majority do not, so the proceedings are much more complex and contested.

Q439 Mrs Hodgson: So what are the numbers? Of the adoptions in the past year, how many were not with consent?

⁵ *Note by witness:* Van Ijzendoorn M. and Juffer F. (2006) “Adoption as intervention: Meta-analytic evidence for massive catch-up and plasticity in physical, socio-emotional, and cognitive development” *Journal of child psychology and psychiatry*, 47:12, pp 1228–1245.

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David Holmes: I would need to check. I thought you might ask that, so I had a quick look. I think it is about 4:1 between contested and not contested, but I would like to check that.

Chairman: Four times as many contested as not contested.

David Holmes: Yes. I think that is right, but I would like to double-check.⁶

Q440 Mrs Hodgson: I just feel that that is totally different. We picked up throughout all the evidence that we have a punitive relationship towards parents when children enter the care system in comparison with Denmark—I know that we keep mentioning Denmark, but that is where we just been, so it is in the forefront of our minds. Denmark does not have that punitive approach to parents, no matter how bad they have been, or even how abusive their relationship with the child has been. The parent-child relationship is sacrosanct. Someone even said that the parent will always be a parent to the child and the child will always be a child, and that we can never take that away, so we should always leave that relationship there. We have a totally different approach, and I think that we almost punish parents for being bad parents, and we are perhaps quicker to break that link. I am not saying which is right and which is wrong, which is why we are doing this.

Chairman: Was that a question?

Mrs Hodgson: Yes.

David Holmes: If you had a panel of adoption social workers here instead of us, there would be an interesting discussion if they were asked whether, in their professional practice, they positively intend to punish birth parents. I do not think they would say that they do. They try very hard to find the best solution for the individual children involved. The Government have recognised in the adoption support regulations that were made under the new adoption and children legislation introduced in 2002 that birth parents involved in adoption need support. They are entitled to an assessment of their support needs, but there is no entitlement to services, just as there is no entitlement to services for anyone who needs adoption support services. The local authority is required to put in place services for birth parents. I cannot think of a more difficult set of circumstances to be involved in than to be a birth parent when decisions are being made about whether adoption is the right answer. That is incredibly difficult, but I do not believe that social workers are out to punish those parents.

Q441 Annette Brooke: I am a bit worried about the role that I am being cast in, but we need to ask these questions. How do you respond to the allegations that social workers' decision making has been influenced by targets and, in some cases, by local authorities getting financial rewards?

Kim Bromley-Derry: I completely refute them. The targets were for children in long-term residential care, which was how they were generated. Having worked in and with a number of authorities, local

authorities target their energies on young people, whom David has talked about, who have been in residential care for a number of years and for whom local authorities are looking to improve outcomes. Only around 35 local authorities built that into their public service agreement, which was simply because of the inconsistent practice across the country. The general view is that some local authorities were allowing children to stay in long-term residential care for too long without considering adoptive placements. We saw an increase in the number of adoptions from around 3,300 to around 3,800 a year. That approach targeted the group from five to 10 years old, but the rate has fallen back to 2003 levels. I know of no practitioners, and I can think of no managers, who made those decisions based on the ability to recoup money or to hit targets. In fact, local authorities have failed to hit the targets, which suggests that most of them did not put targets to the forefront of their minds. Certainly, the two authorities for which I worked in that period have made decisions based on the welfare of the child, and they were not particularly driven by targets.

Mick Lowe: Obviously, the GSCC (General Social Care Council) is not engaged in this area, but I have looked-after children statistics in front of me that show an 8:1 ratio of those placed with consent to those placed without consent. Interestingly enough, the numbers and the percentages have declined in the past few years. Performance indicators can affect behaviour across any sector, but one would not necessarily see a marginal decline. If social workers made decisions on a basis other than the best interests of the child or family, it could be deemed to breach their code of practice, which is when the GSCC could get involved.

Annette Brooke: Can I just throw something else in there?

Chairman: Hang on a moment. Do you want to hear Caroline on that?

Q442 Annette Brooke: Yes I do, but I want to throw something else in while people are answering. Annual statistics seem ridiculous, because there cannot be any annual pattern for children being taken into care. Also, there must be some time lags, given what the panel has been saying about how long it takes to get through court. Again, does that weaken the argument for such allegations? Please answer fully, without considering my intervention.

Caroline Little: There is a time lag, because it takes time to go through the court process. Personally, I have seen no evidence of such alleged behaviour in my practice. The system makes it difficult for a local authority to remove a child through the court system into adoption without justification. There has to be evidence, which must be tested in court, and there is an independent arbiter—a judge—who decides on it. There must be some evidence, and there is a threshold for intervention, namely, the likelihood of significant harm. A care order would not be made without such evidence, and a placement order could not be applied for. The process by which children are removed through care proceedings refutes those allegations.

⁶ Note by witness: Corrected to 8:1 contested

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David Holmes: The Prime Minister initiated a review into adoption, which reported, I think, back in 2000. In the introduction, he wrote that there is some evidence that adoption is being used as a last resort. The modernisation programme for adoption that the Government introduced was intended to counter the sense that adoption is being used as a last resort. As we know—I talked about it earlier—adoption works. It needs to be present as a placement option for the children who need it and whose circumstances are such that they will particularly benefit from it. That is not to say that it is right for every child. There was also considerable evidence of drift and delay in the care system and an absence of proactive decision making regarding children who would benefit from adoption, which is not in children's interests. The targets, the rest of the adoption modernisation programme, the new legislation and the adoption standards and time scales for the different processes within adoption stimulated a necessary focus on adoption. That has resulted in more children being adopted, delay being reduced, much greater understanding of the need for adoption support and new investment in the system. However, the money that was linked to adoption targets for those local authorities that took out local PSAs recognises that you cannot build up a system without investment. People forget that the Government also put two relatively substantial amounts of money into adoption through an adoption grant, which was used between 2000 and 2003, I think, and through three years of additional funding for adoption support, which was used between 2003 and 2006. That investment recognised that if you are asking people to build up adoption and adoption services within the local authority, frankly it will cost money, because you need to staff it, to create new services and to make it a viable option, if it is an option that you are going to offer children increasingly.

Q443 Annette Brooke: I want to ask a related question, which is probably for Kim. When there are parents with learning disabilities, do you consider that more use should be made of advocacy to support them either through the fostering process or indeed with open adoption, if that should be the outcome? It seems to me that provision is rather patchy, yet there are all sorts of ways in which you could handle a situation with parents with learning disabilities that would not make them lose contact with their children.

Kim Bromley-Derry: Yes, the key word is "patchy". The picture is inconsistent. My personal view is that, yes, we should look at greater levels of advocacy service not only for young people but for parents generally, as well as specialised advocacy for those parents who have particular needs, such as those with a disability. It is also my view that the type of family support that we might offer around those families to prevent care proceedings is much more complex, because of the range of support needs of the individual parents. My view is that we need to develop those services, of which there should be more. Obviously, however, the key decision is

around the long-term and best interests of the child. Balancing those two considerations is exactly the same as in any other circumstances. If we could provide sufficient advocacy support to allow a disabled parent to voice their views, that is absolutely right, because we really do not want to isolate people from the process, even though I know there is some evidence that that is how people feel. On top of that, there would be additional post-adoption support needs for those parents, if we were to go down that route. We need a whole-system approach. We need more advocacy at the start of care proceedings, during care proceedings and in terms of the young person. However, if we go through care proceedings and adoption happens, there is also post-adoption support for birth parent and parents, which needs to be significantly enhanced.

Q444 Annette Brooke: Caroline, may I ask you the question, because you seemed to react when I put it?

Caroline Little: Personally, I have dealt with many parents with learning difficulties and the advocacy services are invaluable; good advocacy services for parents with learning difficulties should be universal. The other matter that this Committee should perhaps look at is the fact that there are some residential units for assessing parents with learning difficulties that are under threat because of changes in legal aid funding. One of them is highly successful, and we are very concerned about the loss of that service.

Q445 Chairman: Where is it?

Caroline Little: In Kent. It is very effective, and it succeeds where other forms of assessment fail. There is a great concern that that resource will be missing for families in the future.

Chairman: I think that we shall have to give Paul the last question, on something slightly different.

Q446 Paul Holmes: It occurs to me that it would be remiss not to ask this panel about the secrecy of family courts. One of the big criticisms is that secrecy works against children and parents, who, we are told, are getting a raw deal. Do we have to have secrecy? What could we do instead?

Caroline Little: The Ministry of Justice has done a lot of work on that issue. There has been a consultation on the transparency of the family courts, and decisions have been made about what steps to take to open up the courts. We produced a response to that debate on behalf of children, which shared the view of the Children and Family Court Advisory and Support Service young people's board, and many other children, that children do not want their private business open to the public. The family proceedings courts are open in fact, and measures are being taken to produce judgments frequently at every level of court. It is quite a long, ongoing process that relies on the introduction of new IT, and I think that the Committee could learn much from the investigation into that and the work being done.

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Chairman: Does anyone want to come in on that?

Kim Bromley-Derry: From the local authority perspective, we feel comfortable about working with the Ministry of Justice on that development. Anything that breaks down the perception that we are operating secretly and covertly to make judgments skewed by ideology is not a bad thing. I am quite comfortable, therefore, with a development to create a process that is as open as possible. I am sure that most local authorities would feel the same way. They are certainly quite concerned about the level of criticism based on that perception and the fact that it is very difficult for us to respond, owing to the nature of court proceedings.

Q447 Chairman: It has been a long session—this is the latest that we have sat for as long as I can remember, but I must ask this question: if there is one thing that we must not miss in our report, what would it be?

Kim Bromley-Derry: It is on the ability to deliver enhanced family support at an earlier level without going through a threshold, so we can provide preventive services that are early interventions by nature. That way some of the situations in which families become dysfunctional and need high levels of support, or where care proceedings are triggered, might not happen to the same extent. As a colleague said earlier, it is about shifting to a front-loaded system to support that process.

David Holmes: We must recognise how important families are to children. The relationships that a family have with a child are massively important to that child. However, that must be balanced with the reality that sometimes families are dangerous to children.

Caroline Little: I endorse what both the other witnesses have said, and add that the Committee should consider the need for advocacy for children outside care proceedings. Generally, children have an effective voice within care proceedings, but outside it, as looked-after children, many of them cannot access other needs, including educational needs.

Mick Lowe: I want to mention good quality professionals—starting perhaps with social workers—and robust, continuous training to ensure that quality. We also need a process that retains those professionals providing direct services to people who need them, rather than allowing them to be sucked into other more glamorous or higher-paid areas. We need to retain the spark that you might have seen in Denmark.

Chairman: Thank you, very much. It has been quite a long session. We have gleaned a great deal of information from both sets of witnesses. We do not make up stuff. If we produce a good report, it is because we listen and pick up the points that resonate. Please remain in touch, in case we have more questions or you think, “Why on earth did they not ask us that?”.

Letter to the Chairman submitted by Mick Lowe, Director of Strategy, General Social Care Council (GSCC)

Thank you for the opportunity to provide oral evidence to the Committee’s inquiry into Looked After Children on Monday 30 June 2008. It was a very useful session, and the General Social Care Council will be very interested to read the Committee’s report upon publication.

As you may recall, 30 June’s session featured a number of witnesses, and as time was restricted the opening statements in the second session were cut. I would like to take the opportunity to outline some of the key points I would have made, and offer some follow-up points we thought it would be useful to draw to the Committee’s attention.

Building a confident and competent workforce of social work professionals is absolutely central to the Government’s plans for improving the life chances of all children. A range of factors must be in place, including the solid foundation of the new social work degree with access to quality practice placements; supervision and caseload management; and consistent employer support for a social worker’s ongoing training and learning.

The social work degree, which is now required for entry into the profession, teaches relevant aspects of the law, but this is only the first step in preparing social workers for complex child protection, fostering and adoption cases. The other elements of training, supervision and support, such as post-qualifying learning, all need to be in place for social workers to take this work on and to improve the profession’s recruitment and retention rates.

There is still some way to go in achieving this. We would like to see stronger partnerships with employers to improve the quality and availability of practice placements and for all employers to sufficiently support social workers to complete post-qualifying training and learning, which is the opportunity to develop knowledge and skills in specialist areas.

We believe that employers’ commitment to training and support would be strengthened if the GSCC code of practice for employers was put onto a statutory footing. The GSCC is disappointed that the Government isn’t taking the opportunity to introduce this in the Health and Social Care Bill, and I enclose, for your Committee’s information, a copy of our Codes of practice for social care workers and employers.⁷

⁷ Not printed.

The GSCC is strongly in favour of the continuation of the generic degree. As we heard from other witnesses in the session, a social worker needs to be educated and trained to understand the adults in the lives of children and the dynamics and relationships that develop. Children's lives are shaped by adults and it is impossible to provide social work without this understanding. The post-qualifying training and learning framework provides the opportunity to build specialist knowledge, and social workers can opt for specialist courses and placements within the generic training. This is consistent with other professions such as medicine and the law, where post-qualifying learning is an expected part of a doctor or lawyer's professional development.

Specific questions were raised by the Committee and by witnesses about the content of social work education and the training curricula. It was acknowledged that policy changes and professional knowledge and understanding are always going to be developed whilst practicing and it is, therefore, essential that social workers and their employers are strongly committed to ongoing training and learning throughout the social workers' careers. The notion of kinship care, raised by the Committee, is a case in point.

Although the GSCC does not have responsibility for workforce planning, we take the view that supervision by senior practitioners is essential to a social worker's development. Therefore the Committee's consideration of how important it is that experienced social workers are retained in frontline children's services would be welcome.

One point of clarification to the transcript is that at Q400, the figure of 550,000 referrals is for England rather than the UK. The GSCC's remit covers only England.

Research which may be of interest to the Committee in preparing its report:

- "Care Profiling Study" Judith Masson, Julia Pearce and Kay Bader with Olivia Joyner, Jillian Marsden and David Westlake, University of Bristol, March 2008. The Ministry of Justice/ University of Bristol study analyses the characteristics of a sample of nearly 400 cases of care proceedings involving 682 children that went before the family courts between 2004 and 2007. It found there were overwhelming reasons for social services taking the children into care, with an average of seven different risk factors being found in each case.
- "Globalisation and Child Welfare", Professor June Thoburn CBE Ltd, University of East Anglia, 2007, and Professor Thoburn's submission to the Children, Schools and Families Committee, which details some of the reasons for difference between countries which the Committee may find of interest following their visit to Denmark. Professor Thoburn is Vice-Chair of the GSCC, although the research is written in a separate capacity.

If the GSCC can be of any further assistance to the Committee in addition to the oral evidence and written evidence we submitted focusing on workforce issues, please do not hesitate to contact us.

I look forward to reading the Committee's report.

July 2008

Monday 27 October 2008

Members present:

Mr Barry Sheerman, in the Chair

Annette Brooke
Mr Douglas Carswell
Mr David Chaytor
Mr John Heppell

Paul Holmes
Fiona Mactaggart
Mr Edward Timpson

Memorandum submitted by the Local Government Association

ABOUT THE LGA

The Local Government Association (LGA) promotes better local government. It works with and for member authorities to realise a shared vision of local government that enables local people to shape an instinctive and better future for their locality and its communities. The LGA aims to put councils at the heart of the drive to improve public services and to work with government to ensure that the policy, legislative and financial context in which they operate, supports that objective.

KEY MESSAGES

The LGA has consistently expressed support for the Care Matters agenda, which sets out a welcome, but ambitious programme of change and improvement for children in care. Our key messages to Government remain:

- The LGA is committed to working with councils, their partners and with central Government to implement the Care Matters proposals effectively. There is a lot of work to do to translate good policy ideas into effective practice for children and young people and it will be important to get the phasing and timing of the implementation right.
- We want to work with central Government, the Improvement and Development Agency (IDeA) and councils to ensure Lead Members for Children get the information and support they require to carry out their tasks. Our recent research with the NFER has revealed some useful insights into how best we may support the Lead Member in their corporate parenting role, and we are open to a discussion with the Department about the lessons this research has to offer.
- However, we are still not sure that sufficient resources are being made available to help councils to implement the Paper effectively.
- The Paper is extremely comprehensive but we are disappointed not to see more specific measures coming forward to ensure children in care receive the health services they need. The LGA is working with partners to push for a step change on this issue through the Children and Young Persons Bill. A full briefing on our concerns about the role of health services in the lives of children in care is available on the LGA website.

FURTHER COMMENTS

Corporate parenting

The LGA broadly welcomes these proposals as a positive step. We would urge the Government to ensure that where new expectations for a children in care council and pledge are created, the DCSF should work with stakeholders to develop clear guidance. However, none of us should view the pledge or existence of a Children in Care council as an end in itself. The strength and value of these two initiatives must be judged in relation to outcomes for children in care and how children in care view those initiatives as contributors to happier and healthier lives.

In addition, the corporate parenting training materials suggested in the White Paper, due to be launched this year, must include strong input from Lead Members and Directors to ensure that the materials reflect users' needs. In this respect, the LGA is happy to share the findings from a research programme looking at the role of the lead member for children's services.

Family and Parenting Support

Much like many other proposals covered in the *Care Matters* White Paper, this part of the programme seeks the wide spread implementation of a number of examples of local authority good practice. The LGA has a specific concern that the funding to support an increase in the availability of provision of short breaks for parents of disabled children and funding for the development of multi-systemic therapy must be long term funding if any impact is to be achieved on outcomes.

Care Placements

It is a goal that we share to deliver a system that provides the best and most appropriate placement for every child in care. However, we expressed some concern previously at the description of a new duty around sufficiency. Our concern here was not around the aspiration of principle, but how it would be resourced and enforcement arrangements. It seems now that this proposal may no longer be one that the Department wishes to take forward, although no explanation has been offered as yet.

It is important that initiatives to improve local authority commissioning of placements are not taken forward at the expense of existing good practice regionally, sub-regionally and locally, but build on practice that is already working well. It is pleasing that so far it seems that the Department is following a partnership path on this issue.

In terms of placement inspection, the LGA is aware that in addition to the Comprehensive Area Assessment, due to commence in 2009, services for vulnerable children will be subject to a programme of rolling inspection. It is disappointing that the Department did not choose to consult with us on the nature and detail of this inspection regime as we are working hard to ensure future inspection is targeted appropriately and is genuinely a tool for improvement.

Education

The LGA firmly believes that it is right that schools recognise the individual needs of children in care and ensure support is in place within the school setting to help that child achieve their full potential. In that respect, guidance on the role of the designated teacher is welcome, provided it has been developed in partnership with stakeholders, including schools and local authorities.

Statutory guidance on school exclusions, published in September 2007, is a welcome step and the LGA hopes that it will allow constructive solutions to be developed for children in care who are experiencing difficulties at school. We believe it is right that every effort be made to ensure that the child remains at the school and is supported to achieve positive outcomes.

Similarly, we are pleased that children in care now have the highest priority in school admission arrangements, including a local authority power to direct schools to admit children in care even if the school is already fully subscribed.

Health and Well-being

The LGA would urge the Government to ensure that sharpening the focus placed on the needs of children in care by local health partners is supported by robust guidance and consistent policy direction from the centre. In that respect, the LGA is concerned that what is currently proposed will be inadequate, and we are working on an amendment to the Children and Young Persons Bill to achieve a new clause that will ensure that NHS bodies are fulfilling their duties under section 10 of the Children Act 2004 to improve the health and well-being of children and young people. We feel that this is an area where *Care Matters* is relatively weak and would urge for more ambitious steps to be taken.

In terms proposals within the White Paper around transforming the availability of positive activities for children and young people, including free part time access to extended activities and free music tuition in schools, priority status for children in care within local authority youth work and introducing an expectation that local authorities will make their own leisure provision free for children and young people in care, the LGA is unclear as to the status of proposals. There will no doubt be benefits for children and young people in care as a consequence of the Children's Plan and Aiming High for Young People, but those documents do not make explicit any form of prioritisation for children in care. We are keen for the Department to say more about how Government will work with councils to enable them to deliver enhanced access to children in care, if that indeed is what was intended. This is especially the case in terms of addressing the specific challenges in two-tier areas.

Transition to Adulthood

We are pleased at the proposals to pilot a veto around leaving care, and pilots for extending foster care up to 21 because we believe they will benefit young people in the care system. However, the resource implications of this must not be underestimated and a national roll out of this veto would need to be matched by recruitment of additional foster carers. The outcome of extending care up to 21 will be fewer foster care places, additional pressure on supported living provision, and increased pressure on suitable residential care for older young people. We look forward to seeing evidence from pilot schemes as to how these challenges will be overcome.

Providing a £2000 bursary available for all children in care who go onto higher education is also welcome, but there is a compelling case for extending the eligibility to a bursary to help support children in care or care leavers who wish to participate in other forms of post-19 education and training.

The role of the practitioner

The LGA believes that the views it expressed previously about independent social care practices remain relevant. We have reiterated those in our work on the Children and Young Persons Bill. While accepting the need to explore the potential of new ideas for improving the outcomes of children in care, the LGA has consistently expressed concerns that “independent social care practices” will weaken accountability to councils. The Association hopes that pilot schemes will thoroughly test this. It is important that the pilots are constructed in a way that ensures this happens.

Workforce planning and development are critical to shaping and delivery of policy. Looked after children require confident, consistent and competent cadres of social workers to ensure long term care management arrangements are both stable yet imaginative. Local government supports investment in post qualifying training and learning and views the new framework as suitable to achieve such a requirement of experienced and highly trained workers. Whilst the care management social work function to children in care is one that is currently carried out by local authority employed social workers, there is merit in exploring both the use of the budget-holding lead professional and the alternative of commissioning the service from social work practices. The LGA is supportive of initiatives that demonstrably improve the lives of children in care and/or evidence better value for money.

Equally those services either provided or commissioned by the local authority to ensure care and accommodation to children in care (residential and foster care) should be undertaken by trained, qualified and experienced social carers. There is a need to think through an integrated and equitable model of evidence based learning for these workers and carers that is characterised by flexibility of delivery, portability and a career options and rewards. The LGA welcomes the exploration of social pedagogic thinking into residential care and would hope that this could be extended into foster care and other areas of children’s services by utilising the theoretical platform for securing increased integration.

February 2008

Memorandum submitted by the London Borough of Hackney

1. SUMMARY

The London Borough of Hackney has made good and steady progress not only in improving the lives of looked after children, but successfully intervening to work with families so that fewer children need to be taken into care. To improve the prospects for these children further and even faster, we have recently introduced a radically different model for the delivery of children’s social services. This memorandum describes firstly the initiatives we have led to ensure that we listen to children, and secondly the process of changing the way we provide social work services to this group. We believe both of these initiatives are helping us in our aim to put the child at the heart of all that we do.

2. INTRODUCTION

2.1 Hackney is one of the most deprived and diverse boroughs in the country with higher than average numbers of children growing up in poverty. Entitlement to free school meals, often used as a proxy indicator for child poverty, shows that Hackney has the fifth highest percentage of primary pupils eligible for free school meals in London and the third highest of secondary school pupils: 41% of primary school pupils and 38% of secondary school pupils in Hackney’s maintained schools are eligible.

2.2 Our strategy to keep children and young people safe is to build capacity within families and communities to care for children and young people safely, by providing practical support and using evidence based, systemic interventions to facilitate positive change in parental and child behaviour. This strategy has been highly successful in reducing the numbers of looked after children, and the numbers of new entrants to the care system. Numbers of looked after children per 10,000 children have continued to fall and is

significantly below statistical neighbours. In 2005–06, there were 89.5 LAC per 10,000 children, falling to 84.4 in 2006–07 and falling again significantly to 73.7 in 2007–08. Our statistical neighbours had an average of 93.9 LAC per 10,000 children in 2006–07. The volume of new entrants to care in 2007–08 is very low.

2.3 Improving services, increasing opportunities for all, and raising the life chances of the most disadvantaged have been top priorities for Hackney’s executive Mayor, Jules Pipe CBE, since he was first elected in 2002. In particular, the Mayor is determined that all Hackney’s children and young people, irrespective of their background, get the care and support they need not only to get the same life chances as others, but to have a safe and enjoyable childhood. When considering ways of meeting these objectives for the most vulnerable of our children and young people, especially for those in care, it became apparent that fundamental changes to the way we delivered children’s social services were needed.

3. LISTENING TO WHAT LOOKED AFTER CHILDREN SAY

3.1 In listening to what children in care wanted, we were clear that we needed to ensure that our staff have the skills and capacity to hear and respond to the voice of the child. It was evident that in anything to do with children and young people, it is the quality of their interactions with the people with whom they come into contact that has the greatest effect on their future view of the world. That means that the workforce, in its broadest sense and including carers, needs to feel confident, empowered and able to see the child at the centre of the tasks that they undertake.

3.2 We believe that families remain the main structural unit in our present state of social development. While children’s safety and welfare remains our top priority, we wanted to support families to keep them intact wherever possible. We also wanted to create some kind of continuity for the child; so many looked after children say that they cannot get hold of their social workers—they are off sick, on leave or unavailable. Our model, where units of workers are built around the child, means that everyone in that team not only knows the details of the child’s case but is trained, supported and mandated to act on their behalf. This is not just about the team working around the child, but about the child themselves. The child, the family and the professional system will have a story (often each have a different story) and a systemic approach to our intervention allows us to see the story from each part of the system and the child his or herself.

3.3 For looked after children, this means there is also extensive opportunity for therapeutic work as well as early identification of mental health issues so they can be addressed at a more specialist level through our Child and Adolescent Mental Health Services (CAMHS) partners. Clinicians also work alongside foster carers to enable them to learn new behavioural management strategies. This is all complemented by our PCT based Looked After Children (LAC) Health Team. Our Fostering Service recently received a 4 ‘outstanding’ grade for our health work with looked after children.

3.4 Over recent years we have led four key initiatives to find out what Hackney LAC think about the services they receive:

3.4.1 *The Blueprint Project*

As part of a national project led by VOICE, a voluntary organisation who focus on advocacy and looked after children, we worked with a group of young people who highlighted the main issues for them. A video was produced and we established a way of working alongside looked after children to examine how we worked.

3.4.2 *Innovations project*

This was a similar project on a grander scale. A group of young people in care worked for a year with Youth Skills Network, a local voluntary organisation, and produced a high quality DVD which was launched last year. The group met with the Corporate Parenting Panel to outline their concerns about aspects of their care, and the DVD is being used as a training tool with large numbers of staff.

3.4.3 *Annual Questionnaire Consultation*

The Council has run a survey for looked after children for a number of years. In 2007, 56 responses were received—a response rate of 19% of all looked after children over the age of eight. The key findings included some very positive feedback:

- 93% felt well supported and safely looked after;
- 80% feel able to talk to their social worker and tell them how they feel;
- 75% know they have a Personal Education Plan and 65% a Care Plan;
- 81% say they have access to a computer;
- 76% have someone who helps them with their homework; and
- 83% report having regular check-ups at the doctors and the same percentage at the dentists.

The survey also highlighted areas where looked after children wanted things to be changed, and we have responded positively in implementing these changes.

36% said they do not see their social worker enough—The Reclaiming Social Work model that we have introduced has been designed to ensure that social workers can focus on time spent with children and families. We will monitor closely how looked after children feel about how regularly they see a member of the social work unit.

28% felt that being looked after has made it difficult to do some of the activities that they would like to do and 40% would like to do other activities—Ensuring that looked after children and young people have access to excellent youth and leisure facilities is a key priority for our Corporate Parenting Strategy. We have negotiated free access for all looked after children to Hackney’s leisure facilities.

3.4.4 *Regular Members Surgeries*

We have established monthly Members’ surgeries, themed according to the Every Child Matters outcomes, which have successfully engaged young people in the Council’s care with elected Members and professionals working in Children and Young People’s Services and partner agencies. For example, the December 2007 surgery was an open forum structured around the ‘staying safe’ outcome, which was attended by the Youth Offending Team (who talked about gang culture), a domestic violence specialist, a behavioural consultant (who talked about bullying), Sub 19 (Hackney’s young people’s substance misuse service), the Police, and the head teacher of Hackney’s virtual school for looked after children. 10–15 young people attended, some with a carer and some with their social worker. They gained access to and advice from these various services, and reported that they had enjoyed the event.

3.5 The educational attainment of looked after children has been a key priority in Hackney for a number of years and continues to be so. The Council’s Learning and Skills Scrutiny Commission undertook a review in 2005, and found that although outcomes were improving for looked after children, the gap between their attainment and that of their peers was not acceptable.

3.6 Members continue to have a very clear role in providing leadership, challenge and scrutiny to the educational attainment of looked after children. A Corporate Parenting Board has been established, chaired by the Lead Member for Children and Young People’s Services, and reporting to the multi-agency Change for Children Board.

3.7 In the last 12 months we have adopted the virtual school model and have a dedicated Head Teacher in post. The Head Teacher reports to the Corporate Parenting Board on progress and areas for focus. This has really enhanced our ability to manage educational based casework activity particularly where children are based out of borough. For example, almost all children starting secondary school in September 2008 have now secured places in schools with either “good” or above Ofsted grades. The head teachers of the virtual school have authority and can navigate the system with good results. In 2006, 22.7% of our care leavers had five or more GCSE passes at grades A to C, a massive increase from 5.6% the previous year, and comparing very well with our statistical neighbours, who averaged 8.8%. The Fostering Service’s contribution to children and young people enjoying and achieving was rated as good by Ofsted in March 2008.

3.8 Whilst there is still a long way to go in terms of promoting greater equality of outcomes between looked after children and their peers, this represents a significant improvement and suggests that our strategy is successful.

4. BACKGROUND—WHY CHANGE THE MODEL OF SOCIAL WORK DELIVERY?

4.1 In recent years there has been significant progress and a substantial improvement in meeting and exceeding performance targets for Children’s Social Care in Hackney. Despite these improvements, there was a belief at senior management level, that to some extent, social work had lost its way, lacked confidence, expertise, gravitas and is over-bureaucratized. This view of social work is not exclusive to Hackney; the need for change has been recognised nationally not only in the implementation of the Children Act 2004, but specifically in relation to social work roles and tasks.

4.2 In order to realise the vision for children’s social work, Children’s Social Care in Hackney has undergone a wholesale restructure which is now in its final stages. We have had enormous success in retaining a large number of our current staff group and in recruiting new people. We believe we now have the workforce we require to deliver social work of the highest calibre.

4.3 Reclaiming Social Work is about providing high quality services to children and their families. We recognise that the job of a social worker is a challenging one requiring a range of complex skills and a sound knowledge base from which to practice. This includes the skills and knowledge to successfully carry out effective assessments, implement evidence based intervention methodologies with families, understand both the physical and emotional development of children and young people, the ability to make positive relationships with families and other professionals, strong report writing skills and good communication skills. Practitioners also need to be confident, articulate, and professional and have stamina and determination. In short to provide an effective social work service is a difficult job. We have set high expectations to provide good social work practice and also expect staff to perform at a consistently high standard in their work with all children, and to improve their response to looked after children.

4.4 The change programme overall, however, is at its very initial stages. This is a long term strategy of 3 to five years. We have set out to change a culture of practice and management which has built up over many years in the profession, nationally and locally here in Hackney.

5. RECLAIMING SOCIAL WORK—THE NEW MODEL FOR SERVICE DELIVERY

5.1 In summary, the model will restructure the front line social work service into units, with Consultant Social Workers (CSW) leading each social work unit. There will be 48 social work units across the Children's Social Care division, providing services to all groups of children including those at risk of harm and children who are looked after by the local authority.

Each unit comprises:

- 1 x Consultant Social Worker—a practising social worker with management responsibilities, paid at Team Manager level;
- 1 x Social Worker;
- 1 x Children's Practitioner—a non social work qualified practitioner;
- 0.5 Family Therapist or Clinical Practitioner; and
- 1 x Unit Co-ordinator—with responsibility for co-ordinating diaries, arranging meetings and generally ensuring the unit runs efficiently.

5.2 The whole unit works with the child and family, and the traditional model of case allocation is not followed. The CSW has ultimate case accountability and formally the cases are allocated to them, but each member of the unit undertakes tasks in relation to the social work intervention. The CSW leads a weekly case discussion meeting where each case is reviewed and plans made for the following week. This meeting is a crucial element in ensuring the effective functioning of the unit and maintaining accountability for the work. For looked after children this is reducing the possibility of drift—unit members will be reviewing the plans for these children on a weekly basis.

5.3 A programme addressing professional development and culture change is running alongside the changes in structure to ensure that staff acquire the competencies required to manage the service. All social work units attend a 5-day induction course before starting to operate, with a further five follow up days during their first 12 months.

Two key elements of the new model are:

- professional autonomy—decision making at CSW level; and
- purposeful intervention using methodologies which have a proven evidence base—specifically systemic family therapy and social learning theory.

6. WHAT WILL THE CHANGES ACHIEVE?

6.1 The objectives of the new model of service delivery are to:

- provide a systemic model of intervention with families, which is balanced with risk management of cases;
- develop the clinical and therapeutic services on offer to families;
- provide a framework for professional development of social workers and managers, with a structured career path leading to qualification for unqualified children's practitioners;
- devolve authority to ensure timely response and efficient service delivery on the front line;
- ensure a balance between assessment and provision of services by increasing the amount of time spent on direct intervention;
- expand targeted family support services in order to shift the emphasis in favour of early intervention for families;
- continue to reduce the numbers of children coming into care by enabling them to remain safely with their families; and
- ensure that the children's social care workforce is competent, confident, fit for purpose and in a strong position to respond to the demands of the Children's Trust developments.

7. IMPLEMENTATION AND EARLY FINDINGS

7.1 Implementation began in January 2008 and there are currently 15 social work units up and running in the following areas: Children in Need, Looked After Children, Rapid Response, Adoption, Homerton Hospital service. There is a plan for gradual implementation during 2008 and into 2009, with groups of social work units being implemented as new staff are appointed.

7.2 The Consultant Social Worker post is crucial to success and there is a rigorous selection process to ensure that staff of a high calibre are appointed. We anticipate that all 48 posts will be filled with permanent employees by March 2009.

7.3 The first group of units have now been operating for three months. Early findings indicate that there have been significant changes in the way the services have been received, by families and viewed by other agencies. The early findings are outlined in the following paragraphs.

7.4 Consultant Social Workers report that because there is a more intensive intervention, they are seeing change happen in families at a faster rate. There is less likelihood of drift.

7.5 The Unit Co-ordinator is described as invaluable and other members of the social work unit are able to spend more time working with families and less time on administrative functions. For looked after children this translates to more time spent with children, and less time in the office.

7.6 Children and families have quickly understood the concept of the social work unit and when making contact will ask to speak to other members of the unit if the person they have telephoned is unavailable. Other professionals in the Homerton Hospital service have reported an improved response from the social work service.

7.7 Members of the unit report that they are able to use the clinicians within their units to see families through a "clinical lens". Unit members are still learning how to mix the disciplines and work together effectively, but the initial feedback is positive. For children waiting to be adopted, this means they can access therapeutic help at an early stage and do not have to wait until they are in a settled placement.

7.8 The units are developing a culture of shared ownership and positive working relationships. The Consultant Social Workers report that the units deal very effectively with emergencies, with all members working together to assist families in crisis.

8. EVALUATION

8.1 An independent evaluation has been commissioned and will be undertaken by Eileen Munro, Professor of Social Work at the London School of Economics working with Human Reliability, a consultancy firm specialising in impact evaluation.

8.2 The evaluation will consider how the model is working across Children's Social Care and will look at whether practice is improving and the impact on children and families. The evaluation will give particular consideration to outcomes for looked after children. A range of measures and processes will be used to establish success in these areas. The evaluation will be carried out over a two year period with published reports produced on an annual basis.

May 2008

Witnesses: **Cllr Les Lawrence**, Chair of the Children and Young People's Board, and **Caroline Abrahams**, Programme Director for Children and Young People, Local Government Association, **Marion Davis**, Director of Children's Services, Warwickshire County Council, **Steve Goodman**, Deputy Director of Children and Young People's Services, London Borough of Hackney; and **Pauline Newman**, Director of Children's Services, Manchester City Council, gave evidence.

Q448 Chairman: I welcome Councillor Les Lawrence, Caroline Abrahams, Marion Davis, Steve Goodman and Pauline Newman. Although these sittings are formal and on the record, we try to handle them relatively informally, and we use first names unless people object. We are coming to the end of the inquiry. After the ministerial meeting next Wednesday, we will enjoy the process of writing up our notes on the inquiry, which has been quite long. This sitting is very important for us. We want to ask all sorts of questions that have been prompted by visits to Denmark and to other places around the country. I know that Councillor Les Lawrence has to leave after about half an hour, so some of the questions will be directed at him in the first instance. I will give a couple of minutes to Councillor Lawrence to say where he thinks we are with regard to looked-after children and what he sees as the main challenges. I will keep him to two or three minutes.

Les Lawrence: Thank you very much, Chairman. We are dealing with one of the most vulnerable groups of young people. Although a number of

challenges face us, there have also been a number of improvements. One of the major improvements is that local authority services are moving towards a more preventive and early intervention arrangement to try to stop the number of children who are coming into care. Secondly, a lot more emphasis is placed on taking children into care on a temporary basis so that they can return to their families when assistance and support have been provided. Another area in which we have seen quite a lot of improvement is the extent to which those children who are in care are becoming much more actively engaged and involved in what happens to them—how they are to be supported and assisted. Moreover, another challenge, which, hopefully, will be helped by the legislation that is beginning to wend its way through the House, is the whole issue of transition, especially at 16. As you know, much of the support that is available up to that age ceases. A number of foster carers are taking on the responsibility without support and continuing to look after young people. Local authorities are looking at how independent

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living can be supported and how youngsters can move into employment training, education or a combination of the two. Of course, at the moment, resources for that are becoming tighter. Another challenging issue is commissioning. How do you evaluate, monitor and set the quality? Rather than targets, the emphasis is now shifting to outcomes, and we now ask what beneficial outcome is being achieved through the commissioning process. In general, local authorities are beginning to turn the curve. It is not happening as fast as many would like but, in this instance, progress is being made with a much greater degree of clarity and care, so the benefits that are accruing can be seen by those who are being assisted. The final aspect is the extent to which we have not, as local authorities, addressed the role of all elected members, in all local authorities, in the concept of corporate parenting. That applies not only to metropolitan areas, but to the shire counties—I do not think that district councils fully understand their role in that arena, and they have some responsibilities under the “positive activities” heading. That message has not got across. The Local Government Association has done a lot of work with the Improvement and Development Agency in putting together a series of documents, and it is initiating training to ensure that lead members are fully cognisant of their role not only in the generality of corporate parenting, but in the legislative framework within which they are working.

Q449 Chairman: Councillor Lawrence—I will give the others a chance to get their two minutes in—may I ask you, if you are looking at the general trends from an LGA rather than a Birmingham perspective, whether this worries you? Hackney has looked at the number of children going into care and reduced it through a range of policies. You can contrast that to another of your members, Manchester, which has, as far as we can tell, the highest number of children in care of almost any other authority in the country. Does that make you uncomfortable? What is your take on the contrast between Hackney and Manchester?

Les Lawrence: I would not wish to comment directly on Manchester or Hackney, because that would be inappropriate.

Q450 Chairman: I was using them as examples. One has a very high level, almost like Denmark, which we visited. Denmark takes twice as many children into care as we do. Does that mean that the Danish are doing the job better, or that they are not doing it so well? You might say, “Oh, that’s because it’s Denmark,” but Denmark has twice as many as both Sweden and Norway, so the situation is more complex. Is it better to take fewer children into care?

Les Lawrence: At the end of the day, the ultimate aim should be to ensure that as many children and young people remain within a family construct as possible. The move towards much earlier intervention and preventive frameworks, such that you can identify families that are getting into difficulty, is the right way to go. However, the

bottom line must always be that, if a position arises where it is essential that a child be taken into care, that should happen—it may well be that you do that on a temporary basis to assist the family with supportive services and early intervention. At the end of the day, if it is absolutely necessary to take a child into care, that child should indeed be taken into care.

Q451 Chairman: But should children be taken into care on the cheap? Only about 13% of children go into institutional care in England; 71% go into foster care in this country. In Denmark, it is about 50:50. Is foster care a cheap alternative?

Les Lawrence: No, foster carers are not a cheap alternative. They are a very effective alternative and they should be remunerated at a level that enables them to fulfil all that would be expected of a normal family situation. Equally, local authorities should do their utmost to create residential environments that equate, as closely as it is possible to achieve, to a family environment. Many local authorities are now moving away from what I call the traditional institutional-type environment into three or four-bed homes where youngsters can begin to feel that it is much more of a family environment, but that requires a number of other characteristics. It needs us to raise the esteem and skill levels of the staff in those residential facilities, such that they are not seen, as they often are, as the lowest order in the social care arena and that they are trained in a way that makes them much more able to relate with the young people, so that they are seen almost like parents. However, that does not come cheap either, and it will take time to evolve. We also have to recognise that foster carers tend not to take children much beyond the age of eight, simply because often children in the older age group have become much more challenged and have many more difficulties. Therefore, we need to find a way in which we can encourage foster carers to take older children and give those children the same degree of family environment as the younger ones. You need supportive services to enable that to happen.

Q452 Chairman: Marion Davis would sort of dissent from that point, so I will bring her in.

Marion Davis: In Warwickshire, the vast majority of our children—about 93%—are placed in family placements. We invested heavily in foster care in the county, stemming from a decision over 20 years ago to close all our in-house residential care. Over that period, there has been a huge investment, not just in terms of the allowances that we pay, although those are important, but in the training, development and support that we offer to our foster carers. We were sheltered from some of the experiences of some authorities that have lost foster carers to the independent fostering agencies, which by and large pay significantly more and cost local authorities a lot more to place children. We would use foster care as our placement of choice for the whole age range, certainly not predominantly for the under-eights.

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Chairman: You will excuse us, but this process is difficult for the Committee. Normally, each member of the Committee has a section of questions that they supervise, but because of Councillor Lawrence not being here very long, we are breaking the mould. David Chaytor.

Q453 Mr Chaytor: Thank you, Chairman. I would like to pick up on the points that Councillor Lawrence made about the role of the local authority as the corporate parent and particularly the position of the non-executive members of the authority. What more could be done to make non-executive members more aware of their responsibilities as the corporate parent?

Les Lawrence: There are two or three things. The first is that those members who are involved in scrutiny can look at the whole process of corporate parenting. Secondly, all elected members should have, as part of their induction training and ongoing training, a session on corporate parenting so that they fully understand their individual role. In addition, there should be much more encouragement of all elected members to be involved on an individual basis with the section 33 visits to homes, especially those homes that are in their wards or in the constituency area around their wards. They should also be encouraged to be much more engaged with the young people themselves. Many councils have created children in care councils and corporate pledges, and that means that the young people themselves have been much more engaged in developing and playing a role in those bodies. One other way that youngsters themselves can be engaged with elected members is to have named councillors with groups of young people, which I know one or two authorities have developed as well. That is why I said earlier that district councils, which do not have a direct role in children's services within shire counties but have direct involvement in the provision of activities where youngsters can fulfil the positive activity role, also need to understand and be involved in the concept of corporate parenting. It needs to be a mandatory element of training. It is not something that is just a one-off. It has to be something that is done on a returning basis, if you like, under the concept of professional development—I use the word “professional” loosely in regard to elected members, yourselves excluded.

Q454 Mr Chaytor: In respect of the structural changes that most local authorities have taken on board in recent years, such as the move to children's trusts and children's services departments, are there specific improvements in Birmingham, for example, that you could attribute to the more integrated approach to children's services that now applies in most local authorities?

Les Lawrence: Yes. I think that the children's trust arrangements have enabled services around children in care or looked-after children much sooner than would perhaps have been the case if they had not been there. I am thinking of the relationship with the health service to provide health provision and the development around the child and adolescent

mental health service, which is much more involved in assisting lots of young people. Yes, it is evolving. I also think that there is a greater understanding about the commissioning role, simply because there is now much closer working together not only in terms of children's services but in terms of adults and communities. Lots of local authorities, my own included, have appointed officers specifically responsible for transition not only in terms of children in care but for the generality of children, although children in care specifically are an aspect of their role. That kind of evolutionary approach is beneficial. There is one other aspect that I would like to mention. Perhaps if the Department set a floor target in terms of service expectations, all local authorities would at least have a benchmark below which they knew they could not go.

Q455 Mr Chaytor: Leaving aside the question of multi-agency working within local authorities, certain areas still seem to be consistently weak across local authorities. The evidence that we have received points to the question of people leaving care, and the inadequacy of arrangements and advice on further training, education and employment as well as housing once they leave care. Can you say, hand on heart, that you think that the establishment of children's trusts has strengthened the provision of advice and appropriate housing for care leavers?

Les Lawrence: It is coming. The issue of advice and guidance is becoming more strengthened now that Connexions has become embedded within the local authority. For those local authorities that still have a housing function, the ability to set aside properties to enable youngsters in care to live independently is much easier to facilitate, although some local authorities have been able to enter into agreements with registered social landlords. However, I must say that anecdotally, comments have come back that there is a reluctance on behalf of externally located housing providers to take children in care because there is some kind of stigma attached to having been in care, which I think is unfortunate. However, it is beginning to happen. I think the full extent of the issue is that, because all elected members have not owned it, it has not been fully understood, to the extent that it should, among the elected fraternity. Officers, I think, have fully understood it, but now that it is coming much more into the role of lead members it will begin to become an issue that is of high focus—linked, of course, to the whole safeguarding issue and an understanding of that interrelationship as well.

Chairman: Douglas, Edward—do you have a question for Councillor Lawrence?

Mr Carswell: I want to talk more about variation in local authorities.

Q456 Mr Timpson: Can I pick up on the role of the corporate parent, but from the point of view of the child in care. The concept of a corporate parent, to a child in care, is frankly probably fairly meaningless. When they understand what their care plan is—although I think from the statistics I have seen that a third of children in care do not even know what

their care plan is, which is worrying in itself—what they are interested in is that they may want to challenge the care plan. They may be concerned about the change of school that is being put forward, or a change of placement at a time when they are not ready for it. With respect to the channels they can go through with the local authority to try to make their voice heard, have we done enough to try to make sure that children in care have the ability to challenge what is happening to them, or is there more that we could be doing?

Les Lawrence: The simple answer is not yet. There is still a lot more to be done. The concept of the designated adult, as I call it, where the child has a person they can always turn to, is one that is still being developed. Equally, the whole development of children in care councils, and the appropriate pledges, is still in its infancy, although it is beginning to allow youngsters to have a voice and a role to ensure that they themselves are not only being heard but are being listened to. I think that there is a long way to go. At the end of the day it is about getting the message across to elected members as well so that they can consistently challenge on behalf of the young people—about whether they are receiving the same degree of support and service that would be expected in all sorts of other environments. So yes, you are right—the phrase “corporate parent” is synonymous with the sort of high-flown language that they would not necessarily understand; but it is about what kind of relationships are there on the ground, and the conduits through which they can actually engage and make their own feelings and their own desires known—it is happening but we still have a long way to go.

Q457 Mr Timpson: And does that extend to the role of the independent reviewing officer and concerns that have been expressed that the officers are not independent enough to be a channel for children to use to make their feelings heard?

Les Lawrence: I think local authorities are doing their utmost to ensure that the word “independent” means what it says, even though they are within, if you like, the local government family; because at the end of the day you need to have a view that challenges—questions—what is being done, not only in terms of the officers but the elected members as well. Again, I think it is a developing role, because sometimes the degree of challenge is not always readily accepted; but it has to be understood that that challenge is essential if the process, the system and the outcomes are to be achieved for those who are the focus of all this—the children themselves.

Chairman: I think we have now given Councillor Lawrence a chance to show that he is here, and he has had some questions directed at him. John wanted him to be the lead respondent on his section of questions, so John, do you want to get started?

Q458 Mr Heppell: Everyone else can answer as well. First, back to corporate parenting. I have a slight worry about the way we are describing it—the idea that councillors at district level, as well, are getting involved in the whole process—because I worry

about the corporate parent already not being prepared to take risks. There were foster parents who said to us, “The corporate parent is over-prescriptive”; they look at guidance and think “Oh, we’d better go on the safe side of this, to be certain.” There is not enough delegation to foster parents because people are worried about whether the right decisions would be made. It is no good sticking councillors in, because they are elected members; I have been on a council myself, and the last thing they want is a scandal, child abuse, a child death or something like that. Is there not a worry that the corporate parent will become even more cautious as elected members get more involved?

Les Lawrence: As they understand the nature of the role, I believe that they will be less risk-averse. If they do not understand, the very nature of the concern and the high profile of some cases will lead them to be risk-averse. However, if they understand the various component parts of the overall role—they are the guardians at the end of the day and not the prescribers or descriptors of what should happen to each and every child—they will know that a care plan is in place, that the right relationships are in place, that the young person is in a school where that youngster’s potential is likely to be fulfilled, and that the foster caring arrangements are suitable for that child. In that case, the overall responsibility for the corporate parent is fulfilled, and a watching brief can take place. Yes, I agree that if you expected the elected member to be at the chalk face, providing oversight on every action and every activity, it would be a total misuse of the elected member’s role. The non-executive back-bench member, as well as the lead member, should be providing that oversight and protection to ensure that the system is working for the person at the centre—the child in care. We must not forget that elected members are heavily involved in adoption and fostering panels. That is a distinct and responsible position in itself, and it facilitates the right environment to ensure that the children and young people are placed in the most appropriate arrangements for their needs.

Q459 Chairman: John, before you follow that up, I know that Pauline Newman wants to come in, and as your section is on improving the quality of children’s care, I think we should now give everyone the chance to have their two minutes. Shall we riff through them? Pauline, you wanted to come in, but will you also tell us a little about what you believe is the present situation in the quality of children in care?

Pauline Newman: In Manchester, we have high numbers of looked-after children. The number is coming down, but our goal has been to focus slightly on the Denmark situation. In the context of circumstances in Manchester, our goal has to be to see to it that the numbers come down safely. We are trying to get to a position where we are absolutely clear that a child comes into looked-after status only when necessary and only if they are likely to benefit from that status. Figures can mirror quite a lot of difference. We in Manchester should not really have this, and we are working on not having it, but some

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looked-after children are at home, because orders have been made that we did not really want. We wanted supervision, and we have ended up with something else, but we are reducing those numbers through the mechanisms. However, quite a lot of young people are placed with relatives and friends as carers. Yes, there is oversight, and increasingly we are trying to make them come under special guardianship or other provisions. Manchester is a place that, despite its regeneration, has a high level of deprivation and some persistent issues that impact on children. It is the case that some of our elected members are worried that we do not admit enough children to looked-after status, so we as officers have a significant job to do, which is about developing our early intervention and prevention, and making our placements as cost-effective as we can, and not poor-relation placements, so that we can move money into early intervention and prevention. Our search for additional preventative mechanisms has led us to focus heavily on parenting—working with parents in quite structured ways—and also on emotional resilience training for children and young people; I heartily object to them being called happiness lessons, but it is a clear programme and our youngsters and the schools are now saying that it is benefiting them, without a shadow of doubt. We are managing to steer our spend more towards keeping youngsters out of looked-after status, but we need to remember that reducing the numbers of looked-after children is also about increasing new adoptions and other ways of having families support them. We are about all those things, but we are keeping a close eye on safety. While we have reduced the numbers of children with looked-after status, our numbers on protection plans have increased. What we are doing is maintaining children just below the level of looked-after status, and we have to be very careful about that.

Chairman: Thank you. Steve Goodman.

Steve Goodman: I was going to say something about “Reclaiming Social Work”, a change programme we have been leading in Hackney for the past two years. We believe that social work with families and young people is a complex task, more akin to other professions such as psychiatry and law. Hence, practitioners need high intellectual ability, good people skills and a tool box of interventions if they are going to practise it well. In this country, we are a long way off that. The situation has probably got worse rather than better over the past couple of decades. Training courses are not fit for purpose. There is a strong emphasis on training courses on values but they teach little about methodology. Those entering social work training are often lacking the basic ability to do such a complex job well. Recognising that, the Department for Children, Schools and Families and its predecessors and local authorities have introduced more and more layers of bureaucracy around children’s social care in an attempt to compensate. The system has become risk averse and it strangles good social work practice.

Q460 Chairman: Poorly trained social workers result in over-compensation in regulation?

Steve Goodman: Yes. In Hackney, we are completely changing the way in which we do social work. We are emphasising systemic approaches and social learning theory interventions, which have a good evidence base. We have created consultant social work units instead of teams, and we are attracting high-quality consultant social workers, most of whom have been trained abroad. We are protecting them from bureaucratic burdens. That is leading to far fewer children in care. We have reduced our number of children in care from 470 to 340 in the past two years. That means we have about 63 children in care per 1,000 now as opposed to our statistical neighbour’s 94.¹ We also have an improved service for our looked-after children. We believe that “Reclaiming Social Work” signposts the way in which children’s social care needs to be practised in this country.

Chairman: Finished?

Steve Goodman: Yes.

Chairman: Jolly good. Marion.

Marion Davis: Every local authority is in a different situation. Our looked-after children numbers are comparatively low but rising, which is a different scenario to that of my colleagues. I do not think that there is a right number of looked-after children. We should focus much more on the quality of the assessment and the work that is done with individual cases or families. As colleagues have said, what we are all engaged in now is trying to shift our resources towards supporting families, investing in early prevention and using the common assessment framework and the greater effectiveness that we have as partnerships and children’s trusts to prevent families being under the kind of pressure that necessitates children coming into the looked-after system. I would not see care as always a placement of last resort. It would be a mistake to see it in that way. We know that for many children who are looked after, their long-term outcomes are not good. If we can support families to safely parent and bring up their own children, then we believe strongly that that is the right way forward. Integrated children’s services departments or directorates, as they are variously called, are using the power of partnerships to bring together a whole series of measures in a way in which we did not when we were social services departments and education departments working separately. There is still a long way to go. Some ask, “Are we there yet?” The answer is no, we are not. Even this Government, who are clear that they are in a hurry to narrow the gaps—rightly—in equalities between children and families, have acknowledged that it is at least a 10-year programme, and we are only five years on from the launch of *Every Child Matters*. There are a huge number of measures in *Care Matters*, most of which local authorities welcome. An awful lot have yet to work their way through or to be seen to provide the outcomes that we need and the more positive experience for children and young people who are on the edge of care or who become looked-after. We are trying very much to see that as the spectrum these days. I can offer a perspective on corporate parenting later.

¹ *Note by witness:* The correct figure is about 63 children in care per 10,000.

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Chairman: Yes. Douglas, do you want to ask Steve a quick question before I go back to John?

Q461 Mr Carswell: You said that most of the social workers you were talking about were trained abroad, but in which countries?

Steve Goodman: America, South Africa, Canada and New Zealand. Basically, those training courses teach social workers methodological approaches, which are severely lacking in courses in this country in the main. It is also interesting that some of the major universities that used to provide good social work training, such as the London School of Economics and Oxford University, have stopped doing so in the past few years.

Q462 Mr Heppell: That has thrown me. Why have they stopped?

Steve Goodman: You might want to ask them. When I did so, they said that they stopped because they thought that academic rigour has been removed from social work training criteria.

Pauline Newman: In Manchester, we have some excellent social workers, although I am sure that is also true anywhere else. We tried and succeeded in getting some from Canada but, to be blunt, it did not work, for a range of reasons. Broadly, there were similarities in Manchester with what Hackney is saying. There is an intense connection between the new children's trust arrangements and "Reclaiming Social Work". To effectively reclaim social work, in my view, we must have the kind of collaboration and working by other agencies that means that social workers are used only when the need is highest and at its most complex. One thing that we are trying to move to is a neighbourhood-focused model that can put a team around a child in a school using the common assessment framework and the lead professional role. We are also trying to keep the highly trained, reflective, systemic social workers for the most complex needs, and providing them with the wherewithal to offer a consultancy role to other professionals. To my way of thinking, you cannot do that unless some of the children's trust arrangements are working well, so that lower and more ordinary levels of need could be dealt with by a lead professional in a SureStart centre, a school or whatever. We have a pilot going on in the north of the city. It must have the two things running together, but it is about raising the profile of what are at times, in sharp urban areas, beleaguered staff.

Chairman: Councillor, answer that question briefly because John wants to go back to his main theme.

Les Lawrence: I honestly believe that we have a golden opportunity to create a work force remodelling process for social workers as we have with the teaching profession. That has raised the profile and status and the concept of teams within the classroom, let alone the school. If we applied the same principles to social work practices, we would vastly improve the esteem, value and nature of social work.

Q463 Mr Heppell: I want to return to the earlier theme. *Care Matters* has lots of good intentions to give more flexibility to foster parents. How do you stop the misinterpretation of guidance from above and people taking the safe option because they are governed by the fear of risk? What is to stop that always being channelled out by the individual manager, or someone saying, "Oh no, we can't do that

Steve Goodman: That is exactly one of the points that I am making: the culture that has grown up around children's social care is risk averse. We need to move to a culture that manages risks appropriately. That means that you have to have high-quality foster carers with yes, reasonable remuneration in terms of the money we pay them, but more importantly expert support. We have, for instance, social learning theory-trained clinicians offering advice to foster carers on behaviour management techniques for the more difficult children that they are looking after, and you have to have high-quality social workers supporting those foster carers. You have to get those two things right. There is nothing in *Care Matters* that I would necessarily disagree with, but if all you do is that and you do not address the fundamental issues of the quality of foster care and of social workers, you will not move the agenda on.

Q464 Mr Heppell: Are the quality and quantity of foster carers governing how many residential places there are? Marion was saying, "If we could, we would have more foster placements." Is the reality that if we had more foster parents—most areas are always struggling to find more—and they were of good quality, we would have fewer and fewer residential placements?

Steve Goodman: My personal view is that we should not have children in residential care. That should be the last option. Some 7% of our looked-after population are in residential care. Residential care is not a place where we should be bringing up our children. As Marion says, we should be bringing them up in family-based situations as far as possible. The evidence base for residential care is not a good one. I know that you as a Select Committee and others have been talked to by representatives of the residential care providers. They are bound to make a good case for why residential care should be used, but the evidence base is pretty—

Q465 Chairman: We also talked to a lot of children who had been in care, and a significant number of them said that they preferred the residential situation to some of the other experiences they had had.

Pauline Newman: I would have to offer an alternative perspective, because, driven partly by shortages of good-quality foster carers—we are currently setting some standards, meaning we are losing foster carers but we are going to stick with it—we elected five or six years ago to build six small children's homes in the city in areas of high need. We did an analysis. We went back to the notion of a children's home in an area where we are getting a lot

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of young people coming into care, and we have built six of them. The last two are coming on stream this month. They have already reduced our use of external residential care. It depends what you do with them. We have good NVQ programmes and good training. We have recently had some of the children's home staff on the emotional resilience training course. For Manchester, it was necessary not to put our eggs in one basket. At times, we are dealing with some young people who do not want to be fostered. My view is that you need a range and choice of places and situations.

Mr Heppell: I have to leave the Committee to attend a debate on an Icelandic bank, but I will return.

Q466 Fiona Mactaggart: It is often very convincing when we hear people at the leadership end of the tree, which is who we are hearing from today, but we have also spoken to children in care and to foster carers, and one story has really struck me. I was talking to a couple of sisters who were in care. They were 16 or 17, and they had a younger sister of 13 whose behaviour was obviously very troubling. She was in a children's home. The three other occupants of that children's home were 16 and 17-year-old boys, and the two older sisters thought—I think they were right—that that was an unsafe place to put their younger sister. She is obviously very difficult to manage—I have no doubt about that—but one of the things that we hear about is people choosing that to give a safe option to a child, but then saying to another child, “Oh, we haven't got around to saying you can go on your school trip and your foster carer is not allowed to approve your school trip.” We have heard that story from all over the country. It seems to me that the way in which risk is being assessed is stupid. What do you do to stop it being stupid?

Pauline Newman: To answer that question directly, I think that it goes back to Steve's point about both culture and the behaviour and attitudes that are expected from staff and how they are performance-managed. It is easy at our level to send out messages that have become heavily misinterpreted by the time that they get to the front service delivery point. It is our job to make sure that they are bolstered by sensible guidance at each level. I certainly do not want—I do not believe that we generally do—to disempower young people who want to do things as they would normally do them. We have to get the processes on the ground well understood. In relation to the discussion about corporate parenting, this is what I think corporate parenting has to be about. Oodles of statutes are written about the role of a directorate of children's services, and colleagues may agree or disagree, but at the end of the day, I have decided, it boils down broadly to encouraging collaborative working to produce better outcomes for children. There are lots of pages, but that is the nub of it. If that is our job, it is mirrored by the job of elected members, particularly executive members for children's services—or whatever they are called—up and down the country. Their job is to push those big blocks of responses from local authorities into place: responses from leisure about swimming pools, leisure passes and involvement in

sport; responses from health about all the kinds of thing that it presides over; and responses from housing. There has to be involvement in personal or smaller matters in terms of looking at the performance management of the services—information is supplied to them about that—and dipping, as we all do, into the reality of the situation. In Manchester, the scrutiny committee now has a sub-committee that meets regularly with looked-after children. All these things go on, but its job is to say all the time, “What's the impact of this on the most vulnerable children in the authority, including those who are looked after, and how can we positively shape our offer to them within the broad offer to children in Manchester?”

Steve Goodman: But I think specifically—

Chairman: Hang on a second, Steve. Caroline was nodding, and she has been totally neglected. I think it is time that Caroline had a shout.

Caroline Abrahams: I have been listening to this debate with great interest, and I must say that I have agreed with large chunks of it—what has been said resonates with me. We did some research over the past year with lead members for children's services about how they understood their roles, and we have been thinking a lot about the subject. It is important that lead members understand that they are politicians, not officers or super-officers. There is a bit of a risk, because when you look at the backgrounds of lead members for children's services, they are quite often selected partly because they have a relevant professional background as a teacher or social worker. At one level, that is great, but the risk is that they will get drawn into the detail of delivery. As has been suggested, a separate and different role has to be played. Those people are there to work in partnership with their DCS. All the high-performing local authorities have strong joint political and professional leadership—I do not think that there is any doubt about that—but there is an inherent tension in that relationship, and those people have to be nosy, restless and inquisitive, ask difficult questions and sometimes put DCSs on the spot. Scrutiny is incredibly important as well. We are certainly doing a lot of work to respond to the research and to support lead members for children in understanding their jobs and carrying them out as effectively as they can.

Steve Goodman: Specifically on the issue that Fiona raised—school trips and other things that appear to the organisation to be minor but to the child in care are very important—we have said very strongly in Hackney that the consultant social worker and the members of the consultant social worker's unit should be able to make such decisions. Up and down the country, including in Hackney a couple of years ago, for lots of processes and procedures, managers who did not necessarily know the child very well made the decisions. This is about a good relationship between the consultant social worker and their unit and the foster carer so that those sorts of decision can be made as quickly as a parent would make them. Often, that involves the child bringing something home from school, with a decision being made that evening and the signed form sent back to school the next day.

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Chairman: Paul has been stimulated to come in on that point.

Q467 Paul Holmes: You say, “Let the social worker decide.” A lot of children and foster parents said to us, “Why not the foster parent?” They are much more immediate. They are there the same day, just like a parent, when the kid comes home from school.
Steve Goodman: Yes. The issue there, of course, is that looked-after children can be in a very different position. Some looked-after children are embedded with a foster carer and have been there for a long time. As that time increases, the foster carer should increasingly be able to do the sorts of things that a parent would do. When young people have recently come into care, more discussion would be needed with the social worker. However, the issue here is the good professional relationship between foster carer and social worker; it is about enabling the social worker to make the decisions with the foster carer about what is appropriate.

Q468 Chairman: Before I take this question back to Fiona, early in our inquiry, we were told that our terminology was old hat, that we no longer call these children looked-after children, and that we have reverted to using the term “children in care”. Uniformly, however, you are using the other term, so we are totally at sea. What is politically correct?
Pauline Newman: I think that the technical term is children in care.

Q469 Fiona Mactaggart: That all sounds good, but we are always told that when you phone the social worker, the social worker is often not there—no one is there. Your system in Hackney sounds as though there might be someone there who could do it, but that will certainly be someone who knows the child less well than the foster carer, even if the latter has had them for only a week. That is a symptom of a sort of risk-averseness that worries me. I am talking about not only trusting foster carers to approve a school-organised trip, but the problems of arranging an overnight visit to a friend’s house, which, in some ways, is much more brutal for cared-for children, because they cannot bear the fact that if they are going to go to a sleepover, Criminal Records Bureau checks will have to be made on everyone in the house that they would go to. From talking to such children, I know that that can cause more pain than most other things. It seems that we have failed utterly to normalise their lives, or to make them feel loved and respected. As corporate parents, I believe that we should all be ashamed of ourselves. I would love to hear something about changing things for them that is more radical than I think I am hearing.

Pauline Newman: I agree, but I feel that if we now have a risk-averse social care profession, we need to consider how it got there.

Q470 Chairman: Steve, would you say that that is because you have rotten social workers?

Steve Goodman: I think that there are other reasons as well.

Q471 Fiona Mactaggart: Is it because you have badly trained social workers? Let us be honest.

Pauline Newman: I qualified as a social worker donkey’s years ago—in 1976—and the profession has not had much respect over the years. Successive inquiries might have shown failings in our multi-agency systems, but from the social carers’ point of view, they have been focused on as the people who—for self-preservation as well as the wish to do better—apparently got the message to take less risk. This has something to do with the societal position of the profession, and part of what Steve is talking about is raising its head again. We are saying that this is a respectable profession to be involved in. The bottom line is that many people now do not trust social carers’ judgment. If they do not trust them, why should they keep moving things down so that social workers can do them—and eventually so that foster carers can do them?

Fiona Mactaggart: I do not necessarily see foster carers as moving down.

Pauline Newman: I am sorry. I agree entirely, but you have to feel some confidence. Someone like me must feel confident that something about the analysis among the child, the social worker or teacher, and the foster carer is going to work well so that the right decisions are made. We should feel that the person, as the youngsters themselves say, is supposed to get to know the child, to listen to them and to understand their wishes and feelings, yet that person can change every four weeks. In Manchester, we have far too many changeovers of staff. As a result, one can feel a bit insecure about that kind of decision-making process. Additionally, children still move placements quite a lot. I take your point, but for us to delegate to a foster carer comfortably, in the context in which we work, we would need relationships that were pretty sound and secure. Perhaps we should listen more to the judgment of the young people, but you can imagine the scenario when we get this wrong: we let them go, and they are abused. Perhaps we should think much more about how we protected our own children. Is not the bottom line that when you allow them to stay overnight, you might not know very much about the parents at all? You might just know something about the other child, so how do you make that judgment? One of the ways I made it with mine was to make sure that I trusted her judgment, and the signs that she would know—was she comfortable?

Marion Davis: I think that Fiona raised some important issues about how young people themselves become stigmatised in a lot of settings, whether at school or wherever. I think that it is our responsibility to try to reduce that feeling of difference and to support them in the sorts of situations that you mention. However, I guess, as Directors of Children’s Services, we never forget that we have the ultimate responsibility. We have to safely share that responsibility and safely enable decisions to be made in the best place but, in relation to the earlier debate about corporate parenting, I think that the wider you define the corporate parenting responsibility, the wider you can share that knowledge and that risk. We have talked a lot

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about elected members as corporate parents, but I think it is a much broader family that children have in that role. I talk to elected members when they first come on to the council and often ask them a little bit about themselves. I say to them, "How many children do you have?" Of course, they never say 488, which is actually the answer when they become an elected member. However, what we are doing is very much about involving the other partners in the children's trust as part of the corporate parenting perspective so that we are training, on a multi-agency basis, not just county council members and district and borough council members, but staff and non-executive directors from the NHS and the other partner agencies, to share in that responsibility. Just as, a few years ago, there was a phrase: "Child protection is everybody's business," I think that looked-after children should be everybody's business. The only way in which we really safeguard children and promote their well-being is by bringing all those partners together. It is not an easy journey, but I think that, in the long term, that is the way to go.

Chairman: Can I just hold everyone up a moment to explain what we must get through. This is wonderful for us and we are really enjoying it, but we want to get the most out of the session, and that means, cruelly, that we must get through another six sectors of questions, so I shall hold Fiona in check for a moment. She can come back on lots of other things. David, why don't you go for local authorities as corporate parents, because we are there anyway.

Q472 Mr Chaytor: One of the areas that we have not discussed so far in this respect is the relationship between the local authority and the criminal justice system. In my constituency that is a constant concern. It was interesting that Councillor Lawrence, on the concept of the corporate parent and multi-agency working, referred to health and made positive noises: had he still been here I might have pressed him on whether he really thought GPs have fully taken on board the *Every Child Matters* agenda, but leaving that aside, in terms of criminal justice, what do you feel is the state of the relationship between your local authority and your criminal justice system, and what needs to be done to improve that?

Marion Davis: Increasingly, youth offending services are sited within children's services directorates in local authorities, but we are still working very much with the same partnership of police, probation, health and the local authority and voluntary sector partners, on the whole agenda of youth offending. We sometimes find ourselves in a slightly conflicting situation with the police, as our respective targets pull us in different directions. The police are urged to bring offenders to justice quickly and we are urged—we are all, in fact, charged—to prevent youth offending: but we are in particular charged to work with the individual young person who may have got into difficulties. There is sometimes a culture clash: are they children first or are they offenders first? That is not always easy to square. Looked-after young people who get

involved in youth offending often suffer a double stigma, or double jeopardy. Their education and housing needs and chances of employment, training and so forth can be among the worst for our looked-after children and for children in our area. We have to work particularly closely with our partners to try to resolve some of the issues of that group. We have had some very robust discussions about whose needs we should serve. Through negotiations of the local area agreement, we are starting to bottom out some of the conflicts. Certainly the police in Warwickshire have softened their target-driven approach. We are developing a closer understanding, but we still have a way to go.

Q473 Mr Chaytor: Steve from Hackney council, have any of your structural changes, or reorganisation of social workers into these units, impacted or improved the relationship with the criminal justice system?

Steve Goodman: I do not know specifically whether it has. The fact that the youth offending service is part of children's services means that we are working very closely together across the piece. We are introducing the methodological approach, the systemic approach and the social learning theory into the youth offending service as well as replacing some of the old youth inclusions programmes and youth inclusion and support panel schemes. That is important. I agree with much of what Marion said. Hackney has a reputation for having a lot of crime. In fact, we are somewhere in the middle of the list of boroughs when it comes to the amount of crime, but our reputation lags behind that fact. The police have a responsibility to sanction and detect quickly. We are trying to keep children out of the criminal justice system. We have just agreed, through the youth crime action plan, to have workers from the youth offending team in custody suites to divert young people away from reprimands and into prevention services. Children who are separated from their families and taken into care in their teenage years face the worst outcomes of any looked-after children. Again, we try to involve the family when we are looking for solutions to a young person's issues. Generally, we are working very well not just with the local police but with the youth courts. We are one of the 10 multi-systemic therapy pilots in the country, and ours is the only one focused on trying to keep young people out of custody. To that end, we have been working very closely with the youth court. It is early days yet, but it looks as if we will get some good results. If you have a child in long-term care, it is very important that the social worker keeps working with that child through their journey through the criminal justice system and does not say, "I will stop now because the youth offending team is involved." Professionally, the lead relationship for that young person is with their social worker, and that must continue. That has not always been the case in the past.

Caroline Abrahams: I think that you have put your finger on one of a number of wicked issues in this area, and that is the relationship between the youth justice and the looked-after children systems. First,

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there has been noise in the system for the past few years about the supposedly perverse incentive on local authorities because the costs shift once young people go into custody. I do not think that anyone has any evidence that stacks up that suggests that that influences the decisions that local authorities make. It remains a wicked issue, and there is no doubt that tensions exist. Therefore, we will be running a project that looks more specifically at the relationship. We have also been running a project over the past year and a half called “Children in Trouble”, which works with four local authorities to try to reduce the number of young people going into custody. I am telling you this, because Salford, which is one of our four participating local authorities, has specifically tried to reduce the number of children in care going into custody. It has managed to do so quite satisfactorily, without an injection of new resources, by importing more restorative justice approaches into its children in care system. It tackled head-on, with good political leadership, some quite difficult issues, including the attitude of people who work in children’s homes, who are not a very empowered group of people, and the way in which such people interact with some of the systems and what that means for children. It has also tackled the attitudes of people in the police force, particularly police community support officers. It took the issues on, and it has made a difference. We have a formal evaluation of the project, but that does not give a good description of what Salford has done. We are going to do that and circulate it to authorities, because there is a lot for others to learn.

Q474 Mr Chaytor: Before I ask Pauline to comment on Manchester, may I tell a little anecdote. Last summer, I spent four weeks with Greater Manchester Police, and I spent part of the time with police officers on the street, all night, in different parts of the conurbation. The number of young people we picked up who were routinely questioned by the police struck me. The police were extremely efficient and logged incidents, but at no point did they question why the 13-year-old or 15-year-old was walking around the back streets of Ancoats at 3.30 in the morning. Is there any protocol in Manchester whereby the police report people of such ages automatically to the relevant social worker? The police might know them well, or know that they have been, or are, in care. Should they not be reported?

Pauline Newman: Yes, the short answer is that there is a protocol. The youth offending team in Manchester is run by the deputy chief executive’s office. There has been a great increase in joint working between the team and children’s services in the past year. As others have said, in many places, the teams are part of children’s services. In Manchester, we also need to look at what has happened in developing joint work on issues that impact on children, such as domestic abuse. We have a joint, multi-agency sexual exploitation team, because we are one of the northern authorities that have seen clear evidence of the organised, targeted

sexual exploitation of young women and girls in children’s homes. We have joined some things together in the past year especially, but I regret to say that performance management in both agencies is perhaps not at a stage that ensures that it happens every time. We have nevertheless developed much greater attention to missing children and children at risk of exploitation. In recent weeks and months, the new thing is the extension of the safeguarding perspective in relation to young people, guns and gangs. In fact, the police want more from children’s services than we believe we can give—we need further debate of some of the issues that are arising. A pilot approach to safeguarding in relation to guns and gangs will appear in Government guidance. Protective measures such as emergency protection orders are part of safeguarding young men who are out on the streets despite repeated warnings, Osman warnings and all kinds of things saying that they are likely to be shot, or warnings about people who are likely to shoot someone else. We have a lot of close working in Manchester. It is very much part of our council-led approach and neighbourhood focus to have respect action weeks to draw in high-profile policing along with action by other parts of the council to improve things. However, we come by very different routes. Some pretty strong debates get going on such things at times.

Chairman: We can return to that and drill down on it. I hope that you do not mind if I move on to variations between local authorities.

Q475 Mr Carswell: I have two questions in one. Why do different local authorities have such different policies and, in explaining that, can you say whether it is necessarily a bad thing? I am not convinced that differences between localities per se are a bad thing. Why do you think there are differences, and do you think that they are a bad thing?

Steve Goodman: Are you talking about the number of looked-after children?

Mr Carswell: Yes.

Steve Goodman: Well, I have never met a colleague who has not said that what they are trying to do is keep children with their families, so I think that the policy that we are trying to promote is the same; but, obviously, if you look at the number of looked-after children across the country, the outcome of that policy seems to be different, and cannot be explained simply in terms of demography. Personally, I think that it goes back to the issues that I have talked about before. There are some issues around risk averseness. There is a view, which I do not agree with, that if a child is in care somehow they are safer than if they are at home, but that is not always the case. I think also there is a value system, which actually might not be clearly stated, but which is built up in a culture in each authority, and which again might lead to different numbers. There are also issues about resources. In Hackney, we have moved £2 million to family support services in the past two years, which enables us to provide ongoing therapeutic and practical support to families, so that children can stay with them. Not every authority is in the position of being able to do that.

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Q476 Mr Carswell: Caroline, do you have anything to add?

Caroline Abrahams: You are right, of course; there are major differences. Some of the reasons for difference are good, and some are probably less good. I think we have to make much better use of the data that are now becoming available to really drill down and ask quite difficult questions. As our colleague has just explained, to understand the different rates of children going into care, one has to see the children in care system in a much broader context of what local authorities are doing in children's services, particularly in terms of prevention and early intervention. I was on the expert working group that the Government set up to think about the size of the care population. The big question there was, "Is there an ideal size for the care population?" We decided there was not, and that was not the place to start. All things being equal, what is important is that the right children are in care and that they come into care at the right times. As has already been suggested, the outcomes for young people who come in later are very poor indeed. At the moment there are still a number of those children in the system. What one would hope is that as authorities get better at prevention and early intervention, as I think they are doing—there is some evidence of that—we will want snappier decisions, safely and appropriately taken, so that the children who need to come into care do so earlier, stay in longer and achieve better outcomes, and one has fewer young people coming in a bit later on. However, we are in the process of moving from where we have been to where we need to go to, and different authorities are going to be in different places, which is another reason why one sees those variations.

Marion Davis: I agree with a lot of what has been said, but what we have to remember is there is not only variation between local authorities but within local authorities. A county like Warwickshire, which is perceived to be largely leafy and affluent, has areas of significant deprivation as well. We see variation in rates of children becoming looked after that mirror the social deprivation. The factors that lead children to come into care, and their families to struggle, are all those things that you will be familiar with, such as domestic violence, worklessness, substance misuse and mental health problems—a familiar catalogue of family difficulties, which are very much linked to social class. As Caroline says, it is the quality of our assessment processes, our work before families get to that breaking point, and the security of those decisions, that are important. The other factor that we have not mentioned is that some authorities have significant increases in numbers of looked-after children because of the volume of asylum seekers with whom they deal. That is spread around the country in places that you might not expect. The vast majority of our increase in looked-after children is due to asylum-seeking young people coming into the care system. They are a group that is something of a subset of the care population, but they cause some concern, and have different needs from some of the other children in the care system.

Q477 Mr Carswell: When people talk about differences between local authorities, you often hear the hackneyed phrase, "spreading best practice". Do you know what best practice is? Do you have the wisdom to know what practice should be spread? Surely, if it is so wonderful and good, it should be allowed to replicate itself naturally. Do you think central Government should have more of a role in spreading best practice? Does it spread itself naturally?

Marion Davis: Central Government are contributing to the spreading of good practice through things such as the Centre for Excellence and Outcomes in children and young people's services, and there are now some very significant bodies of research evidence to guide practitioners and policy makers through organisations such as Research in Practice. There are some very accessible materials, not just for professionals but for elected members. The hard-pressed front-line worker is not always in a position to believe that they are in command of some of the evidence about what works, but it is the responsibility of managers, particularly senior managers, to make sure that there is an evidence focus for the way in which decisions are made. There is now a growing body of research evidence. The Committee may have heard from some researchers about what is out there.

Steve Goodman: As I said about social work training, I think research in this country is pretty poor. The evidence base should come from academia. Certainly when we had a debate about what methodologies we should use in Hackney, we did not get that ourselves. We went to academics and talked to them about what the evidence base told us. One thing they said was that a lot of the evidence base comes from research in other countries, particularly the USA, so there is a key issue about more academic research. If you look at the amount of money that the Department for Children, Schools and Families spends on academic research in children's social care terms compared with education, you will find it is a very small amount.

Caroline Abrahams: I think that is true. There is more that we need to know, but one of the things that has struck me since I have been at the LGA—it is coming up for two years now—is that there is a lot of stuff out there. There is a lot of information. People are bombarded with information about what they need to do, but there is very little about how to do it. That is one of the reasons why we have been running a joint project with councils and the DCSF called "Narrowing the gap in outcomes", for this group among many others. We have been trying to help local authorities to answer those "how" questions and understand what exactly they need to do. I am talking about how they get from where they are now to where they all pretty much want to be, and also what success looks like. All things being equal, what might you expect to see in a local authority area in terms of the provision and the balance of services? There will be a range of answers, which will be influenced by culture, geography and all sorts of other things, but there probably will be some basic principles. At the moment, we are not

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very good at painting the picture of what it looks like. That does not help people to make the progress that they need to make.

Q478 Mr Carswell: One final question, if I may. We have talked about variations between local authorities, and in the short time available you have given a clue as to why there may be differences. This is more of a comment. It is interesting that at no point has anyone tried to explain differences between what local authorities do based on the local democratic system, the ballot box and elections. Do they have any real impact, or is it really the unelected officers who are in charge, rather than those people who pretend to run the show?

Chairman: Steve, you are smiling the most; I think you should start.

Steve Goodman: I thought Mr Carswell was making a comment.

Mr Carswell: It is a question as well.

Pauline Newman: I agree with Steve that there is a lot of evidence from abroad. Certainly in Manchester, parenting programmes and emotional resilience programmes have resulted from evidence from America that those work. You get from the DCSF a lot of national wisdom about things, but you have to tailor it to your local situation. You should be very alert to what statistical neighbours that look like you are doing. It is very helpful to look at other places and challenge ourselves with what they are doing. Clearly, officers advise members. We advise them in the context of performance regimes that mean that we have to try to get the authority into a particular position. Manchester has to improve its teenage conception rate. There is a lot of national wisdom, but the data suggest some additional actions that are Manchester-specific. We give advice, but certainly in Manchester, political commitments are there as well, such as commitments to a high level of early years provision. We advise members on the basis of what we are supposed to be achieving and what the data and all the rest of it suggest. In the end, they make the decisions.

Q479 Mr Carswell: Anyone else on the view that it is the officers who run it?

Steve Goodman: Certainly, my experience in Hackney in particular has been that the mayor and the lead member have been extremely interested in what we have done, have listened to our analysis of how we think that we should change things and have been extremely supportive in doing so. What they are clear about is what outcomes they are looking for. They want children in Hackney to be safe, and they are looking for good services to the most vulnerable children who live in the borough, but in terms of the technical issues around achieving that, because they are so technical, quite understandably, it is not as accessible to members, perhaps, as the development of youth services, which they feel they have a better handle on. To some extent, the relationship is there, but they leave the technical issues more to officers than they might in other aspects of the council's functions.

Caroline Abrahams: As I said before, the roles of professional and political leadership are different, but all the best authorities are strong in both. Frankly, a strong lead member cannot make up for a DCS who is struggling, but a strong DCS and a strong, visionary, powerful and committed lead member who is making the case for resource allocation with their colleagues in the council cabinet as well as championing the cause of children with the local public can make quite a big difference to what goes on.

Q480 Chairman: Do you want the last word on this one, Marion?

Marion Davis: I am not aware of anyone having researched whether the political flavour of a council has an impact on those sorts of decision, but over the years I have worked with elected members from all the main parties. Some have advocated for residential care and some against, some have advocated for various policies, but in my experience, it has never been split on party political lines.

Q481 Chairman: As a rider, can I say to Steve Goodman that earlier you described the deficiencies—I exaggerated in one of my comments—in the training of social workers. I am a director of the London School of Economics, and I know the background of why we do not do it. On the other hand, there is a problem of insufficient, good-quality research in British research institutions. You draw your conclusions from your experience, and you have a certain focus in Hackney. However, when we went to Denmark, what impressed Committee members was the sheer quality of the training of social pedagogues, educational pedagogues and the whole team involved in children's issues. They were highly qualified and had fantastic training—I suspect that if one delved, one might even find very good research in Danish university departments. Their conclusion was that more children should come into care and be looked after, and they worry about taking even more into care. I and some members of the Committee got the feeling that those people can figure out pretty quickly whether there are serious problems in a home environment from which a child should be protected. I put it to you that good training and research lead to very different conclusions from yours.

Steve Goodman: The two things are mutually exclusive. There is a need, if you are working with young people and their families, as you and I have said, for a highly skilled professional—I do not think that there is any doubt about that—but you could have a set of highly skilled professionals, some of whom do what they are doing in Denmark, and some of whom do what they are doing in other Scandinavian countries. I do not think that the two things go together. I do not think that having absolutely the best-qualified and trained social workers would necessarily lead to more children in care. I think that it would lead to what we have at the moment, but a better system—that is, an attempt by

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us all to try to keep children in their families as much as possible. I do not know enough about Denmark to comment further.

Chairman: Edward, do you want to lead us through accountability to children.

Q482 Mr Timpson: I return to an issue that I raised with Councillor Lawrence a little earlier: accountability to children in care. We touched on the idea that children in care should understand what a corporate parent is, although it will have little meaning to them, and what should happen if a child in care wants to challenge a decision that has been made about their future, however small or great that change may be. Not all children in care will go through the court system and have a children's guardian to represent them. What is the best mechanism for a child in care to voice his views and to get them heard? Is it through an independent reviewing officer, an independent advocate, or a foster care association? What route should we take?

Marion Davis: We need to be very clear about the roles of the people whom you mention and others. We recently established a Children in Care Council, but we made it clear that it was not a forum for young people to raise individual complaints. There are a number of other mechanisms. They can complain formally, but we recommend that they use the adult whom they trust the most—whether that is the foster carer, an advocate, an independent reviewing officer or their social worker. If elected members get into that territory, they can be on difficult ground. That is not to say that I do not believe in open and active dialogue between young people who are looked after and elected members. In fact, we have had looked-after children giving presentations to large groups of members, at full council and so forth, but also in small workshop settings. Some very brave young people have been prepared to tell their stories and talk about their school moves and experiences in foster care and with their birth families. I can tell you that several experienced elected members were very moved by some of those stories, and in fact were quite tearful. That led to a much greater understanding of some of the experiences of our looked-after children, but we have to be a bit cautious that elected members, or any other corporate parents, do not inappropriately step into the role of advocate or social worker and so forth—they are different. It should be for the young people themselves to choose an adult whom they trust.

Pauline Newman: I think that we are doing right in relation to looked-after children. It depends on many of the things that we have already discussed. It depends on having a good care plan and on being involved. For the children, it depends on them being able to express their wishes and feelings at the review, and all the way through. It involves good relationships with the people who have the caring role and with the school. On top of that, we found in Manchester that we needed to invest in a good children's rights service, which has recently proved its worth. I have seen stuff come across my desk in which people are vigorously challenging decisions

about them. That has been important. If you are going to invest a lot in independent reviewing officers, you have to be absolutely clear about how they achieve their influence in the organisation. Whether they are independent or an arm of the children's services, they have to achieve a response to the challenge—and to do it they need the routine backing of the managers of the services. When the review shows that x, y or z has not been happening properly, or that something needs to happen to a time scale or whatever, they need to be able to have the support of the organisation to get hold of the issue and to get it moved forward. I am not sure, sometimes, that the right issue is whether they are independent; the issue for me is how they are enabled to make their contribution. That means that people like me have to be strongly supportive of their role and their challenge, and ensure that managers at all levels are equally so and treat their work as showing a level of challenge and involving support for the young person. Children's rights services have a good part to play.

Steve Goodman: I agree with everything that has been said. I think that checks and balances need to be in the system—they are probably about right at the moment—but the main point is that we have to get things right first time for looked-after children. We have to concentrate on the social worker being able to do a good job for the looked-after child. If we carry on putting more checks and balances into the system, but do not address that fundamental issue, we will not improve the experience of looked-after children.

Q483 Mr Timpson: May I go into a little bit more detail about the children in care councils? I know that one has been set up in Warwickshire and is going through its early stages. Through *Care Matters*, there is a duty on local authorities to come up with a pledge to develop them through the children's trust arrangements. Is that sufficient to ensure that the voices of children in care are heard? Does it give sufficient detail for that to happen? Is there a danger, again, of each local authority coming up with its own pledge? I have read the Warwickshire framework that has been put together. Is there a danger that that will increase the problem of inconsistency among local authorities?

Marion Davis: I would not suggest that that is the only way to hear the voices of children in care, but I think that it is an important addition to the range of forums and mechanisms that are already in place, because it requires the Director of Children's Services and the lead member to have direct interaction with spokespersons for looked-after young people. That is where it becomes quite difficult. We have only an interim council at the moment with a group of five or six active, articulate young people. I have met them, as have the lead member and the chair of overview. They are supported by advocates and other officers, and they will move on to work out how they can communicate with the wider body of looked-after children and those who have recently left care. That is quite a complex undertaking. They will also be organising

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the elections for the permanent Children in Care Council, but that will, of course, be a rolling group of young people, because the members will become older and some will leave the system and so forth. However, not every young person will find it easy to speak up in that setting, even with the best advocacy and support, so we must pay a lot of careful attention to how representative those views are and listen to the voices of young people in a more localised setting, particularly those young people who might have more specialised needs, perhaps because of a disability or for whatever reason. It is not the only mechanism, but it is an additional, direct communication between the director and the lead member and a hopefully representative group so that they can influence what we are doing. So far, our group of young people is telling it like it is and giving a great deal of thought, time and care to its messages in both directions.

Pauline Newman: Whatever the mechanism is, it is only as good as the feedback that we give young people about what we did with the information that they gave us. There is no earthly point in listening if we never tell them what resulted from what they told us.

Chairman: That is good common sense.

Pauline Newman: That criticism can be levelled at a lot of adults.

Q484 Mr Timpson: I know that Annette wants to come in, but may I ask one more question about the issue of accountability more generally. Specifically, it involves considering how we can make the voices of sons and daughters of foster carers heard and how to get them more involved in decision making. They play an important role within the dynamic of a foster care home. Sometimes we look at just foster parents, rather than a foster home and a foster family, but often the children of foster carers can play a significant role in ensuring that there is a stable and secure environment for the children in care. Do you agree? Secondly, how do you think that we can try to ensure that the voice, role and contribution of sons and daughters of foster carers are better articulated in the care system?

Caroline Abrahams: One does not want to impose a sense of responsibility on those children and young people that they would not want. It strikes me that this is about good practice on the front line. One would want social workers and others who are actually working directly with foster families to be aware and to take a family-centred approach, if you like, by having a clear focus on what is going on for the child for whom they are responsible, but seeing that in a broader context. I think that that would be very helpful. It strikes me, more generally, in quite a lot of this discussion that there are some things that you can mandate from the centre that are about strong leadership from the DCS and the lead member. The Government can help by setting the right framework and all that, but in the end, that is all the wiring, and what really matters is the quality of the relationship between the worker and the child. Everything we do should be about trying to make as conducive an environment as possible for that

relationship to flourish and to be stable. For me, your point is very good, but we do not need a system for that. We need committed, skilful, intelligent, humane, aware workers with time to be able to think about that. I think that is mostly about practice and training supervision.

Marion Davis: In the past few days, I have received our foster carers' newsletter, and an article in it, entitled *Kids Who Foster*, is about a piece of work done by our fostering service with the sons and daughters of foster carers. We have involved them for some time in the training process for fostering, where we run specific sessions for the children of the household, for whom fostering can have a very great impact. We have also run social events and sessions. However, like any other group of children, they all have different views. Some of them want to be involved in groups and some of them definitely do not. They want to be normal, not singled out as the kids who foster. Again, it is a question of listening to the voices of those young people and what they would find supportive. I am very happy to leave the newsletter for the Committee to read.

Q485 Chairman: Just on that point, they are all fragmented anyway, are they not? They are all over the place, in different settings, and going to different schools. We visited Merton, where they have a virtual head teacher for all those people—I do not know what number you mentioned for Warwickshire—but I think it is not uncommon to have such a virtual school and virtual head teacher who keeps tabs on every child in care so that there is an overall responsibility for someone. Do you like that sort of system?

Steve Goodman: We do not have a virtual head teacher; we have a real head teacher.

Q486 Chairman: A head teacher of a virtual school.

Steve Goodman: Yes. Actually it has been really good. Ours has been around for two years now. It really focuses the minds of foster carers and social workers on educational attainment. We know, of course, that educational attainment is a good route out of deprivation, so it is really important for looked-after children to have the best opportunity to get the best education, and we are again very lucky in Hackney that the new academies there pencil in the names of looked-after children before any other children. If children are fostered in Hackney, we are now able to get them a place in the academy. It is really important that educational attainment is right at the top of the agenda for social workers and foster carers.

Q487 Chairman: Pauline, does Manchester do anything like that? Would it not help with the problem that David described of all those kids wandering around with nobody knowing where they were?

Pauline Newman: We opted not to apply to have one when they first came out, but I am not knocking them because I am not in a position to do so, nor would I want to. I suppose that we felt that we had to make an impact on all 23 secondary and high

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schools that we have—we are now also going to have some academies. They feature highly in our admissions policy and in our fair access protocol, when children are looked at by a group of head teachers when they are not in school for some reason.

Q488 Chairman: Are you going to do your academies in a rather strange way?

Pauline Newman: No, we are doing them in an excellent way.

Q489 Chairman: But you are not even going to change the heads. I thought that the way to deal with failing schools was to change the regime, get rid of the heads and make a fresh start.

Pauline Newman: I am afraid that you have heard some mythology. We have recruited principal designates, who are appointed for each academy. We have one more to go, but the leadership will not be exactly the same. I will not digress, even though I could go on for ages, but the key to our model—

Chairman: It is me who is digressing.

Pauline Newman: The key is collaboration. Sponsors come from growth sectors of the economy.

Chairman: Sorry for that digression.

Q490 Annette Brooke: I just want to ask a quick question, to which I would like a short answer. Should every authority have a children in care council?

Pauline Newman: I agree with what Marion said. It is one method, but you would not say that it is everything. We have a children and young people's engagement strategy, within which is provision for young people who are looked after. They may be with other young people in the engagement strategy in district forums, and the fact that they are looked after is just an accident. There needs to be a range of mechanisms within engagement work for children and young people. I believe that the idea of a council is good, but I would not trust everything to it.

Q491 Annette Brooke: I accept, as you said earlier, that it is only one method, but my question was whether every authority should have one.

Pauline Newman: Does that mean that there should be a law to that effect?

Annette Brooke: Well, yes.

Pauline Newman: It is possibly beneficial that there is some consistent expectation for local authorities, but it would be a mistake if that was not seen in the context of what else an authority is doing with children to engage and to do other things as a result. Consistency is helpful for Government expectation and guidance, but in one place, such a council might be the only thing, and in others it might be one of 10 robust measures.

Annette Brooke: That leads me on to another question, but could you give a quick answer to the question, Steve?

Steve Goodman: My short answer is yes; link it to the Youth Parliament, but do not think that it is a panacea.

Q492 Annette Brooke: Following on from that—you led me beautifully to my next point, Pauline—one of the really big problems that we have revealed this afternoon is the lack of consistency between standard and practice at the moment. What do the Government need to do to ensure that all the expectations in the White Paper, including children's care councils, come to fruition, so that you have much more consistency across the board?

Caroline Abrahams: As Councillor Lawrence said, some sort of minimum expectations are helpful. I do not think that you can mandate all this change from the centre. The approach that the Government have taken with the *Care Matters* implementation plan—they got all of us to sign up as delivery partners—is right. All the evidence that we have—you would expect me to say this, but I am going to say it anyway—tells us that if you get people working with you from the start, you get a much better impact. Certainly, the strong preference expressed by staff in children's services, particularly DCSs and senior managers, is that they should learn from one another.

Q493 Chairman: What was that acronym for poor old *Hansard*?

Caroline Abrahams: DCSs are directors of children's services. I was talking about the power of peer approaches and learning from others about good practice. It is right to give more support to help people to do so. We need to make that a campaign. There is a lot of good will out there and many people want to do it, but the trick is ensuring that there is sufficient, relentless focus on the subject, within a broader context. The likes of us, the Association of Directors of Children's Services, the Improvement and Development Agency for local government and the Centre for Excellence want this to work. I think that we can make it better.

Marion Davis: There has been a huge amount of change for children's services. We do not need many more initiatives or pilots that are not evaluated. We must concentrate on investing in Children's Trusts as partnerships, and on the development of the children's work force—I do not mean just within local authorities but right across the partnership—so that we speak the same language, and develop a united culture about what we are trying to achieve with regard to outcomes and experiences for looked-after children and all children in our area. We need resources, but not just money. Having said that, in the current economic times, local authorities will be struggling for the rest of this comprehensive spending review period. We need to invest in the people who can make a difference, and to continue to listen to the voices of children, young people and families. We must continue with some of the positive initiatives that we have begun. We need to see them through, as Caroline says, in a relentless, focused way that is based on the evidence about what works.

Steve Goodman: The complexity of children's social care needs to be recognised. We need to help councils manage that complex task by helping social care to focus on edge of care, child protection and looked-after children, and not to become involved in other

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situations. As I have said, we need to learn from what is going on in other countries. I do not mean just Denmark, but Australia, New Zealand, Canada and South Africa. That involves a separation of the social work training required for adults and for children, which is not a popular view. The training course should concentrate on teaching methodological approaches. The emphasis should be on changing what goes on in families and not just on assessment, although assessment is important. As the councillor said earlier, there should be a national campaign, such as the one that was successful for teachers, to attract high-quality people into children's social care. Lastly, Integrated Children's System (ICS) should be stopped.

Pauline Newman: I was going to ask why, but that is not my brief.

Q494 Chairman: Why, Steve?

Steve Goodman: Because I think that it is very burdensome on social work tasks. You end up getting lots of paperwork, but it does not help social workers, especially if they are working systemically, to think through the complexities of what they need to do to intervene in families.

Marion Davis: And the IT systems are not sufficiently developed to support it.

Pauline Newman: I do not have much to add. Broadly, I feel that children's trusts work. The work that we are all doing is bearing fruit. We must get a real quality focus. Inconsistency is okay if it is justified either geographically or in some other way. What is not justified, however, is different qualities of interventional support. The issue about work force leadership development is hugely important. I know that we have a responsibility to influence the work force of lots of independent sector providers, but, for me, there is something about core public sector values and a strong child-focused way of going on.

Chairman: We are really enjoying these answers, but we have to move into more rapid-fire questions and answers.

Annette Brooke: I am happy to stop now and then come back on section 6.

Chairman: Paul, will you give commissioning placements a go?

Q495 Paul Holmes: Clause 10 of the Children and Young Persons Bill requires local authorities to secure sufficient local accommodation to meet the needs of looked-after children. Why do you need to be told to do that? Surely, you do that automatically. Marion said that they have done that in Warwickshire already.

Pauline Newman: We would all try to do it, but it would be a significant problem for Manchester because, geographically, it is long and skinny. In other parts of the country, some local authorities would be like our suburbs. It is a highly deprived place, so quite a significant portion of our foster carers live in Tameside, Trafford, Salford or wherever. We would be in difficulty about what has been proposed. We totally accept the principles and we know that some things are much harder if

somebody is in a foster home in another authority, but for us it is a major challenge. I do not look forward to plummeting performance on yet another indicator on the basis that we cannot do it straight away.

Q496 Paul Holmes: But surely you cannot deliver effective care for children in care unless you have appropriate residential settings, whether care homes or foster homes?

Pauline Newman: Clearly, we have to commission the right range and choice of places. I talked before about some of our commissioning in that respect. You may be a certain way in terms of your population and geographical boundaries. Youngsters traverse Greater Manchester in loads of different ways. Travel-to-learn patterns show that. The idea that we can have hard-edged boundaries that say a foster carer in Trafford is now a no-no will be very hard for us.

Q497 Paul Holmes: But the provision will not necessarily say you have to provide the places within the boundaries of your authority. Presumably it could say that you do it by using more private providers and so on.

Pauline Newman: For what it is worth—other authorities may have had a very different experience—one of the issues has been regional commissioning. Hand on heart, I cannot say that regional commissioning has made a massive impact in Greater Manchester. In fact, in terms of Manchester city, we were able, as a big-volume user of placements, to make efficiencies and savings much more effectively by going out to bat on our own procurement methods.

Chairman: I think we gave up regional commissioning in Yorkshire.

Pauline Newman: It is difficult. I think regionally and perhaps in London you can find some of the best examples. The London boroughs together can achieve things, but it has not been significant for commissioning.

Q498 Paul Holmes: What about Hackney?

Steve Goodman: We placed only one child more than 20 miles from Hackney in the last year. Obviously, our looked-after children population coming down makes the job easier for us. We have a lot of foster carers in adjacent boroughs, so there is still some complexity when we have to make decisions about whether a young person will continue going to their school or move to a school in another borough. London has the problem that if you travel just a few miles you are in a different borough, but generally we should enable young people in care to live as close as possible to the school and particularly to try to retain contact with it, if that makes sense. That is very important. Sometimes it is important for a young person to move away, depending on the circumstances, and sometimes there is a particular issue that we need to address with a young person that necessitates specialist provision. Although you have heard my comments about residential care, I am not saying we never use residential care.

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Sometimes that might be necessary and a young person might need to be placed a long way from Hackney, but I do not think that there are too many difficulties in our finding foster placements close to Hackney, and that is absolutely what we do when it is the right thing to do.

Q499 Paul Holmes: Marion, you said near the start of the sitting that Warwickshire had solved the problem by paying and supporting foster carers well.

Marion Davis: Not 100%, unfortunately—I wish that it were. We still need to make sure that there is a greater level of choice of placements in the system. Although we are better supplied with foster carers than most local authorities, it is still not always easy to find the right match in the right place to fit the child's needs. As the Bill looks at the moment, it seems over-prescriptive. I think many local authorities will struggle to meet the requirements as suggested. One of the things that happens in Warwickshire is that our virtual school head takes responsibility for children's educational needs wherever they are placed, so even if they are outside the local authority boundary, she is still responsible for education plans and so forth for them. If a placement is a distance away, it presents a problem for social work staff and others to maintain the kind of relationship that we have been talking about, which is so important for helping children and young people through their period in care.

Q500 Paul Holmes: Caroline, even if clause 10 of the Bill is implemented, with its definition of "sufficient", there are 8,000 too few foster placements across the country—I presume that is just to match one foster carer to one child. However, we hear from many of the foster parents and children to whom we talk that they want choice. As Marion said, we cannot assume that a child will automatically match up with whichever foster parent happens to be free at the time—if there is one. We need a surplus, and not just an equal number. How will they achieve that?

Caroline Abrahams: To be honest, that is going to be pretty difficult. However, we know that there are more young people coming into care with complex needs, including highly disabled children, and there are some specialist providers in the private and voluntary sectors who make great provision. The trick is to recognise the babies and bathwater argument here. However, it is right to get children closer to their home areas, to their schools and so forth. We must not implement this in a way that means, if there is absolutely the right facility just a bit further away, that we somehow cut off our noses—and particularly children's noses—and not let them go there. The trick is how it gets implemented. It will cut differently in different parts of the country. If someone is in an area where there is expensive accommodation and planning is difficult and so forth, but there is a lot of private provision just a bit further away, they are in a very different place from an area where the economics stack up rather differently.

Q501 Paul Holmes: Marion, in her opening comments, said that her area had paid and supported their foster carers well, and that if they did not they would have to bring in private services. However, that would cost more. The implication seems to be that about 40% of foster carers are not paid.

Steve Goodman: It would be news to me if that was the case. Foster carers are paid.

Marion Davis: I think that you may mean paid a fee in addition to an allowance to meet the costs of caring for a child. There is huge variation across the country, and a number of organisations are campaigning for a national minimum fostering allowance. That would be a start, but it would not be the complete picture. We need to reward foster carers' skills as well as paying them for the costs of looking after these children, who by and large are more expensive than the average child. As you know, costs are rising even for looking after the most straightforward children.

Q502 Paul Holmes: On the other hand, we heard quite horrific stories from some of the children we talked to that they were not allowed to eat with the foster family, that they had separate mugs and that they were barred from going to the new year's eve family party. They said that the foster families were in it just for the money. How do you square that circle?

Pauline Newman: If you are paying for skills, then you are paying for evidence of the development of those skills. Certainly we have a payment for skills scheme that rewards increased assessed skills, with NVQs and so on. That helps, but we also have to invest. We are now investing because we realise the significance of having enough support, supervision and monitoring of the foster home. That is in the context that we were discussing earlier of social workers visiting and asking young people in private, "How's it going?" and "What does it look like?", and through children's trust arrangements on an individual basis. The review gives the child a chance to speak, and allows the education person to say that they do not look well at school. It is that sort of stuff. It is back to the whole system, but you have to have enough fostering support staff to do the reviews and the intensive monitoring, and to challenge issues and complaints. It is like any other system. We had the scandals in residential care many years ago; we have to quality assure things in order to minimise the change of having a person who is not what we would want in that role.

Q503 Paul Holmes: The Children and Young Persons Bill might say that you must provide enough places or you will get a bad rating, but on the other hand the drive to provide more places might bring in people who are just in it for the money or not well trained. You said that in Manchester you have started to require higher training, but you have lost some people as a result.

Pauline Newman: What we have had to do—it was on the back of our family placement service, bar the adoption part of it, not working very well—is

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reinvest in it, and create much smaller case loads for workers, who can both monitor and keep reviewing, visiting and assessing the quality of our foster care. Some of those standards mean we have lost a number of homes, but we consider that at this time—it is leading us to purchase more externally—a price worth paying, to end up with very much higher standards in the future. There is always this problem: we must never lose sight of the fact that we need quality, and you can go the wrong way, again, because of numbers.

Q504 Paul Holmes: On disability, which Caroline has already mentioned, you were talking, with respect to disabled children, about specialist units that might be available but might be a bit further away. However, again, quite a number of children with disabilities would want to go into a foster family rather than into a unit. If disabled children generally have got a bad deal in the past, but now get much more access to mainstream education, what is the situation with foster care, and the placing of disabled children into individual homes rather than care homes?

Caroline Abrahams: It has to be the right thing to do, doesn't it, but it is a bit like the issues one faces around day care with disabled children; there are issues there about ensuring that foster carers are trained and supported, that the money is there for home adaptations and that they get the additional support and supervision—the excellent support—that they will need to do a good job there. Again, it is about practice and about being child-focused.

Pauline Newman: I would be very surprised if in a few years we were not looking at a real increase in the numbers of disabled children of looked-after status because most authorities—certainly Manchester—are struggling enormously with the numbers and the level of complexity of need now coming through. That is to do with advances in medical science but also to do with further diagnosis of autism and Asperger's and all of that. Obviously, Aimhigher is helping us to deal with that, but I am surprised that we do not have even more than we have, because some of the parents are under enormous strain.

Marion Davis: Most local authorities have a foster care scheme providing short breaks for children with disabilities, to provide some respite primarily to parents, but also to the young people themselves, but I suspect that it will be harder and harder to keep up with the demand for that kind of foster care resource.

Chairman: There are a couple of items that we must cover. Annette, you are going to deal with leaving care. We are nearly there; don't worry.

Q505 Annette Brooke: I shall be very brief. I have visited Hackney's care leavers service. A big issue throughout the Bill and throughout our inquiry has been the desire of many young people not only to have a good foster parent in the first place but to stay on beyond 18. Now we have the Staying Put pilots, but what is the obstacle to local authorities

providing that facility for young people if they want to stay in the family? Perhaps everyone could identify the chief obstacle.

Steve Goodman: I think that the chief obstacle is culture. It is something that the *Care Matters* agenda has prompted us to change our view on; you think, "Why did we not do this before?" There are some reasons, but now we have got 14 young people over 18 still with their foster carers and we have a policy emerging that says that that is the default position now, as opposed to the exception, as it used to be. The supply issue was always something: if you had a demand for foster carers and you could move a young person on at 16 to a semi-independent position, that was a foster carer freed up. But what we found was that if foster carers are looking after a child for many years, they do not automatically go back and take another child. The barrier can sometimes be the foster carer. Early planning is important, because sometimes the foster carer has expectations that at a certain point, the young person will move on. There may be foster carer barriers. We should remove local authority barriers, free up foster carers and try to recruit others. It is the norm in our society now that young people continue to live in the family for a lot longer, and that is the direction in which we need to go. It is a very good point made in *Care Matters*.

Q506 Annette Brooke: Does that answer it for all of you? I have a follow-up question.

Marion Davis: We are piloting both Right2BCared4 and Staying Put for 18-plus. The barriers in the past have been, to a certain extent, some young people being keen to leave care as soon as possible because it has not been a positive experience. More recently, perhaps there has been a cost pressure—particularly beyond 18, although not in the 16 to 18 age group—and a desire to free up placements. We are now trying to give those young people a more normal experience. Many young people, whether they leave home at 18, 19 or 20, come back often, sometimes staying for long periods, and depend on having their washing done and all that sort of thing; I can see the Committee smiling with familiarity. Young people who have been in care are not generally as well equipped as the average young person to be independent and look after themselves. Surely we need to give them that opportunity if we are to see successful outcomes for them into adult life. We are piloting and putting in a lot of support for foster carers, not expecting them to do it on their own. In the past, lots of foster carers, despite not getting an allowance after the young person turned 18, have continued to offer that backstop and have even become foster grandparents, if you like, to those young people's children when they become parents. We are now trying to put that on a firmer footing and give those young people the best start in young adult life.

Q507 Chairman: As a protection for those young people, is a child a child until the age of 18, in your view?

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Steve Goodman: Yes. It does not change at any particular moment, but as to the point that you are making, there is a lot of experience of young people who were looked-after children going into their own flat, albeit with support, and attracting all sorts of young people to the flat, and it being absolutely chaotic, with the young person suffering. It is absolutely right that the policy that we were all implementing in the past was bad. We need to switch to what we are now saying.

Q508 Chairman: Outcomes for children do not stop at 16, do they?

Steve Goodman: No, absolutely not.

Marion Davis: Nor do their needs.

Q509 Annette Brooke: May I ask Caroline a quick question? I raised a point on Report that I wished that I had raised earlier, as it was too late to achieve anything. I discovered that local authorities were not required to make returns on young people staying on with foster parents at 18, 19 and 20. The Government said that they thought that the data on 19-year-olds could be extracted, but that there were huge cost implications of collecting data on young people aged 20. I do not see how we can move the policy forward without the necessary statistics. What can you in the LGA do to convince the Government that it would not be too expensive for local authorities to add a line or two to their returns on what is happening to young people?

Caroline Abrahams: Unfortunately, I am not sure that I can give you that assurance—I am sorry about that. The LGA has gone on record as saying that we think that young people should be able to stay in care for longer—to 19 and possibly beyond in some cases. What is completely unacceptable is for foster carers, out of the goodness of their hearts, to care for children longer and to lose out as a result. We really must do something about that. Frankly, that is about money. This is partly a cultural issue. We need to push towards it so that there is a change in expectations. I have to say that I am not entirely convinced that you need to go through the process of collecting data on children and young people up to that age to do so. Of course there are greater responsibilities for tracking young people in their education beyond 16, which will come in as a result of raising the age for leaving education. However, I do not think that that will go on much beyond 18. There would also be practical difficulties, because young people move around much more once they reach that sort of age. On the basis that I will get bashed around the head by my local government colleagues if I say yes, I cannot do so, but we could always look at it.

Q510 Annette Brooke: I want to raise this issue because if everybody has a commitment, which I believe they do—you have already made submissions on young people who go into accommodation—it is just a case of going that extra mile so that we are tracking the new policy. I do not want to talk about that, however, so could we go back to those young people who will continue to

choose to go into supported accommodation, or even independent accommodation. Obviously, this is quite a problem, although I did hear quite good things about Hackney finding suitable accommodation. What are the main barriers for local authorities to finding suitable accommodation for young people who leave care and want something more independent? What more could the Government do to assist them?

Chairman: These will have to be brief answers.

Pauline Newman: In Manchester, it relates to the general lack of affordable housing.

Marion Davis: People who are going to provide accommodation, whether private landlords and landladies, the voluntary sector or whoever, need to have a degree of support so that they feel confident about young people being sustained in their tenancies. There is a range of mechanisms for that, such as Supporting People, care-leaving services, Connexions and so forth. However, the general housing shortage is a problem.

Chairman: This is the very last question, on addressing local authority performance.

Q511 Mr Timpson: There are a lot of national indicators to assess your performance as local authorities, and I know that you have core ones that are priorities. Is that the right way in which to judge outcomes for children in care, or does that concentrate too much on what can be measured, rather than what is important for a child in care and their experiences?

Steve Goodman: Yes. I think that the problem in social care is that, because of complexity, the Government measure process through a lot of indicators, such as how quickly assessments are carried out and whether reviews are conducted on time. Those things are not unimportant—process matters are important—but they do not get to the nub of outcomes for looked-after children. That is more complex. Some measures, such as educational attainment, are outcome measures, and we should be looking for others on social care interaction. The Anna Freud centre has a pilot based on the child and adolescent mental health services outcomes research consortium, which uses various measures, such as strengths and difficulty, children's global assessment scale and Commission for Health Improvement questionnaires for young people and their families. Those things give us more qualitative information about people's experience. That is more challenging, but such measures would tell the Government whether we were doing the best by looked-after children.

Pauline Newman: I would agree with that. Obviously, the data are important, but we could do a lot more with what might be termed soft, qualitative data. That way, you know much more about what the young people and children say and feed back. There is an annual "Tell Us" survey for an authority, but there is not a chunk of that directed at looked-after children.

Marion Davis: The Government have assured us that all they will collect is the 198 national indicators, but it certainly does not feel like that

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within local authorities or local area agreement partnerships. We are aware sometimes of the burden of collecting data, regulation and inspection. We need to pay more attention to what we are really measuring, so we need qualitative as well as quantitative measures. Measures need to be proportionate, based on risk, and to add value. I could talk about that all night, but I promise that I will not.

Caroline Abrahams: The only thing that I would add to what colleagues have said is that in the spirit of our Narrowing the Gap project, we are pretty clear that the things that people are required to record for national purposes are sometimes not exactly what local authorities need to understand what is happening locally. For example, there might be fewer than 500 children involved in Warwickshire, but that authority needs to understand what is happening for those children at an individual level to ensure that the right things are in place. What you

are required to collect nationally will not always help that process. We are suggesting, as is happening with adult services at the moment with the Department of Health, that it might make sense for DCSF to think about what authorities need locally and what else might be necessary on top of that for national purposes. At the moment, the system is geared the other way around, which is probably not helpful to children.

Chairman: Thank you very much. This has been a long sitting and it has been like mining gold for us, because you all know so much about the subject. I should also say that if we cannot ask relevant questions by now, we ought to give up the job. If you go away and think, "Why on earth didn't that bunch of amateurs ask this question?", please be kind to us and e-mail or contact us in some other way. We will start writing our findings up soon, so we would be grateful for any other information that you think will make our report better rather than worse.

Wednesday 29 October 2008

Members present:

Mr Barry Sheerman, in the Chair

Annette Brooke
Mr David Chaytor
Mrs Sharon Hodgson
Fiona Mactaggart

Mr Andrew Pelling
Mr Graham Stuart
Mr Edward Timpson

Witness: The Baroness Morgan of Drefelin, Parliamentary Under-Secretary of State, Department for Children, Schools and Families, gave evidence.

Q512 Chairman: Minister, now that people have settled down, may I welcome you to this sitting of the Committee. We are very pleased to see you. It is your first time in front of us and, as I understand it, your first time in front of a Select Committee.

Baroness Morgan: Absolutely, yes.

Chairman: I hope that you will find it an enjoyable experience.

Baroness Morgan: I am sure that I will.

Q513 Chairman: As you know, this is the final sitting of what has been a long and thorough inquiry into looked-after children. After this meeting, we shall begin writing our report so this final sitting is very important to us. We want to give you a chance to say something about looked-after children or your brief if you want to, otherwise you have the option to go straight into questions.

Baroness Morgan: I should be delighted if I started by saying a few words, but I wish first to thank you for inviting me to give evidence.¹ You have been doing an enormous amount of work with the inquiry and, for me coming into the role, it is incredibly valuable to know the insights of the Select Committee at this stage. I also value the opportunity to make it clear at the outset that the Government's ambition for all children to have a safe, happy and loving childhood is very strong. We want to see children able to grow up to achieve their full potential. While our ambition is for all children, we feel it most keenly for those young people who are in the care of the state itself. We feel that they look to us as their parents who have, for whatever reason, been unable to fulfil their parental role. Everyone involved in running the care system from social workers to Ministers share the enormous responsibility of filling the vacuum in the lives of children whose parents have not been able to fulfil that role. Central to our *Care Matters* agenda—which you have been looking at closely—is the desire to give looked-after children greater stability and to take their wishes into account when decisions affecting them are made. I see that as a very high priority. Over the next year, we shall continue to put *Care Matters* into practice through a host of

regulations, statutory guidance and the inspection and performance frameworks for local authorities and other providers. The Children and Young Persons Bill is, I believe, the appropriate legislative framework for driving this change, but we will also work closely with local partners and use pilot schemes across the country to ensure that good policy turns into good practice. We will report to Parliament through the ministerial stocktake. That will be on an annual basis and is an important part of the whole picture. We recognise that although there are some good local authorities and practices that lead to improved life chances for children in care, there is inconsistency across the system. I am determined that we should address those areas of weakness so that in future, all provision is at the level of the very best. Earlier this year we announced an investment of more than £70 million over the next three years to improve the quality of the social care work force. We are developing a longer-term strategy, bringing together experts from across the professions to create a comprehensive and joined-up children's work force for the future. That was highlighted in the Children's Plan. It is clear from work already done that there is no quick fix solution to improving the lives of children in care. It requires a combination of legislative action, regulation, financial investment and the personal commitment of thousands of professionals and carers. It means ensuring that looked-after children get better parenting from everyone in the system. As a new Minister in the Department for Children, Schools and Families, I look forward to playing my role in what is a long-term, difficult but vitally important area of work. I look forward to working with the Committee, and I hope to be as helpful as possible to your work. I look forward to seeing your report and responding positively to the work that you have done.

Q514 Chairman: Thank you. That was most welcome. We have looked at this area and it is, as you said, extremely complex. We do not think for a moment that there is any quick fix. However, is there a level of accountability? It is frustrating that there is no real level of accountability, other than ministerial accountability which, with ministerial churn, changes relatively often. I hope that you will be with us for a long time, but you know how these things work—Ministers often move. We have taken

¹ See DCSF written evidence published in the First Report from the Children, Schools and Families Committee, Session 2007–08, *Children and Young Persons Bill [Lords]*, HC 359, Ev 1.

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evidence and gone round the country looking at the care system. Sometimes there is a refreshing innovation such as the virtual school, where a head teacher looks after all children in care in the local authority area. There are signs of accountability—there are people responsible for some dimension of every child in care in an area—but nationally, is there a way to draw that together? Could there not be a responsibility that was longer running and more stable than the churn of the ministerial office?

Baroness Morgan: Ministers may come and go, but the office and accountability remain. Through the creation of the Department for Children, Schools and Families, we have created an important and integrated locus for all issues and concerns for children. That is an important starting point, and it has been much strengthened by the work of the Children and Young Persons Bill. The use of the new national indicator set, an empowered Ofsted process and statutory guidance and regulation will create a legal framework that will create transparency at a local level about how services perform. The work in our Department will be drawn together through the process of a ministerial stocktake. That will be an annual event, and the first will take place next September. I will lead it with Ministers from the Department of Health and the Department for Communities and Local Government. In effect, we will draw this framework into an event where we will hear from young people, professionals and our partners in local government. We will look at the progress of the pilots and the policy and practice agenda across the board. We will report to Parliament annually so that it can see how effectively we are moving forward this complex agenda.

Q515 Chairman: We would not underrate for a moment the importance of ministerial accountability. Could you describe the reporting lines that lead to you and how you draw such matters together? How does the system work when people say that there is a problem or challenge in the health needs of children in care? We see reports that this matter is patchy with a minimal level of care in some authorities. How do the reporting lines in health compare with those in education or criminal justice? When you march into your office, who is sitting there that you can tell to do something or ask a question of such as, “What’s this about all responsibility for children in care going as soon as they are in the criminal justice system?” When there is no access to child psychologists or clinical psychologists for children in care, who can you go to and say, “Look, find out for me what is happening in the health sector.”?

Baroness Morgan: One of the things that I would do—the first, really—is ask our director general for children’s services to provide me with a full briefing on what the policy position should be. I would not shy away from picking up the phone and talk to fellow Ministers in the Department of Health about what the position is. An important step we have taken is to establish a programme board in the Department to monitor the progress of the entire policy area of looked-after children. That will have

independent members. We do not have problems with looking into one-off questions or concerns. The question is how we can drive forward in systematic way an agenda that results in palpable improvements in services for looked-after children locally. There is an enormous policy agenda. I pay tribute to my predecessors Kevin Brennan and Beverley Hughes, who took forward *Care Matters*, the Green Paper, the White Paper and the Bill. The framework is there, but the issue is driving forward that change and providing the right framework for local authorities in guidance and regulations. The whole library of guidance and regulations is being reviewed in the light of *Care Matters* and its implementation, which has been developed in strong partnership with professionals. We have processes for dealing with ad hoc issues, but the challenge is creating momentum so that change is experienced locally in service provision.

Chairman: Minister, thank you. We will come back to ad hockery later.

Q516 Mr Timpson: Everyone on the Committee applauds the ambitious goals of *Care Matters* and, as you have said this morning, the desire to drive forward that agenda in a systematic way, but what has also become apparent is that there are some gaps and deficiencies in what is being proposed through *Care Matters*. One of those is the recruitment of foster carers. We know that there is still a dearth of foster carers: there is a shortfall of about 8,000. It is a perennial problem, which has not been addressed. Relatively little is said in *Care Matters* about how the Government can assist in trying to recruit good foster carers nationwide. Given that more than 70% of children in care are in foster care placements, why does *Care Matters* not address that problem more thoroughly? What can you, as the Minister, do about that to try to ensure that there are enough good placements for children who need foster care?

Baroness Morgan: You are absolutely right to draw attention to the need to promote greater uptake of foster caring, although I am not sure that I would agree that there is not enough evidence on foster caring in *Care Matters*. I do not think that we would say that there are anything like enough foster carers. We as a Government do our bit to work with local authorities to help them to recruit foster carers and to provide advice and support. Part of that is making sure that the role of foster carer is properly supported, and that foster carers have a clear idea of what their role is and what they have to offer. There needs to be clear agreement between providers and foster carers about what is expected of them. We have been working with the Fostering Network to help with the development of more materials for local authorities to use to promote fostering. The Fostering Network has produced campaign materials that are being distributed to local authorities to help them with their local recruiting campaigns. It has played a leading role in running, for example, a campaign encouraging people to recognise the qualities they have, which might help them to see themselves as potential foster carers. You are right that more needs to be done to

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encourage more people to come forward into foster caring, but I also think that we as a Government have a role to play in ensuring that where people do go into fostering, they understand what their role is and that they can play a full part in working with the child's school, attending parents' evenings and so on. There needs to be clarity about their role. There is an awful lot more to do.

Q517 Mr Timpson: Is not one reason why we still have this shortage the wide variation in support to foster carers, both in type and quality, throughout England? For instance, it is estimated that 40% of foster carers do not receive any payment over and above the national minimum allowance, so is it realistic for us to expect there to be an increase in the number of people interested in becoming foster carers when there is no national standardisation of the value of their role or of their pay and conditions and the support they receive?

Baroness Morgan: We recognise that there is an extremely diverse population of foster carers. The arrangements for payments are extremely diverse, and we recognise that that is in part because there is a wide range of training needs and of needs of the child being placed. We recognise that it is important for local authorities and providers to have flexibility to meet those needs in the best possible way for the child. I do not want in any way to detract from the incredibly important role that foster carers play, and we must recognise it. We have the national minimum allowance, to which you have already referred. It is important for ensuring that no foster carers are out of pocket because of the costs of caring for a child. It is a delicate balance to strike. We need more foster carers. We need local authorities and providers to be able to take account of the incredibly diverse calls on foster carers, and we need that to be appropriate.

Q518 Mr Timpson: The other aspect is the need to hold on to foster carers when we have them and ensure that we do not lose them, because they have experience of the system. The Committee has already heard evidence about the role foster carers play and the responsibility they are entrusted with. Many of those who gave evidence felt that delegating more day-to-day responsibilities for looking after the children to the foster carers would enhance both their role and, more importantly, the experience of the children they care for. We heard many examples of children being able to have their hair cut or being able to have overnight stays. Do the Government intend, in trying to overcome the risk-averse culture, to try to deal with local authorities so that foster carers are allowed more responsibility and are more trusted in their role, which after all is highly professional?

Baroness Morgan: You have touched on a very important point about fostering and allowed me the opportunity to say something that I think is really important: it is essential that foster carers are clear about what is and is not delegated to them and what their roles and responsibilities are. That is very important for a foster carer. Knowing what their role is and how they can engage with a school or the

health services will make the role much more fulfilling and allow them to make the most of it in the interests of the child. That is why we will be looking at amending the fostering service regulations to ensure that there is a review of the foster placement agreement at least annually, or sooner if there is a substantive change in the circumstances of the placement. I think that regular reviewing of the placement agreement will help foster carers to be absolutely clear about their role and responsibilities, which is the right thing for us to do.

Q519 Mr Stuart: May I take you to the subject of leaving care? We have heard that in some local authorities it is becoming more common for children of 16 and 17 to leave care. Do you think that there is a need for stricter follow-up and concrete standards to ensure that local authorities do not shy away from their responsibilities when young people reach 16?

Baroness Morgan: We need to be absolutely clear that the presumption should be that young people aged 16 or 17 should stay in the care system, in a residential placement or in foster care, until they are 18, unless there is a special and particular reason for them not to do so. We are particularly concerned about this issue, and, as you know, we are running a number of pilots looking into people leaving care. We are aiming to stop the poor practice—as we see it—in some areas of allowing young people to leave care without understanding the full implications of what it will mean for them if they are placed in an inappropriate setting without support.

Q520 Mr Stuart: I think we can all agree with that, Minister. We look to the Government to set down standards to ensure that that ceases to happen. We can all join in with warm words about not wishing it to happen, but we look to Ministers for concrete action that will change the system.

Baroness Morgan: We are producing a single set of care planning regulations for local authorities, saying that a local authority cannot move a looked-after child to independent living arrangements without first conducting a statutory review of their care plan. When such moves do take place, they should not automatically result in the child leaving care. The independent reviewing officer will review care plans and have the role of challenging local authority decisions if he or she feels that a child's welfare has not been properly considered. The Children and Young Persons Bill will ensure that there must be a review of a child's circumstances before they leave care so that it does not happen in an unplanned or unsupported way, as now. We are also mindful that when children and young people leave care, they must have access to a personal adviser for further support, should they need it, until they are 25—I think that is the age in the Bill. That is a significant change in emphasis and support for young people as they go through the difficult transition into adulthood and independent living.

Q521 Mr Stuart: At whatever age that happens, there tends to be less of a transition and more of a coming off the end of a conveyor belt. It is almost

like hitting a brick wall. Do you think there is a correlation between the age of leaving care and the level of difficulties among care leavers such as crime, drug addiction, mental health problems and unemployment? Do you agree that more young people should get the opportunity to stay in care until the age of 21, if they and their foster carers or social workers feel it would benefit them? Could not that have a positive impact on the appalling rate of unemployment, mental health problems and other issues among care leavers?

Baroness Morgan: The advice that I have is that a successful transition into independent living and adulthood post-18 for young people leaving the care system is absolutely about improving outcomes, whether in offending, mental health or opportunities for employment. The transition is difficult and important. We are funding some important pilots to look at how we can improve the transition. One of those pilots, which you have probably heard about, is “Staying Put”, which makes it possible for young people in foster care to stay with their family past 18. Obviously, for those of us who are parents, that is taken as read if our 18-year-old wants to stay put. We want to consider all the practical implications. What effect would this have on the tax status of the foster carer? What effect would it have on benefits? We are running that pilot at the moment. All being well and with the right outcomes, we hope to take action in the next spending period, so that any care leaver can have a reasonable expectation that they can stay in a family placement.

Q522 Mr Stuart: When does the next spending period start? When could this be expected, assuming that you sort out the practical problems? As you said, it is axiomatic to anyone else that support should be ongoing, yet all that we have is pilots and talk about possible issues involving benefits. It does not seem terribly convincing to state that it should certainly be in place, run pilots and then make rather vague promises about when it might be implemented when we all agree that it needs to be implemented.

Baroness Morgan: I do not think that I am being vague, I must say. The issue is ensuring that if we make commitments to young people in care, we can fulfil them in a practical and effective way in localities. It is important that we understand all the implications of any new policy, and that there is strong evidence to support it, before we roll it out widely. What I am saying is that I see it as important. I am sure that we will get great results from the pilots, and I see this as an area that I would very much like to pursue.

Q523 Mr Stuart: That is good news. I am just trying to pinpoint when, assuming the problems are overcome—I know that you are not guaranteeing that today—it might be expected to become a national programme.

Baroness Morgan: The pilot is three years, and we are not going wait until the end of three years to get the results. As soon as I get the opportunity to learn how it is going, I will take forward the ideas as best I can, using whatever opportunity I can identify.

Q524 Mr Stuart: I apologise for accusing you of vagueness; I am sure you are absolutely not guilty of that. In the spirit of not being vague, what is the earliest date we could expect this to be implemented? I know that you will not give a guarantee today, but what is the earliest date?

Baroness Morgan: I have just been reminded that the spending review period, as we know, is 2011 to 2014. We will have to work towards those time frames in preparing our evidence and ideas. We are obviously thinking about it now, are we not?

Q525 Chairman: Do you think Graham Stuart is pressing you? If the Prime Minister is serious about bringing forward all sorts of programmes to help us to avoid a recession, a programme such as this—we know what the need is—is the sort that we should bring on without a pilot. We all know the real problem. Three years seems a long time for a pilot. Is this not something that the Prime Minister could give you the money for, saying, “Come on, get on with it.”? Have you got the capacity to do it now?

Baroness Morgan: I have to be honest, Chairman, and say that if the Prime Minister asked me to jump, it would be a question of how high.

Chairman: I did not know that the writ ran that strongly in the House of Lords.

Baroness Morgan: It does on some Benches.

Chairman: As Graham is leaving, I want to put it on the record that this is David Lloyd’s 309th sitting since he took over as Clerk to the previous Education and Skills Committee. He is leaving us, so the “Staying Put” initiative has not worked with him. While we are in formal proceedings, Minister, I want to say that you are at quite an historic sitting. The only reason why this is the best Select Committee of them all is that it comprises a team, and David Lloyd has been absolutely central to making our reports as good as they have been. The Committee thanks you, David, for all that you have done for us. We wish you very well in the next part of your career.

Q526 Mr Chaytor: Minister, you referred earlier to the great variations in quality between different local authorities. There are also huge variations in policy in respect of the thresholds that are used to start care proceedings and in the choice of residential or foster care. I am interested to know whether the Government consider that acceptable and whether you intend to take steps to get greater standardisation in the thresholds for starting proceedings and the use of residential care.

Baroness Morgan: You are touching on a very interesting area. There is no doubt that the direction of travel not only in the *Care Matters* arena, but across the board through the children’s plan and children’s services more widely, is about early intervention and ensuring that we are targeting the right services on children and young people to meet their needs as early as possible. A lot of that is about professional judgment and professionals using their skills, knowledge and experience to make the right judgment at the right point. My thinking on the matter is about the work that we are promoting. We

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are engaged actively in developing a work force strategy for children's services across the board. In a field that is about providing local services that are targeted on the needs of local populations and individual children, we must have a framework that has the right regulation, the right inspection and the appropriate guidance. We also have to have the right level of professionalism from the work force, who have to make the judgment calls. We are on a journey in that area and we still have a way to go on the work force side of things. I am not sure whether I am touching on the points that you wanted me to discuss to answer your question, but that is how I think about questions of the sort you are asking.

Q527 Mr Chaytor: The consequence of what you are saying is that, for example, there will still be enormous variation between different local authorities in the proportion of kids in residential care. Are you saying specifically that that is acceptable because you believe that those are issues of professional judgment at the local level or do you want to reduce the extent of those variations?

Baroness Morgan: I do not want to sit here and say that there should be target numbers in a particular locality for children and young people to be placed in particular settings. That would be a real mistake because we have to ensure that every child is placed in a setting that is most appropriate to meet their needs. We have a higher-level principle, which is that it is more appropriate for children and young people, when it suits their needs, to be placed in a family setting. First and foremost, that should be with their parents, but if that is not in their best interests they could be placed with kinship carers or foster carers. We recognise that some children must be placed in residential care because that meets their needs. The most important consideration is the interest of the child.

Q528 Mr Chaytor: The received wisdom for a number of years has been that there ought to be a reduction in the proportion of the care population who are in residential care. You are reaffirming that that is still the received wisdom. Has that been challenged since the publication of the original Green Paper? Other European states that appear to perform far better on the welfare of children in care place a far higher proportion of them in residential settings. Is there any rethinking on the long-term trend of shrinking the residential care population?

Baroness Morgan: You are touching on an incredibly interesting question. Comparing ourselves with other European countries, it could be said that the outcomes for looked-after children in this country are by no means as good. However, we must understand that there are very different traditions. The philosophy in this country places paramount importance on children being looked after by and staying in the family. That is not true of the rest of Europe. If the children in care are a very distilled group who have the most difficult, challenging and tough experiences, you will find that

they go on to have the least best outcomes. This is a very difficult issue, but we are very different in the way that we approach that arena.

Q529 Mr Chaytor: Another trend in recent years has been the reduction in the number of adolescents who are taken into care. You stressed earlier the importance of early intervention. Do you think that this issue should also be revisited? We are all aware, and you are particularly aware, of the growing public concern about a small number of young people who are not in education, employment or training, are on the fringes of criminal activity and are disconnected from the wider community. Many of those adolescents come from dysfunctional home backgrounds. Is there not a case for the Government to reconsider the pattern of recent years in which you do not look at care proceedings for adolescents?

Baroness Morgan: I am not certain of the right answer to give you on this issue. The trends I see are that we are going in the right direction in terms of educational outcomes for looked-after children. I do not wish to overstate it, but there is very slightly more stability for looked-after children and young people. The vast majority of those who leave care go into appropriate accommodation and the outcomes are improving. I will come back to you on the specific point about adolescents. I am not sure about the answer.

Chairman: A written response will be adequate.²

Q530 Mr Chaytor: May I ask one more question. This goes back to Edward Timpson's point about foster carers. You stressed the importance of recruiting more foster carers, and noted the variation of payments between local authorities above the minimum amounts. Given the global economic slowdown, the likelihood of increasing unemployment in Britain, the policy of the Department for Work and Pensions of looking at those on incapacity benefits and assessing what skills people have to return to the work force, is now not the right time for a serious, concerted attack on the problem of the lack of foster carers? Would that not be appropriate in the context of what the Department for Children, Schools and Families is doing? We have a rising number of people likely to be unemployed, a growing number of people whom the Government want to get back in the work place, and a growing emphasis on the importance of skills. Is there not a huge opportunity for the Government to tie those separate strands together and recruit a new pool of talented foster carers?

Chairman: Minister, do you agree with that?

Baroness Morgan: I do. We are currently developing a work force strategy, as I have mentioned. That is absolutely pivotal. The legislative work has been done with the Children and Young Persons Bill, regulations and guidance are being reviewed, inspection systems are being put in place and now, the next important step is the work force strategy. We will publish that this autumn or before Christmas—I am not sure what the correct civil

² See Ev 271.

service term is, but it will be soon. We will be thinking about the roles of all professionals who work with children. That obviously includes the social work profession, but we will also look at the role of foster carers and how we can make the most of the opportunities before us in the coming years.

Q531 Fiona Mactaggart: Can I add one supplementary question to your offer to come back in writing on the issue of older adolescents coming into care. Something that will not necessarily be immediately obvious from the information you receive, is that a significant reason why older adolescents are not brought into care is the costs and duties that local authorities have in relation to them. Too often, local authorities duck about for a couple of years until it gets to the point where they are no longer at risk of having to pay the bills. I am concerned about an answer that you gave to one of my colleagues about there needing to be a formal review before someone leaves care. That is another point at which a local authority might say, “We have housing costs, we need to go through a formal review process, it is only a year or so before that person is 16—we will run away from this.” Can you answer that point when you write about the issue of older children. Is there evidence of local authorities avoiding the costs that they incur because of their responsibilities over these very vulnerable young people?

Baroness Morgan: I will very happily do that.³

Fiona Mactaggart: Thank you.

Q532 Chairman: Baroness Morgan, one aspect of your responses is worrying, although I know that some things are a necessity for Ministers. Let me take this across to a Freudian sort of answer—I refer to David Freud, who was asked by the former Prime Minister to come up with radical views about how to cut the number of long-term unemployed and people on long-term disability payments, and he came up with a whole package of measures. Have you looked at any of his work or at the role that he has played in the Department for Work and Pensions? The evidence that we have been given so far is that there is a patchwork system that does not work. Children have only one chance at education and childhood. If a Minister tells the Committee that we are going to have a pilot that will take four years—that we are going to do a bit of this and a bit of that, have a bit of localism and a bit of centralism—it looks like fiddling while Rome burns in terms of those children’s childhoods. Is there not a Freudian answer? For God’s sake, hire a private company to look after the 60,000 kids; 60,000 is not that many. Do it properly, or get a new national organisation to do it; have a virtual head for all 60,000 kids. This Committee, and certainly I, as Chairman, would like some answers soon, not in five years’ time when another generation of kids have had disappointing childhoods.

Baroness Morgan: I do not think that it would be practical or that it would help looked-after children and young people to completely rip out the current system and put it into another box, with all the upheaval, transition and risk of failure that that would bring. It is important to focus on the areas that do not live up to our expectations, but that means, by definition, that we then do not focus on all the good things that are going on.

Q533 Chairman: But here you are, a Minister in the Department for Children, Schools and Families, and I have asked you about the complex issues of health and criminal justice, and there is no virtual supremo whom you can ask, “What is happening? Why are kids in Manchester not getting the same deal as kids in Warwickshire?” We do not want to revolutionise the system; we just want to improve it, and not through a quick fix, but through some sense of purpose that seems to be lacking from the Government.

Baroness Morgan: I disagree. In the past few weeks, I have seen a real sense of purpose and direction come into the Department to take the *Every Child Matters* agenda through into *Care Matters* and to engage in what will be a transformation of children’s services, over a period of time, particularly services for looked-after children. In preparing to come here today, I asked for a map of how we got to where we are. We started in 1998 with Quality Protects, went on to the Children (Leaving Care) Act 2000, and continued, in 2002, with Education Protects. There was then recognition that that work was not enough, and that is where the 2006 Green Paper *Care Matters* came from. We have directors of children’s services who are accountable for those services.

Q534 Chairman: Minister, we have heard about all those laudable documents, but when we met children with a recent experience of being in care, it was appalling. Children are wrenched from one setting to the next, or not sent to education. It was heart-rending to hear that during the time when Labour have been in Government, those children have had a rotten experience. We did not think that they were exceptions; we thought that they were pretty representative. On the other hand, look at the evidence from the heads of children’s services before this Committee on Monday. Look at the director of children’s services for Hackney, who said that he would not employ anyone trained as a social worker in this country. He recruits in South Africa, New Zealand, Australia and Canada. What on earth is going on when a director of children’s services thinks that even the training of social workers is so bad? It seems to me that the delay of pilots is not what we need. We need firm action now.

Baroness Morgan: If I might reiterate it, the importance of pilots is that they ensure that the changes we make are well evidenced and will embed properly in the system. I cannot emphasise enough the point that I made earlier about the work force strategy. That is absolutely key for moving forward from here.

³ See Ev 273

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Q535 Chairman: Even if that means taking an axe to social work training in this country?

Baroness Morgan: It might be early in my career to suggest taking an axe to anything.

Q536 Chairman: But you will read the Hackney evidence that we heard yesterday?

Baroness Morgan: I certainly will. I am incredibly interested in the experience in Hackney. The work force of social workers has vacancy rates that are far too high. We need to raise the status and profile of the social work profession, and I am interested in and committed to considering how we should do that.

Chairman: Thank you for that. Annette.

Q537 Annette Brooke: Could I return briefly to questions about the “Staying Put” pilot and the situation that we are in now? Obviously, not all young people have the opportunity to stay with their foster parents after 18. Indeed, many foster children choose at 16 or 18 to go into independent accommodation. I asked the local authorities about that on Monday. Do the Government have a bigger role to play in accommodation? For example, could a duty be placed on local authorities to secure sufficient accommodation for care leavers? How will the Government support local authorities in improving the supply and quality of accommodation, of whatever type? We know that the situation of care leavers must be improved if we are going to make any impact on the outcomes.

Baroness Morgan: I think that you are absolutely right. The role of the local authority in securing a range of appropriate, acceptable accommodation for young people is an important one. Through the Children and Young Persons Bill, we are creating a new duty on local authorities to ensure that they can accommodate their population of children in need within the area.

Q538 Annette Brooke: I think that that is geographical in many cases, rather than involving the quality and necessity for support.

Baroness Morgan: I agree. It comes back to what I was saying before about leaving care, access to a personal adviser and the assessment that must be made. The pilots, particularly the leaving care pilot, have focused on the importance of empowering the young person to take, as you would expect, a pivotal role in their own decision-making about leaving care, such as having the opportunity to make their own assessment of any accommodation that they might be offered, which to me just seems like common sense. One thing that I was particularly concerned about—

Q539 Annette Brooke: But if it is one unsatisfactory flat or unit as opposed to another unsatisfactory unit that is being offered to them, is that a real choice?

Baroness Morgan: No.

Q540 Annette Brooke: I think that that is the issue in every local authority—that these young people do not have a genuine choice of suitable accommodation at the moment.

Baroness Morgan: That is absolutely unacceptable. I am being reminded that we are producing new statutory guidance that will cover this particular challenge. We will look at how the vetting and assessment of supported lodgings providers should be conducted and how children’s services will be expected to work in genuine partnership with the full range of local housing agencies, including social housing providers and registered social landlords. In addition, there was something else that I was particularly concerned about, which is the issue of young people who leave care being over-represented in the homelessness figures. In May, we produced guidance, jointly with the Department for Communities and Local Government, on joint working with housing and children’s services to prevent youth homelessness. You are highlighting the issue where the choice of accommodation is between two unacceptable offers, and that situation is unacceptable. We are making that clear to local authorities.

Q541 Annette Brooke: I hope that that will be in your annual report.

Baroness Morgan: Yes, absolutely.

Q542 Chairman: You are aware, Minister, that wicked people, usually men, in practically every town in this country target children in care, particularly those who are very young, with the aim of bringing them into prostitution. That is well known. In my own area, a group called the Coalition for the Removal of Pimping, or CROP, tried to campaign about this issue. As I say, it is well known that young people, particularly females but not just females, who are aged 16 and on their own in a care setting—a situation that is known in the locality—become very vulnerable young people. So, from where I am sitting, it seems wrong that children at 16 are exposed to that level of danger.

Baroness Morgan: I absolutely agree, and that is why we have made it clear that we expect 16 and 17-year-old looked-after children to remain in properly supported accommodation in care, unless there are some very strong reasons why they should do otherwise. So we aim to completely flip over the expectation, towards that of 16 and 17-year-olds being expected to stay in care.

Q543 Mr Pelling: What can the Government do? From what we have heard elsewhere, it strikes me that there is a great deal of grooming of young girls while they are in care. What do you think the Government can do in terms of setting public policy to try to stop that happening? Unfortunately, it almost seems as if this exploitation is being dovetailed into the public provision that we already have. It is very disturbing to hear that that is

happening. I am not blaming the Government at all, but I am just trying to think what the public policy solutions might be.

Baroness Morgan: It is absolutely unacceptable that these cases should arise. Any person associated with a care setting, whether they are employed there or otherwise associated with it, must be absolutely safe to work with and support children and young people. That is an absolute must. We have a framework for safeguarding children. We have local safeguarding boards, whose responsibility is to ensure that children are protected in their care. I cannot emphasise enough how seriously we take this issue. There are local structures in place to promote the safeguarding of these vulnerable children, but I would never suggest that we are complacent at all about this. If the Committee would like me to come back to you with more information about the exact processes, I would be happy to do so. It is a very big area of concern.⁴

Q544 Fiona Mactaggart: One of the ways in which young girls are groomed into prostitution is through the ineffectiveness of the care system in dealing with runaways—temporary runaways, young people who absent themselves from care overnight. Sometimes it is made worse by the fact that it is difficult for people to absent themselves with permission. It is more complex for adolescents in care to get permission to go to overnight stays with other people because foster carers or whoever are not authorised. They are then more likely to run away. They then get reported to the police as runaways at a point when the children's home or the foster carer knows where they are, but does not have the authority to deal with them. There is a real issue here which is going into the "too hard" box despite the extra investment in runaways at the moment. That is leading young girls to be very vulnerable to being groomed as a class. A lot of people are targeting children's homes and places where they know there are children in care in order to turn them into prostitutes later on. We are not talking about 16-year-olds, but about 13-year-olds. If you were to make it a priority as a Minister you could make a difference on this. Nobody yet has.

Chairman: Minister, will you make it your priority?

Baroness Morgan: It is difficult to say—

Chairman: We did not say "the priority". We said "a priority".

Baroness Morgan: Yes, "a priority". I would very much like to rise to that challenge. Maybe I am a bit fixated about the work force strategy. I might be. It is because I think it is so important. There is also something in there about evidence and making sure that we are asking the right questions about what is happening to runaway girls and whether we have the right measures.

Q545 Chairman: Until a few members of this Committee organised a campaign some years ago, the fine for being found to be running a brothel was

larger than for luring a child into prostitution. Our campaign changed that so the legal framework is more helpful to you than it used to be.

Baroness Morgan: I am reminded that in the young runaways action plan, which we published this summer, we committed to a range of actions, including publishing new guidance on children missing from care and home by April 2009. That is not that far away. Certainly I would hope to have a good look at this area before then so that I can come back to this Committee in good time.

Chairman: We will come back to the criminal justice side in a minute. Sharon, you have been very patient.

Q546 Mrs Hodgson: I want to ask you a bit more about the work force, and specifically the training of the work force. You said that you were going to publish the work force strategy some time before Christmas. I do not want you to give anything away, but could I tease some responses out of you. You will be aware that children in residential care in England have far more severely disturbed backgrounds than children in other countries, yet the training and education of staff in this country is a lot lower than in other countries. The Committee visited Denmark earlier this year to look at looked-after children, and one thing that we all came away with was the fact that in Denmark, there is a whole professional level of staff called pedagogues, and we do not have that in this country. They are professionally qualified, they do a three-year, degree-like course in pedagogy, it is a highly regarded profession and their pay is just below that of teachers. They are, however, paid much more than our equivalent work force, although they are recruited from similar backgrounds. The difference is that they have invested in training. Added to that, in 2002, the standards for care homes stipulated that by 2005, a minimum 80% of staff in the residential and care environments should have had an NVQ Level 3 in caring for children and young people. However, the national average in 2006–07 was only 56%—so, way below 80%. And, in 25% of local authorities, the NVQ Level 3 figure is only 33%, so, even though we are talking about only a Level 3 qualification and not a Level 4, we are still nowhere near the target. Why are the levels of adequately qualified staff in residential care homes persistently so far below the national standard?

Baroness Morgan: I am not sure that I can speculate on why they are so far below; I should like to focus on what we are trying to do about it. I have already talked about the work force strategy, which will focus a lot on training, as you would expect, and particularly on the qualifications for the residential care work force. In the Children and Young Persons Bill, we are strengthening Ofsted's powers to enforce the standards to which you have just referred, and ensuring that we have that tough enforcement is part of ensuring that we drive up those standards. The Bill will allow Her Majesty's chief inspector to issue compliance notices to homes that are in breach of the regulations, setting out the training requirements, and will have the power both to restrict admission to homes that she deems not to be

⁴ See EV 273

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meeting the standards, and to notify local authorities so that they can take the issue into account when making their placement decisions. Those are important levers for influencing and driving up the standard of training in residential care homes.

Q547 Mrs Hodgson: Do you see the future work force as being, across the board, more highly trained—perhaps raising the level of how that work force are perceived, with the additional pay that would have to follow; or, do you think that the work force will be the same but just a bit more trained?

Baroness Morgan: I suppose I need to be careful about what I say, given that, yesterday, we had a conference in the Department with all the stakeholders from the work force, working together to identify priorities and help the Government to develop a practical and deliverable strategy. It is going to be key.

Q548 Mrs Hodgson: I do not want to put words in your mouth, but if we are looking at teaching as being a master's-level profession, should we start to think about residential care and looking after children as a degree-level profession?

Baroness Morgan: I have already said that we need to raise the status and importance of the professions who support looked-after children.

Q549 Chairman: But you said that before, and I was a bit discontent with it, because the Hackney evidence yesterday, and other evidence that the Committee has gathered, demonstrates that the state of training is awful. I am a governor of the London School of Economics, and the representative from Hackney pointed out that the LSE has ceased to do social work; a good institution has walked away from it. Surely there is something deeply wrong with the social work training system if a director of social work in a leading London borough can say that.

Baroness Morgan: It is obviously not working in a profession where we have such high vacancy rates. We have been looking at how we can support newly qualified social workers to stay in the role by giving them protected work loads and so on.

Q550 Chairman: What I am pushing you on is that it is not just the esteem and status of the profession—it is the quality of the training. You have half of the LSE directors in the House of Lords. Perhaps you can chat with them about why, in a place which produced Professor Richard Titmuss and which was a focus of social work training and had a proud tradition, they gave it up.

Baroness Morgan: I will happily take that away as an action point and talk to colleagues. When we talk about what makes a profession, it is education, training, ongoing professional development, having a culture where senior members of that profession are dedicated to bringing on junior members—there is a lot to it.

Chairman: Quite right. We want it all, but we want it now.

Q551 Fiona Mactaggart: I was looking at the Youth Crime Action Plan, which specifically recognises that children from troubled families are at risk from being involved in crime. We look at children in care and it is almost as though the system is a way of opening a door to being involved in the criminal justice system. The Prison Reform Trust estimates that more than 70% of young offenders have a history of being in care on in contact with social services. When reading the action plan, although there is all this emphasis on troubled families and on parents and so on, I was struck by the fact that there is nothing in it which concerns the responsibilities of the care system in a situation where a young person has been involved in crime. We are giving corporate parents a free ride. I want to understand first, why that is. Secondly, I want to know what we can do to more explicitly address that issue in our planning for children in care.

Baroness Morgan: I have looked at this coming in from the other end of the spectrum. I have taken note of concerns that were raised with me about how the care system should do better in supporting young people who end up in the system. Those concerns relate particularly to people in custody and how we need to do more to ensure that local authorities are engaging with those young people, so that there is proper resettlement planning and that when they are released they are assessed and supported further. There is also the debate, which I understand, about whether the care system is contributing to criminalising young people. Is it a question of children and young people coming into the care system from very distinct—I think you described them as troubled—families, with all the risk factors that are associated with young people who go on to offend? I think that we are talking about all the services and all the professionals that work to create the corporate parent system. Can every ounce of their activity—every moment of their working day—be about creating the right environment, in which these young people would flourish and which would not trigger the kind of offending behaviour that you are referring to? That may be about helping these young people to excel educationally, to achieve their aspirations. What I am driving at is that we need to take account of the additional risk factors that young people in care bring with them, but we also need to ensure that we do not lower our aspirations for them, so that we do not assume that they will end up in the criminal justice system. I am not sure whether I am answering the question.

Q552 Fiona Mactaggart: At the moment, we have some tough, simple, straightforward measures regarding education. We find that bit of it easy. For example, we have put in place a requirement on schools to admit children in care. That is a practical thing that has been done. We do not find it easy to prevent children from ending up in prison, and when they are in prison they are frequently not visited, even when the local authority is still the corporate parent. When the local authority is not the corporate parent, visiting them is an added responsibility—that is interesting and it would be lovely if that

happened. However, at the moment we cannot make visiting happen even when the local authority is the corporate parent. I do not get the sense that there is the drive on this issue that there is, for example, on educational achievement. As a parent, the last thing you want is your child to go to jail. A high proportion of our children—in our role as corporate parents—are ending up in jail, while they are still children.

Baroness Morgan: I feel the need to check what our national indicator set says about that—I am not able to find it in my pack. But what is extremely important is that we do not take our eye off the ball in terms of understanding the real evidence about what is happening to these particularly vulnerable young people. It is completely unacceptable for local authorities not to be visiting as corporate parents. As I said, the Children and Young Persons Bill extends that duty, and we will be providing guidance to local authorities so that they know how to do that and do it effectively.

Q553 Fiona Mactaggart: I think that they know how to do that; they are just not doing it. What are you going to do to ensure that they do? I understand that that is hard, but we do not have a mechanism that makes local authorities carry out their current legal responsibility. I am anxious that giving them a new responsibility will mean that there are more people not doing what they are legally supposed to do.

Baroness Morgan: I am advised that we will use the powers given to the Secretary of State under the Children and Young Persons Bill, and that there is revised statutory guidance to ensure that there is planning—as I just said—for all looked-after children in custody, so that for each child there is a resettlement plan, including arrangements for accommodation and training, which will be put in place well in advance of the discharge. Ultimately, in answer to your question, it is about having a tough inspection regime so that if local authorities are not doing this, their Ofsted inspection will show that their children's services are not delivering in the way that we expect them to. There is a lever; we just have to make sure that we are using it.

Q554 Fiona Mactaggart: The problem with the Ofsted lever for children in care is that it does not have the same impact as the Ofsted lever for school effectiveness, and local authorities are frankly ignoring it. That is a real worry, because many of our frameworks are about management systems, developing the plan and so on. They are not about how many children have actually been visited and how many have not, and whether there is an impact for the local authority that hurts them if they fail on those basic things that the law says that they should be doing, which many of them are doing presently. I do not think that your Department is able to deploy any punishment. The youth crime action plan contains a lot about punishment, but there is no punishment for the local authorities who are not fulfilling their legal responsibility. I am afraid that unlike gabby middle-class parents—bless them—

who are effective at making education authorities carry out their responsibilities, the parents of the children we are concerned with are not going to do that.

Baroness Morgan: If I could just stress that the inspection regime, through Ofsted and the local authority performance management system, is at a point of change. Without going into all the detail about the national indicators set, everyone is well versed in how that change is happening: we have the national indicators set, we have the local area agreements. Central Government and all the inspectorate bodies have been through an enormous amount of consultation about how to reform the inspection of local government. One area that has come out of that, which I think is important for us, is that most of the programme-led area level inspection that has happened in the past by all the different inspectorates will not take place anymore, because of the reformed inspection process and the joint inspections that local authorities will have. Those will involve the Audit Commission, the Care Quality Commission, Ofsted, the inspectorates of the police and the probation services. They are all coming together to do these joint inspections. However, because of the incredibly important role of corporate parent, the programme of inspection led by Ofsted for services for looked-after children and safeguarding services for children will continue to have a specific and detailed inspection every three years, and that is an important exception for those services. While all the other inspections are being unified into a streamlined process for light-touch local authority inspection, we are maintaining an intensive and important three-year inspection process for children's services, and I think that that is going to be very important.

Q555 Fiona Mactaggart: We have had evidence that pulling together the Ministry of Justice and the Department for Children, Schools and Families has helped in bringing together welfare and justice policy, but there is another group of very vulnerable young people in the system: young asylum seekers. I can think of one who I met shortly after she had arrived here from Uganda, where her father had been put in jail, in 2003. She was given leave until she was 18, which I think was about 2005 or 2006. In that period she managed to get three A-levels and is now at university. However, the Home Office still has not interviewed her or decided on her status. In the meantime, this young vulnerable woman on her own has had a baby—oh, what a surprise. She is doing well at university despite all these troubles. It seems to me that that the Home Office has said she is part of the backlog that needs to be dealt with by 2011. So our social services, bless them, are still taking their responsibilities to her very seriously. I do not believe that every local authority would do the same. I am very concerned that all around the country there are such vulnerable young people and nobody is driving the Home Office to make sensible decisions from the point of view of the State being a corporate parent for these children. I ask you to press for joint responsibility between the Home Office and DCSF

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in relation to these young asylum seekers. In my view, this would help the Home Office as well as you to provide care needs for them. Perhaps you could take that back.

Baroness Morgan: I will happily take that back. There are various things I want to say about unaccompanied asylum-seeking children and to use this as an opportunity to stress the point you were making about the local authority fulfilling its role as corporate parent. There should be no ambiguity. When unaccompanied asylum-seeking children arrive in this country they are looked-after children and should benefit from all the services, support and care that any looked-after child should expect, or that we should be expecting to deliver as the corporate parent. That should involve all the support through the transition to adulthood that you have just described. It is important to put on record that that is absolutely how we see it. There is an issue I want to flag up. These children, as you have said, have an immigration status and all that goes with that. The UK Border Agency is required to have regard to the code of practice for keeping children safe from harm, which was consulted on earlier this year and will be published later in the autumn. The code of practice sets out how the UK Border Agency can better play its part in keeping these children safe from harm while they are in this country. We are committed to further developing the UK Border Agency's role in safeguarding and promoting the welfare of all children in the asylum process. This is why we will be using the opportunity provided by the Immigration and Citizenship Bill that comes before Parliament in the fourth term to place a duty on the UK Border Agency to have regard to the need to safeguard and promote the welfare of children in exercising its functions. I thought it would be helpful to share that with the Committee, although you are probably already aware of that. Guidance will be issued jointly by DCSF and the Home Office. I think that picks up some of your points.

Q556 Fiona Mactaggart: It does indeed. As well as giving such guidance, which is good to hear about, could you focus on the issue of the transition to adulthood for these children? I think there is a leaving-care issue which is very significant for them. My constituent is now over the age she would be in care. She has a committed local authority and she has now got a baby, so things have become much more complicated, but there is an issue that in most cases these young people simply disappear at the point that they would be leaving care. There is no sensible plan. The Home Office is so inefficient that it does not deal with their immigration status, which it has a duty to do at that point. If you are giving guidance, you must give guidance about that transition to adulthood where the Home Office decides the future status of those young people, as well as the local authority taking responsibility for

funding them. Some of them face complete impoverishment on becoming adults.

Chairman: Minister, would you like to respond briefly to that because we must move on.

Baroness Morgan: Thank you. I have just been reminded that when such young people reach legal adulthood at 18, the authority—I presume that you mean the local authority that has been caring for them—has related responsibilities to offer them support and services as care leavers. That picks up on the point that I was making earlier that they are looked-after children. This matter will be covered in the guidance.

Q557 Mr Pelling: I can see that this is an ambitious programme by Government because many of the questions have been about working on a cross-cutting basis with many parts of the public sector. I do not want to impose a further request, but it strikes me that *Care Matters* is conscientious on the role of taking initiatives for looked-after children and supporting them in their education. I have one question with two parts on health care provision. Why does there seem to be a greater resonance with putting in place the structures that will provide micro-level support for young people in care? On a more macro-basis, do you think that the statutory status of the guidance promoting the health of looked-after children will put specific responsibilities on the performance of health bodies in delivering in this important area? Have I been unfair in my assumptions?

Baroness Morgan: I am not sure whether you are being unfair in your assumptions. It is right that we question whether we are getting the right pieces of the jigsaw in place to support looked-after children. We know that the health outcomes of such children are significantly lower than the population of children at large. It is right that we should be concerned about promoting the health and well-being of looked-after children and create extra emphasis on that. Coming back to the statutory structures, it is important to note that primary care trusts are accountable for delivering services locally. They are joined through local area agreements with local authorities. As part of their duties, they must undertake a joint strategic needs assessment for the commissioning and provision of health services jointly with the local authority. For the first time, there will be statutory guidance on the joint strategic needs assessment that states that the specific needs of vulnerable groups such as looked-after children should be taken into account. That sounds like a high-level answer, but it is local primary care trusts that must examine the health needs of their communities. We are putting a specific duty on them to look in detail at the health needs of vulnerable groups such as looked-after children. That is a new duty, but it is very important and we will make sure that they do that. A particular concern is mental health services for looked-after children, and we are doing a review of that area. It is something that I am particularly interested in, and we will report on it

shortly. I hope very much that we will be able to create some strong emphasis on the needs of looked-after children. It is a real issue.

Q558 Mr Pelling: I am sorry, but I want to ask a question as a follow-up. I suppose that there are not really the resources for mental health care for you to be able to impose very much responsibility on PCTs and other public sector health providers to make that important provision. Also, a further follow-up: when it comes to these young people being supported in their education, there are some specifics such as virtual school head teachers and statutory designated teachers. Will there be something similar for health provision? There are two questions there.

Baroness Morgan: I am a bit confused as to which question I am answering.

Chairman: Go for the first one.

Mr Pelling: Are there sufficient resources for mental health provision? Will you be able to live on the aspirations that you say you may reveal at a later stage?

Baroness Morgan: The PCT is responsible for prioritising the resource. To go back to my first answer, that is why it is so important that we put the duty on them to take account of the needs of vulnerable children. I cannot sit here and devise the health care budget for each PCT. It is not possible for me to do that—it is very much a matter for the PCTs. We are saying that this is a priority for them, and that they have to ensure that they cater for and commission for those needs.

Q559 Chairman: But the Department of Health does not have any requirement to prioritise children's issues, does it?

Baroness Morgan: The Department of Health—

Chairman: You are not the only person who can receive notes. One of my advisers tells me that these schemes are not working on the ground because there is no Department of Health requirement to prioritise children's issues, and that that is why we have the delay in the child health strategy. It is not happening. You are the lead Minister. You have responsibility for these children. How often do you meet someone from the Health Ministry or Home Affairs? You are the lead Minister, you are the boss. How often do you say, "Come over to my office so that we can sort this out"? How often do you do that, or do you do it?

Baroness Morgan: I certainly will do it. I have not done it in my first three weeks, but I have a strong personal interest in health, and I was particularly pleased to be given this responsibility—I think they call it a dual key—not only for looked-after children but also for health and well-being in schools. I see it as very important. The duty for PCTs that we are talking about is new. It is a new requirement and we will expect to see some results because of it. As far as I am aware, PCTs take very seriously their commissioning and needs assessment roles, and I would expect them to take this duty very seriously.

Q560 Chairman: Will you write to the Committee about this? The advice is that there is not a requirement to prioritise children's issues.

Baroness Morgan: I will be very happy to clarify exactly where the duties lie.⁵

Q561 Annette Brooke: Could I just make one little point on that. It is very much the case that there is not the duty to provide the actual treatment and, in terms of therapeutic treatment, we know that many children in care have been abused and desperately need it. But that the provision of such treatment is very patchy throughout the country. As an aside, may I ask you to look into the general provision of therapeutic treatment for abused children? It is very defective, and no amendments trying to tackle that problem yet again were accepted even for debate during discussions on the recent Bill. Minister, you have identified the many initiatives that have taken place over the past 10 years, some of which were really exciting such as Quality Protects, but we are where we are, and there has been no significant improvement in outcomes or, indeed, even a slippage in the widening gap in the GCSE educational performance of looked-after children. You said that you intend to report annually, but surely you must have some idea over what time scale you expect to see changes in outcomes.

Baroness Morgan: In terms of the time scale, we are on a journey. We are building on the success of the work that my predecessors set in place through the implementation of *Care Matters* under the Bill. We are overhauling all the regulations and the guidance, and are producing a simplified and more accessible framework. We have pockets of good practice and an inspection regime coming into play that I expect to bring up the level of less good practice to the best. I know that hon. Members have been concerned that the pilots are small initiatives, but my hope and expectation would be that, through them, there will be an actually normal innovation and a driving force for new thinking, research, development of ideas and the pressing forward of care so that we move into a phase when the system will be about continuous improvement.

Q562 Annette Brooke: I should like you to be more specific. Looking at all the indicators and poor outcomes, it would not be very satisfactory if, say in 2012, there was no improvement. Surely you must have some time horizon, otherwise we shall drift on for another 10 years.

Chairman: Are you drifting, Minister?

Baroness Morgan: No, we are not drifting. We have set targets through the national indicators. Perhaps I am being a bit high level but, in practical terms, local authorities will have specific targets for improving outcomes in particular areas. I shall go through them if that will be helpful. There are 150 national indicators, but an important number of them are on outcomes for looked-after children. The indicator for the stability of placements measures the

⁵ See Ev 274

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percentage of looked-after children with three or more placements during the year. At the moment, 12% of looked-after children have three or more placements and the target is to reduce that to 10% by 2011, which is in three years. Is that the sort of thing that you wanted to know about?

Q563 Annette Brooke: That is the setting of targets. The real question is what will be achieved. We know—there is quite a lot of evidence—that with existing legislation, guidance and standards there is not a universal level of provision across all local authorities. When the young people talk they say, for example, that they have not had an input into their care plans. We can have the fine words—the targets and indicators are going to be important—but given that there are so many inconsistencies in compliance with the current standards, surely you have just got to do a bit more to make sure that this time it works.

Baroness Morgan: I totally accept that. We have to do an awful lot more. A full programme of work in the Department is driving forward this change. We have talked about the programme board, which will be ensuring that that happens on an official level and I will be accountable for the ministerial stocktakes. There is no complacency at all about this work.

Q564 Annette Brooke: You have mentioned inspection, but are there other ways that you will be addressing underperformance by local authorities or care providers to ensure that we really have the implementation of the excellent aspirations of *Care Matters*?

Baroness Morgan: Potentially, one of the most significant changes is the development of children in care councils. If there is any barometer of our success in creating the kinds of services that meet the needs of children, it will be all local authorities having such councils, all councils speaking freely and fully about the experience of care in their locality and us hearing and listening carefully, through our stocktakes, to what children and young people have to say about the services that are there for them.

Q565 Annette Brooke: Will all councils have to have a children in care council?

Baroness Morgan: Local authorities, yes.

Q566 Annette Brooke: That was not the impression that I got from answers that we had on Monday.

Baroness Morgan: It is in the White Paper. We are confident that all local authorities will do it.

Q567 Annette Brooke: It is not in the Bill and it was clear from one answer that some authorities think that they can do things better in other ways. Would it be more important to put more emphasis on children's rights, along with the United Nations convention on the rights of the child, alongside the request that local authorities have a children in care council?

Baroness Morgan: As a Government, we have made it clear that we will pursue a rights and responsibilities agenda; the Prime Minister made that clear. I would expect that looking at the needs of children and young people would be within that agenda. I think I am saying yes.

Q568 Annette Brooke: I certainly hope so. You mentioned the indicators, which we all agree with, to try to reduce the number of placements within a year and, obviously, if possible and appropriate, within the local authority. But has the Department done any analysis about why so little progress has been made on this over the past five years? It seems such an obvious reason for the underperformance and difficult behaviour patterns of young people, given that they are constantly moved from pillar to post. Why have we, generally, as corporate parents, failed in this so badly?

Baroness Morgan: There will probably be an enormous range of technical and correct answers to that question, but in my view it is only now, having had this crescendo of work, that we are really in a position to take the root and branch developmental steps that need to be taken. It takes time to change an enormous system, but I think that now, building on our past success, we are giving it the right level of attention through legislation, inspection and the enormous programme of change. Why we have not succeeded is a very difficult question. Why will we succeed? It is because we have all the right elements in place with the work force strategy, when that piece is done, to create a strong system of continuous improvement. That is where we have to be. It is not about creating a fixed state system that delivers a level of care that was okay when it was created. We need a resilient system that will be able to improve as we go forward.

Q569 Chairman: Is it not a question of political leadership as well? Many of us celebrated the fact that it was the Children, Schools and Families Committee and the Department. Perhaps this Committee is taking children in care more seriously than the Secretary of State. Do you think that the Secretary of State really cares about the issue? We have enjoyed the information that you have shared with us today, but as you pointed out, you have only been in the job for a short time, as the Minister responsible for the area has been changed quickly. Your predecessor was here for just over a year. Now he is gone and you are with us from the Department for Innovation, Universities and Skills. Is that a sign that the Secretary of State thinks that this is a bit of a nuisance area, and that his heart is not in it?

Baroness Morgan: I think that I said at the beginning that having the new Department and the Children's Plan has created a momentum around an integrated approach to considering the services that we provide for children, whether education or residential care. Looking at the needs of the child is at the centre, as is creating the system around that child. That is a leadership question, and it is something that the Secretary of State has promoted tirelessly.

Q570 Chairman: So Ed Balls cares about care.

Baroness Morgan: He does. But in terms of junior Ministers, our job is to get in there and do a good job. Only being three weeks in the post is not a reason—

Q571 Chairman: That was not a criticism of you. We have had great value from your evidence. What I am saying, as Chair of this Committee, is that I see a much greater profile and leadership from the Secretary of State on a range of other issues that this Committee considers.

Baroness Morgan: It depends what prism you look at things through. If you use the prism of the media, it is rare that you will see attention given to the kinds of issue that children leaving care worry about in a way that is sensitive and productive for them. Look at the work that the Department is doing, the resource and the intensive nature of the work programme around *Care Matters*. It has really impressed me. Also, on a personal level—

Q572 Chairman: Sorry, I am getting confused. Are you saying that there is not much media interest in the issue but you still have the political leadership, or are you saying that the political leadership is weaker because there is not much media attention? Are there any media here today? I do not think so. The British media are not interested in children. They talk about Jonathan Ross.

Baroness Morgan: No, what I am saying is that the Department's work is being done because of the leadership. In terms of the leadership and the team, I am greatly supported by Beverley Hughes, and I am impressed by the balance of the Children's Plan. The issues for looked-after children are key, and it is a great time to join the Department and to work in this area, because there is such a high level of acceptance and enthusiasm for this area of work, and for working in partnership—that is important, and something that I have not said enough about—with local authorities, social care partners and the work force, and creating the emphasis on the voice of the child. Ultimately, we shall be tested by whether looked-after children notice the difference in the support that we are providing.

Q573 Fiona Mactaggart: You spoke earlier about the national indicator on responsibility of placements, which is important. Are you aware that only 29 councils have included that in their targets for assessment under local area agreements? Does that give you confidence that local authorities are making looked-after children a priority? That is the one that has been chosen by most. Of the eight indicators, one has been chosen by 16, and the others by eight or fewer councils. What are you going to do about that?

Baroness Morgan: We do not need those indicators to be chosen for the local area agreements for inspection—for our intervention—to bite. That is important. When I was looking at the national indicator set, that was the first thing that I wanted to

know. Some of our indicators are new, so there is no baseline, and it is more difficult for local authorities to show progression, but that will change over time and as we go forward. It will not mean that we cannot inspect against them, or that we will not be able to see, and exert pressure for, real progress. We are on to that one.

Q574 Fiona Mactaggart: Are you expecting more local authorities to choose those indicators in future?

Baroness Morgan: I hope that local authorities will feel that this is an area where they can shine in future. I hope that they will.

Q575 Fiona Mactaggart: But that is just a hope.

Baroness Morgan: I am reminded that some local authorities are already meeting a stability indicator, as we would all hope, and that all education indicators are in every local area agreement. I had not realised that until now. There is already strong emphasis on the education indicators. To focus on the stability indicator, it is an incredibly important indicator for looked-after children, and it is important that it is included in more local area agreements.

Q576 Fiona Mactaggart: I am beginning to get a sense—I did not think I would ever say this—that in a way we are over-emphasising educational achievement. The *Every Child Matters* outcomes are: to be healthy, to stay safe, to enjoy and achieve—between them that is one target—to make a positive contribution, and to achieve economic well-being. “Achieve” is just half of one of those outcomes. However, with regard to those children who are finding it really hard to get the other outcomes, the thing that we seem to be best at measuring is their educational outcome. We do not seem to be very good at measuring how they are staying safe, being healthy and enjoying life.

Baroness Morgan: I think that some of the indicators are new. Interestingly, because of our thinking about the development of 21st-century schools and the need to wrap services around schools for all children so that they are more accessible, we have recently put more of an emphasis on the role of schools in promoting well-being and all the elements that you have just mentioned. There is a lot to learn from both sides in that regard, but I believe very strongly in the importance of having good measures and using them to focus the minds of those responsible for services locally. Those looked-after children measures will be important for focusing attention on the need, not just to contain, but to develop and promote better services. I think that there is a lot of learning, and you are right to highlight the stability issue.

Q577 Fiona Mactaggart: In the Green Paper there was a whole load of proposals for the pledge that were quite specific at the beginning, but by the time they were set out in the White Paper they seemed to

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have become consistently less specific. That is a thing that politicians do, but children, when engaged in those things, do not have the experience to ask such questions as, “How often will I get a review?” and “On what days will my social worker talk to me?” How can we engage young people in making pledges and ensure that they are involved? Is there a risk that we will create a mechanism that is devolved locally where young people are involved and end up with nice, vague stuff, rather than stuff that young people can touch and feel and hold their corporate parents to account for?

Baroness Morgan: I think that those are really important concerns and that the pledge idea is valuable. I understand that Bradford is launching a pledge today and that young people have fed into the development of that pledge, so perhaps that example would be worth scrutiny. Coming back to the importance that the Secretary of State places on the voice of children and how that can work practically through children in care, looked-after children and councils, their role in feeding into pledges is very important. That theme permeates every aspect of the guidance that we are reviewing and the regulations that we are producing. The needs of the child or young person, as articulated by them, must be central and must be listened to and taken into account. I think that that is a fundamental shift that has happened in recent years. The system will take time to absorb that shift fully, but we will press that as hard as we can from the Department.

Q578 Mrs Hodgson: I was very pleased that Fiona mentioned the measuring of outcomes, specifically the *Every Child Matters* outcomes, and she quite rightly pointed out that only a small element of those relates to educational outcomes. As you will be aware, I had a private Member’s Bill on special educational needs and the collecting of information and measuring of outcomes for children with special educational needs. I was therefore interested to read that the Refugee Children’s Consortium has talked about the limited availability of data on unaccompanied asylum-seeking children in the UK. It has said that there are no official national figures,

for example, on the numbers of unaccompanied asylum-seeking children in school, on the number who go on to higher education, the number who get into trouble with the law and the number of trafficked children who go missing. Also, as yet, there is no definitive data set for the proportion of young people in the youth justice system with looked-after status, although the Youth Justice Board believes that it might be possible to collect the data from 2009–10. I know you mentioned the annual stocktake that you will do across Government Departments, but will that be one of the gaps you are looking to address in that annual stocktake?

Baroness Morgan: To paraphrase what I was advised by the Department, this is an incredibly data-rich area of policy. Apparently, there is an enormous amount of data.

Q579 Mrs Hodgson: So it is not collected centrally.

Baroness Morgan: Well, what I am interested in is how we can understand what all the data mean. It is all very well having numbers, but what are the trends? On the stock takes, we will be having quantitative research, but we will also be doing qualitative research—particularly with young people, but also with professionals—to find out what people think about those numbers. I do not know about the list of particular points that you just gave. I will have a look and see what data we do have on those, but it is also a matter of what people think about those numbers—are they going up or going down? On unaccompanied asylum-seeking children, I was interested to understand that when the regulations and the policy we currently work with were decided, there were virtually no unaccompanied asylum-seeking children. We are now talking about something like 6,000 a year, which is a significant difference. I am also interested in understanding the trends.

Chairman: Minister, we have kept you a long time in your first session in front of a Select Committee. We have really appreciated your presence and your answers, and we hope to have a continuing relationship with you over a good period of time.

Supplementary memorandum submitted by The Baroness Morgan of Drefelin, Parliamentary Under-Secretary of State, DCSF

Thank you for the opportunity to give evidence to the Children, Schools and Families Select Committee inquiry into looked after children. I committed to providing further information on a number of topics. I thought it also might be helpful to build on the evidence I gave by briefly setting out how *Care Matters* will be delivered at the national and local levels and the impact this will have on individual looked after children.

VOICE OF THE CHILD

The experiences of looked after children are at the heart of the *Care Matters* reforms, which focus on improving the support for these children to ensure they have a better experience of care and achieve improved outcomes. During the consultation on the *Care Matters* Green Paper, children were very clear about what they wanted and this has shaped the agenda, in particular the central importance of stability in children’s lives and of the voice of the child being heard in the care system.

A key priority is to give children a greater say over their care by ensuring that their wishes and feelings influence their care plan and are considered during their statutory reviews. Strengthening the role of the Independent Reviewing Officer (IRO) will be key to securing these improvements.

The *Care Matters* White Paper set a clear expectation for local authorities to establish children in care councils and to develop a pledge for children in care in partnership with this council. These mechanisms will ensure that looked after children are consulted about the services they receive; that they are able to influence decisions that affect them at a strategic level; and their views are listened to.

Looked after children will directly benefit from the improved support and services that are being introduced by the *Care Matters* reforms. This includes visits for all looked after children, wherever they are living; extending the eligibility for independent visitors to all children who would benefit from one; placing the designated teacher on a statutory footing; introduction of the personal educational allowance and the Child Trust Fund Top-up; the presumption that looked after children will remain in care to age 18, and perhaps beyond; and the extension of the entitlement to a personal advisor for care leavers.

Our emphasis on increasing stability for looked after children relates to the key individuals in their lives as well as their placements. Our workforce reforms include an emphasis on reducing social worker turnover and we have focused our efforts on improving placement stability for all looked after children.

An example of policies that are already having a significant impact on the children is the Government's investment in the Multi-Dimensional Treatment Foster Care (MTFC) model to improve the chance of finding long term or permanent placements for young children with significant emotional difficulties and complex needs.

NATIONAL MOMENTUM

The *Care Matters* White Paper provides a comprehensive examination of what needs to be changed and improved in the care system that continues to have support from across the sector. I am clear that we can only deliver on the White Paper's commitments if we see through our reforms, promote innovation and strengthen our oversight of the performance of the care system. This will ensure that we maintain the momentum for change that has been stimulated by the development of Care Matters.

Reforming the System

The Children and Young Persons Bill strengthens provisions in the Children Act 1989 to take forward our reforms to the care system. To support the implementation of these changes we plan to revise the entire statutory framework of regulations and guidance. This will include producing, for the first time, a single set of care planning and review regulations and statutory guidance to provide the necessary clarity of focus on these key areas. Good care planning is closely linked to personalisation of the care and support arrangements, for instance by making the right contact arrangements that reflect the particular needs of the individual child. These changes will be a major driver to improve practice.

I highlighted the importance of our long term children's workforce strategy in ensuring the workforce is equipped to deliver. We have already made clear our intention to ensure that training for social workers is of a high quality and relevant to the tasks social workers are required to undertake.

In the Children's Plan we stated that we want to improve qualifying training and continuing professional development for children's social workers to ensure that all have qualifications and skills that are fit for purpose. We have made good progress towards achieving this ambition in the past year, launching a £73 million package of support for social workers who work with children and young people to be delivered through the Children's Workforce Development Council (CWDC) over the next three years. CWDC have already launched their Newly Qualified Social Worker pilots which form the first stage of their continuing professional development framework and which provide a protected first year in practice. They are currently developing the further stages of the framework, including an advanced practitioner status to attract and reward experienced social workers to stay in field work posts.

The Government's 2020 Children's Workforce strategy will be published later this year.

Innovation and Dissemination

Over the summer and autumn, a series of regional conferences have taken place across England to help spread best practice and maintain the momentum for taking forward the *Care Matters* reforms. A number of regions are currently holding sub-regional conferences.

The Committee asked a number of questions about the pilots that we are running as a result of *Care Matters*. These include adapting international models, for instance by introducing social pedagogy to children's homes and trialling the Multi-Systemic Therapy early intervention programme that has been developed in America. Although I appreciate the sentiments behind calls for us to consider rolling some of these out nationally at an accelerated rate, it is absolutely right that we are piloting these approaches. Pilots

allow us to identify barriers that need to be addressed and to properly assess the impact on the workforce and on outcomes for children and families. The pilots will be carefully evaluated and we will also be looking at disseminating emerging findings to other local authorities during the course of the pilots.

We will identify, support and disseminate good practice in this sector through the Improvement and Development Agency for Local Government (IDeA) and Regional Improvement and Efficiency Partners (RIEP). My Department has also recently established the Centre 4 Excellence in Outcomes. Looked after children has been selected as one of the priority areas for the Centre.

Strengthening Oversight and Accountability

The National Indicator Set contains a combination of well established performance measures and new outcome indicators such as the indicator focused on the emotional health and well-being of children in care. Taken together the indicators provide a balanced picture of the outcomes for looked after children and reflect the priorities identified by *Care Matters*.

The new programme board for *Care Matters* that has been established by my Department will oversee performance across the system, with a particular focus on all of the relevant national indicators. This board will be chaired by my Director General for Children and Families and a range of key partners from across national and local government and the voluntary sector. This board will meet regularly to examine the latest evidence and take responsibility for seeing the improvements in the care system we are all seeking.

The Annual Ministerial Stocktake will draw the quantitative and qualitative evidence together. This will be an annual chance to maintain the focus on this agenda, assess the progress that has been made and consider whether there is more that can be done to increase the pace of improvements. As I explained to the Committee, the Stocktake will culminate in an event that I will chair, which will hear directly from looked after children and Care Leavers. After each stocktake, a Report will be laid before Parliament. I hope that the Committee will contribute to this process each year and read this Report with interest.

LOCAL DELIVERY

Improving local performance is central to driving up outcomes for looked after children. These improvements will need to be delivered through local partnerships from the frontline up to the strategic management level, building on children's trusts arrangements.

Local Reforms

All local authorities are making progress on introducing the Integrated Children's System (ICS) and those that are furthest along the implementation process are seeing real benefits. ICS provides a conceptual framework, a method of practice and a business process to support practitioners and managers in undertaking the key statutory tasks of assessment, planning, intervention and review, underpinned by an electronic system. ICS also offers local authorities much richer data for analysis and to support local planning at a strategic level.

Local authorities are already analysing their care populations and reviewing their strategies and service provision with their partners. The new sufficiency duty introduced by the Children and Young Persons Bill will increase this emphasis on strategic planning. Over time this will deliver whole system change, so we should see for example fewer reactive placements being made and less spot purchasing. Instead we will see local authorities building up their stock of local accommodation and reducing out of authority placements. We are also encouraging local authorities to increase their use of evidence based services and interventions.

My Department funded Loughborough University to develop the cost calculator for local authorities to assist their service planning. Further tools are being developed to assist local authorities.

The revised Public Law Outline and accompanying Statutory Guidance for local authorities came into force in April 2008. A range of issues had been identified in relation to care proceedings that were having a negative impact on children including delays and poorly prepared applications. Amongst the key reforms are a greater emphasis on the quality of pre-proceedings work by local authorities and a streamlining of the court processes. These measures will improve planning and decision making for children coming into care and ensure that they find permanence at the earliest appropriate time.

Adolescents Coming into Care

I was asked to provide further information about trends of adolescents coming into care. According to statistical collections the number of children aged 10 and over becoming looked after has remained stable between 2003–04 and 2007–08 at roughly 48% of all children becoming looked after; the number of 16 and

17 year olds becoming looked after has actually increased from 6% of the total to 10% of the total over the same period. This does not suggest a trend of reducing numbers of adolescents coming into care. We will be publishing findings from a research study on adolescents and neglect soon.

Nevertheless, we are aware of cases in which local authorities are purported to exercise their powers inappropriately, for example by providing accommodation and other services to adolescents under section 17 of the Children Act 1989 instead of under section 20 of that Act. We will address this head on in the revised statutory guidance. This will make it clear that where there is an assessment that a homeless young person needs to be provided with accommodation by the local authority in almost all cases they should be supported as a looked after child.

Safeguarding and Exploitation

Safeguarding the needs of sexually exploited young people is vitally important. I committed to provide further information on the safeguarding arrangements.

We are producing new guidance on safeguarding children and young people from sexual exploitation to replace our current guidance, *Safeguarding Children Involved in Prostitution* which was issued in 2000. The new guidance applies to children and young people under the age of 18—boys as well as girls—and reflects our current understanding of the inter-related nature of different forms of sexual exploitation.

The guidance sets out an inter agency approach to developing and implementing local policy and procedures and covers all the important elements that practitioners will need guidance on. This includes the roles and responsibilities of different organisations involved in safeguarding and promoting the welfare of children; action that can be taken to prevent and reduce sexual exploitation; how to manage individual cases and what needs to be done to identify and prosecute perpetrators.

Consultation on the draft guidance closed on 10 October and we aim to publish the new guidance by the end of the year. We will also ensure that the updated guidance on Missing from Home and Care, covers the particular needs of both those young people who are in care because they have been trafficked, and those young people who have been groomed whether they have been persuaded away from either their home or care.

The MTFC programmes for adolescents I referred to earlier in this letter specifically address the issues for young people who are being sexually exploited and enable them to reduce their risk taking behaviour.

Involvement of Health Services

Concerns were raised about whether local health bodies prioritise children's issues. Section 10 of the Children Act 2004 provides that local authorities, NHS bodies and other partners in their area must co-operate in the making of arrangements to improve the well-being of children. My Department is currently revising the statutory guidance on Promoting the Health of Looked After Children, this will be issued under Section 10, which means that both the local authority and the NHS must have regard to it.

All Primary Care Trusts (PCTs) must work jointly with local authorities to produce a Joint Strategic Needs Assessment (JSNA) in relation to health. The statutory guidance on the development of Joint Strategic Needs Assessment makes it clear that the needs of vulnerable groups such as looked after children should be taken into account in the development of this assessment.

Since April 2008 all looked after children have been screened for emotional and behavioural difficulties. This is done through annual use of a Strengths and Difficulties Questionnaire (SDQ), conducted for each looked after child by their carer. This should be followed by action at the local authority and individual child level where problems are identified. We are also rolling out specialist training for foster carers and residential care staff in responding appropriately to children.

Local Performance Improvement

Without trying to micro-manage local authorities and their partners, we must be able to examine at the national level whether we are seeing consistent improvements in outcomes for looked after children. That is why we are significantly strengthening our oversight of the system, working with our partners.

Performance must be closely monitored at the local level if we are to deliver improved outcomes for looked after children. There is a robust framework that supports this:

The positions of Director of Children's Services and Lead Member for children's services have established clear lines of accountability within the local authority;

There will be a new programme of inspection, led by Ofsted, of services for looked after children and safeguarding services for children inspecting each local authority area once in a 3-year period; and,

Performance against all national indicators will be considered and reported annually by the Audit Commission as part of Comprehensive Area Assessments. In addition local authorities agree specific targets for the statutory education indicators (including three for children in care) and up to 35 indicators that are included in their Local Area Agreements.

Local authorities and their partners will examine the impact of their reforms and assess whether they have the right priorities to maintain the necessary focus on the needs of looked after children.

I look forward to reading the Committee's Report and welcome your contribution to improving the lives of looked after children.

November 2008

Wednesday 17 December 2008

Members present:

Mr Barry Sheerman (Chairman)

Mr David Chaytor
Mr John Heppell
Mrs Sharon Hodgson

Paul Holmes
Fiona Mactaggart
Mr Graham Stuart

Witnesses: **Colin Green**, Safeguarding spokesman, Association of Directors of Children's Services, **Henrietta Heawood**, British Association of Social Workers, **Professor Judith Masson**, Professor of Socio-legal Studies, University of Bristol, and **Dr Rosalyn Proops**, Officer for Child Protection, Royal College of Paediatrics and Child Health, gave evidence.

Q580 Chairman: I welcome our witnesses: Dr Rosalyn Proops, Professor Judith Masson, Colin Green and Henrietta Heawood. It is a pleasure to have you here. This session is an add-on to an inquiry into looked-after children and children in care that we had been pursuing already. As I explained to you outside, the events surrounding the Haringey Baby P case convinced us that we had not paid enough attention to the relationship between vulnerable children and children at risk, and the care system. We are very grateful that you are here, because you are the experts and we want to learn from your expertise. It is nearly Christmas, and the House rises tomorrow, and if you do not mind, we will not use titles but first names. I hope that today's session will be reasonably informal. Rosalyn, what is the relationship between what we have been inquiring into in some depth—children in care and the decision on whether to take a child into care—and the decision that a child is at risk and to put them on a special register, but not into care?

Dr Proops: Thank you for this opportunity. I shall approach that question from the perspective of paediatrics and health, and I am sure that my colleagues will fill in from their perspectives. Paediatricians are in a position to identify children who might be at risk or harmed in a number of different ways—often opportunistically, as those children come through clinics or are referred by general practitioners with different problems, and sometimes more directly through referrals from children's social care, police and education. It is noticeable, however, that health sees only a minority of the children identified as at risk. Education sees many more. Initially, health sees only a minority of those children deemed to be at risk. Our role is to help to identify, to help to assess, and then to work with the multi-agency team to consider what might need to happen next. I hope that we see our role as being part of that multi-agency team in helping to analyse the degree of risk—whether it is a child or a family that needs additional help, or a child for whom another action might need to be taken. We are not directly responsible for making decisions on whether the child should be removed; we are very much part of the team. It works mostly well, sometimes variably, and at other times not as well as one might hope. Health has a key role in the process, but not a primary role in the sense of your question—the link between those who are vulnerable and those who may be taken into care. We are part of the team that will consider the matter.

Q581 Chairman: When we were making our visits, and as we were taking evidence, there was a small voice—it was not strong—saying that health was identified as being the quieter in the partnership. Historically, I always thought that the health visitor was on the front line when picking up on children who might be at risk or who needed to be in care, or whatever. You sometimes pick up that GPs do not play as active a role in children's centres as some of the other partners would like. Does that strike a chord, or do you think that that is not right?

Dr Proops: Some of those comments do—certainly, health visitors are absolutely key; the universal health visiting service is extremely important, and as a health professional, I would be sad to see it diminish. There are some indications of changes to the health service provision, and that is regrettable. Health visitors are the key to identifying and supporting families with pre-school children. I am sure that we would all wish to see that reinforced. I cannot speak directly for general practitioners. It is variable. There are primary care systems that work extremely well, and others that perhaps are slightly less engaged. I am not in a position to say any more about that.

Q582 Chairman: Are the health visitors in danger at the moment? Is the universal health visitor provision being nibbled or munched away?

Dr Proops: Yes.

Q583 Chairman: By the Government?

Dr Proops: By the changes that are happening; by the reorganisation that is happening within health. We have the grounds and the basis for an extremely good universal service, but over the past 10 years or so it has begun to change. When I first started in paediatrics a number of years ago, pre-school children would be routinely visited by the health visitor on a number of occasions. Those routine visits have lessened. I am not saying that routine visits are the answer, but some form of surveillance as well as targeted support is vital for families, particularly those with young children. If I had a health visitor colleague sitting next to me, they would be saying, "Yes, there are some concerns about the provision of universal and targeted services, particularly for pre-school children."

Q584 Chairman: Is it the Department of Health that is causing this diminution of the service?

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Dr Proops: It is something to do with how the services are set up. It is something to do with the performance targets that are required of health. It is something to do with the rearrangement of Primary Care Trusts (PCTs)—things in that area.

Q585 Chairman: But would it be fair to say that some PCTs are maintaining a good health visitor service and that others are not?

Dr Proops: There is variability. The only thing that it would be reasonable to say at this stage is that when organisations are changing there is a potential danger of losing some of the impetus in service provision.

Q586 Fiona Mactaggart: The change that I see in the health visitor service is that it has become more targeted. Is there evidence that the broad-brush universal service picked up more children at risk of neglect or abuse than the targeted service, which is focused on the families more at risk?

Dr Proops: You are correct about that. Professor David Hall's reports on child surveillance looked at the evidence base for the particular surveillance systems that were in operation. For many of them there was not a great deal of good evidence. So you are correct that health visiting is much more targeted, but it is much narrower now. There is a body of opinion that suggests it may be too narrow.

Q587 Fiona Mactaggart: Is any research being done to look at the difference between the risks and advantages of a universal service and the risks and advantages of a targeted service?

Dr Proops: I will be able to report back on that. I do not have that with me at the moment.¹

Q588 Chairman: What happens if you withdraw the universal service? A more focused service may concentrate on poor families and families in greater need, but if you look at the relationship between child, lack of success and post-natal depression, for example, post natal-depression is no respecter of class and income, is it?

Dr Proops: Precisely.

Q589 Chairman: So you would stop picking up things like post-natal depression, would you not?

Dr Proops: Precisely. You need both. You need confidence in your universal services as well as clarity in evidence-based targeted services.

Q590 Fiona Mactaggart: I wonder to what extent can you as a consultant practitioner direct the work of health visitors? I know you work with children, but if there is a parent who is showing signs of post-natal depression is there a way that the health service can brigade those resources at those families?

Dr Proops: There are probably two ways of doing that. One is by ensuring that you have an integrated commissioning system within the locality so that the

clinicians can be part of that commissioning framework and can support, advise and work with the commissioners. The other way is locally with each family. As a paediatrician, if I identify a family who I believe would benefit from some help, then yes, there are teams around me to whom I could say, "Is it possible to offer this family this piece of work? Could you do this?" Certainly, at either a practitioner or a commissioning level, I would hope that health professionals would have an involvement.

Q591 Chairman: Could I bring you back to the team that you are talking about? The critical members of the team are the health visitor and the local GP?

Dr Proops: Yes.

Q592 Chairman: I have picked up in children's centres that some GPs are poor attenders at case conferences. Some will not come unless they are paid. Is that normal?

Dr Proops: Speaking as a practitioner, again there is enormous variability in attendance at case conferences. Again, with my practitioner hat on, I would say that that variability has increased of late. We used to be better at attending conferences. When I say "we", I mean all shades of health professionals. Those who attend very regularly are the nurses. Almost across the country we have very strong child protection teams with a strong nursing presence. They have very good systems for ensuring that they attend case conferences with the right reports and the right information.

Q593 Chairman: Where do those nurses come from?

Dr Proops: They were often practising health visitors. They now will have titles such as named nurse for child protection or lead nurse for child protection.

Q594 Chairman: Would they be based in children's centres?

Dr Proops: They may be based in children's centres but they would be part of the provider system of the PCT usually or of the hospital. So they are NHS employees providing that service.

Q595 Chairman: But GPs are on the frontline of picking up on problems, are they not?

Dr Proops: Yes, GPs tend to provide reports. There is a major problem with timing, and I am sure that my colleagues will address that further. When a conference is called, one sometimes does not get a great deal of notice. Conferences are complicated to put together and involve a large number of people. GPs and hospital doctors have clinics, operating lists and surgeries, and the question is whether they should cancel or postpone those. How does one work out the priority of attendance? The vast majority of professionals provide a report, and nurses attend the conferences. I would say that GPs and hospital doctors do not attend conferences as often as the system might wish, but there are practical problems in finding a way through that.

¹ *Note by witness:* Relevant research is C M Wright, S K Jeffrey, M K Ross, L Wallis and R Wood, "Targeting health visitor care: lessons from Starting Well", *Archives of Disease in Childhood*, vol 94 (2008) pp 23-27

Q596 Chairman: Do you think that GPs and A and E doctors are trained well enough to identify not only the patient's clinical needs but possible evidence that something untoward is going on in a child's background?

Dr Proops: I hope that my GP colleagues will forgive me for trying to answer that question on their behalf. The Royal College of General Practitioners has put an enormous amount of effort into supporting and training GPs, and has moved a long way in ensuring that GPs have training and support in a variety of ways. GPs are very much tied into the child protection teams in their provider organisations. There is some way to go, but they have made enormous strides in trying to do that. As far as other groups of health practitioners are concerned, our college sees it as one of its responsibilities to encourage other colleges to engage in training, and we have done a number of projects with anaesthetists, dentists and A and E doctors to develop training packages and to encourage that. There is real movement in that direction. The college has made some progress, but there is some way to go.

Q597 Chairman: Could some good come out of the Baby P case, by raising awareness of the need for training? A particular A and E response has come out horrendously badly in that case.

Dr Proops: Yes, I think some good can come out of it—indeed, it has already raised awareness, particularly among hospital trusts. On accountability, I feel much more confident that hospital and primary care trust boards are much clearer about their responsibilities and are checking much harder whether those things are happening. They are also following through, and checking whether people are receiving training experiences; if not, they are asking why not and what they can do to support that.

Q598 Chairman: I had the feeling, when I was reading the full report on the Baby P case, that if someone intended to be devious, they might, instead of going to their local GP, who has been keeping an eye on them and asking some uncomfortable questions, switch to A and E to get attention without that consistency.

Dr Proops: Whether with or without intent, that happens, but the majority of A and Es that I know have systems in place to try to manage that. I think that all A and Es now have liaison health visitors, and all A and Es have a system of reviewing the cases of children who have come through. After their visits, a senior doctor will review those cases, and the child protection teams in hospitals keep an eye on A and E, so quite a lot has changed. However, there is room to improve.

Q599 Chairman: Tell the Committee a little about the child protection team in a hospital.

Dr Proops: Such a team typically includes a named doctor, who is usually, but not always, a paediatrician. There are named doctors who are anaesthetists, neonatologists and other specialists. The team also includes a named nurse, and almost

always a named midwife, as well as representatives from other parts of the hospital such as emergency services and a range of other places. It includes a senior manager and often a training officer.

Q600 Chairman: Does it meet regularly?

Dr Proops: Yes.

Q601 Chairman: How regularly?

Dr Proops: My local one meets every month. It meets the designated professionals and has to provide reports up to the board, which expects particular pieces of information from the child protection team.

Q602 Chairman: This has been so interesting that I kept asking questions; it has served the Committee. One last question before an introduction to the other members of the team: what about the role of the school nurse?

Dr Proops: The role of the school nurse is very important. In a sense, my comments relating to school nursing would be similar to those on health visiting. Again, the caveat is that this is not my professional area, but school nursing has changed. It rather depends whether we are looking for a public health service for schools or a safeguarding service, and whether we can ask our nurses to do both. Many school nurses find that their time is directed too much down one line rather than the other, but they are certainly in a good position to support the safeguarding of children in the broadest sense. I say that on the basis of research that demonstrates that it is within the education sphere that most child protection concerns are identified, and not within health. Therefore, school nurses should be and are in a good position to support that particular part of the process.

Q603 Chairman: Thank you very much. Judith, you know why we are on this learning curve. How can your research and background help us?

Professor Masson: There are a number of different areas that we can look at, such as the individual decision to take a specific child into the care system. The research that I have done has been on care proceedings and emergency intervention. If we are looking at, for example, children on the child protection register, quite a lot of children who come into care proceedings or are removed in an emergency are not on the child protection register at the point when the decision to remove them is made.

Q604 Chairman: Why not?

Professor Masson: There is a small proportion, perhaps 10% of care cases, where the family is not previously known to social services, or they are not known to social services in the area and they have moved. There are the sudden cases, injury cases, but far more of the cases involve neglect or neglect and injuries. There may have been some social services or children's services involvement from time to time, but the case has not reached the level at which it is case-conferenced and an entry is made on the child

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protection register. It may have been case-conferenced but there has not been a decision to put the child on the register, and then there is a catapulting incident that leads to the child coming into the system. That incident might be: coming to the notice of the police, being found unattended, or a domestic violence incident; it may be part of an assessment process where concerns are suddenly raised sufficiently high as to lead to the child coming into the system. Quite often, the incident that precipitates the child into the system is no worse than things that have happened in the past, but it is significant because there has been another incident. A key factor in children coming into the system through the compulsory means is lack of parental co-operation. There may have been some work with the family but the family are not seeming to co-operate; they are missing meetings and appointments and are apparently out when the social worker attends. That leads to increasing concern and then gives a trigger.

Q605 Chairman: Thank you. Colin, you are very experienced in this field. Tell us a little bit about the relationship between the children who are seen as at risk and are on a particular register, and those who are in care or not in care. When we went to Denmark they told us that they take twice as many children into care as we do in the UK, although that has been disputed more recently in the light of the Baby P discussions. We were impressed by the quality of the care situations into which they were taken. The fostering—certainly what we could see—was of a high order, whether it was institutional care in small numbers or foster families. Do you see it as a problem in the UK that our quality of care has no kitemark or standard that we can all rely on so we can say, “This child’s going into care, but it will be good quality care”? Is that a problem?

Colin Green: May I start with your original question?

Chairman: Start with anything you like. I am just warming you up.

Colin Green: First of all, the relationship between children at risk and children who come into care is very close. In the statistics for the end of 2008 on the reasons why children are looked after, 62% were due to abuse or neglect, and a further 11% were due to family dysfunction. That is absolutely dominant in why children come into care. It is also a key reason why children in care may not do very well. It is about what happened to them before they came into care. It is a very close relationship. Having said that, I absolutely recognise the experience that Judith described. The children are a mix. Yes, they may have child protection plans, but there is a large group of children who do not, who are known and who have been bumping along, possibly with a just acceptable level of care, until some precipitating incident leads the Local Authority, in consultation with the partners, to say, “We need to act to initiate care proceedings.” The second thing is that, of all the children in care, there is a group of stayers, but there is also a lot of movement in and out. The movement in and out concerns a lot of children and young

people with significant issues with abuse or, more often, neglect. For adolescents, the product of neglect can lead to the breakdown of their life at home or to unacceptable behaviour at home. The relationship is very close. On the quality of care, I think that since the initiation of the *Quality Protects* programme, a huge amount has been done to raise the quality of care and care placements. The *Care Matters* programme is a further step. The quality of care has improved significantly in both foster care and the various kinds of residential care. I have not had the benefit of going to Denmark, so I do not know what you saw, but it may well be that standards there are still significantly higher than ours. There is clearly a view about how good the outcomes are for young people in care, and that certainly influences people’s view of the best way to make a difference to a child’s life. You are balancing what may not be a very satisfactory standard of life at home with what can feel like quite a risky journey in care. You also need to distinguish between the benefits of care for very young children and for those entering during adolescence. Overall, the research shows that generally, the longer children are in care, the better they do, but it can take quite a long time for children to recover and make progress within the care system.

Chairman: Thank you for that, Colin. Henrietta, last but not least.

Henrietta Heawood: From the point of view of social workers, who actually carry out the work, they are key professionals in terms of identifying children, but the multi-agency process is also absolutely crucial. I do not know whether you want me to tell you about the multi-agency processes from the social worker’s point of view or comment on what the other speakers have said.

Q606 Chairman: Do either. Start with the first, and then go on to the others.

Henrietta Heawood: Okay. Identifying children at risk is something that happens—the targeted part of the child population. When referrals come in to Local Authority children’s social care services, they come in in vast numbers, which is something that Local Authority social workers have to deal with. I have been told that there might be half a million referrals a year in England. From that, a process filters out the ones who are most acutely in need of detailed services.

Q607 Chairman: If you are a social worker, how is that flagged up to you? Where does it come from?

Henrietta Heawood: Do you mean where does the referral come from?

Chairman: Yes.

Henrietta Heawood: Referrals come to social work teams from other professionals, members of the public and other family members—mostly, occasionally a child will disclose themselves. They can ring a helpline or turn up at the office. Professionals who make referrals include the police, people from education and health services and occasionally the ambulance service. Referrals from the general public will include neighbours—we get

quite a lot of referrals from concerned neighbours—and extended family members. Grandparents and other such people will say, “We are worried about these children, can you have a look?” From then on, the system kicks in. There are detailed processes that would take me ages to explain. I can explain them all if you want, but it would take some time.

Chairman: The rest of the team are eager to start their questioning. I will hand over to Fiona to look at identifying children at risk.

Q608 Fiona Mactaggart: A number of you have referred to the proportion of children who are at risk from harm whom you do not know about. That is obviously something that we need to consider, to see if there is a better way of finding out about them. I have also looked at a series of articles in *The Lancet*. I was profoundly shocked by the suggestion that between 5 and 10% of girls and up to 5% of boys are exposed to penetrative sexual abuse. I do not know how well founded such figures are. One of the compelling things about this series of articles was the conclusion that, in the long term, neglect is at least as damaging as physical or sexual abuse. It occurred to me that in some of these discussions, we are not looking carefully enough at neglect and how to identify it. A child is not likely to know that they are neglected in quite the same way that they know if they are hit. Judith described cases that come to the notice of the authorities after domestic violence incidents. That is not an uncommon way for cases to come into the system. I wonder whether there are good systems for identifying neglectful families.

Henrietta Heawood: May I just tell you about a couple of early identification models that I happen to know exist in a couple of hospitals in Sheffield and Grimsby? Protocols were set up to identify pregnant women who were drug users. When they delivered their babies, a protocol was set up to establish whether they were co-operating with A, B and C. It is a multi-agency plan with social workers and the hospital staff. Therefore, that is a proactive rather than reactive scheme. In Sheffield, such a scheme resulted in a lot of care proceedings because the level of risk was judged to be still very great. At least it was a system, rather than waiting for something dreadful to happen. Professionals might say, “This is what we have got and we will assess it now because we recognise that these are risk factors.”

Fiona Mactaggart: But you sound as though that is an exception.

Henrietta Heawood: I hope that it is across the country. There are things in place. People are trying to say, “We know that this is going to be a risk.”

Dr Proops: May I try to answer the question in two parts? First, let me look at the figures and, secondly, at the consequences of neglect. I have some copies of *The Lancet* article with me that I would be delighted to give to the Committee. The reason why the figures appear both discrepant and worrying is that we have to understand how they are measured,² and it is not straightforward. There are three types of studies. Two of the studies are retrospective. One group asks

the children themselves, if they are old enough and another group asks the parents. The third type is drawn from official statistics, which is why one gets these apparently rather discrepant and worrying figures. If one asks retrospectively, the number who say that they have been harmed in a variety of ways is much greater than the numbers collected prospectively from official statistics. For example, physical abuse ranges between 4% and 16%, and neglect ranges between 1% and 15% depending on which study one looks at. The other point about the *Lancet* series and where those data come from is that that looked only at high-income countries. The figures will be rather different if one looks at much broader, worldwide research. It is not entirely fair to give the figure of one in 10 children, because that merges all the different types of study together. One has to have some sense of where the figures come from and whether it was a retrospective or prospective study. Nevertheless, whichever way one looks at it, the numbers are rather large. The second point about neglect is that in its full picture, it is profoundly harmful to babies, pre-school children and older children. There are some clear physiological consequences—it harms the brain, as it fails to grow properly and nerve cells do not connect properly, and permanent damage can ensue. You will read in all sorts of papers about the importance of protecting children under the age of two in particular, and certainly those under the age of three. After that, one’s chances of making good are much less. Colin made the point earlier about the different approaches and actions that may be needed for the very young child and for the older child. As a practitioner, I would say that other than a child who is severely physically abused, a chronically neglected child is the saddest child. Neglect affects all aspects of their being, from their physical growth to their emotional and psychological development and their educational attainment—everything. Neglect is a very severe insult to all children. As I said, we have good physiological evidence. You can compare the brain scans of a neglected 18-month-old with those of a healthy, sociable 18-month-old, and they look different.

Q609 Fiona Mactaggart: This seems to point out that we should focus more comprehensively on the families that are at risk of neglecting their children, and that we should do so through intervention. We should be prepared to be more active about putting in place protective services around their children. Too often, our care system seems to be triggered by an episode, an event, or a drama. What Rosalyn is saying, and what the *Lancet* research seems to be saying, is that if we could focus more effectively on the continuing appallingness, we would protect children better.

Colin Green: I absolutely agree with that, and I think that it is true to say that neglect is quite corrosive, which I think is what Rosalyn is saying. At the heart of identifying that is the quality of assessment and people having time to spend with families, potentially as a multidisciplinary team, to understand what is happening in a family and the

² *Note by witness:* It is necessary to understand how the figures are collected.

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relationship between the child and the parents and to get underneath the child's experience of living in that family. We are then in a much better position to make a decision. Without that depth, we end up responding to an incident that is evidentially much easier to present in court than trying to describe the impact of neglect over a period of time. In some ways, it is a more skilled job to describe the impact of that on a child's development than to present an injury of some kind. The other thing that I would say is that in the case of many of the children who are physically injured, and certainly those who are sexually abused, there is inherently neglect and those injuries occur within very neglectful circumstances.

Henrietta Heawood: I challenge a little bit the idea that the courts cannot deal with chronic neglect, because there have been a lot of conferences for judges and so on about research on brain development. It is widely known, and experts speak about it in court quite a lot, so courts should be able to deal with the effects of chronic neglect. However, the research is new.

Colin Green: I think that, with regard to dealing with it in court, is about the confidence of Local Authorities to present this somewhat more difficult evidence and gather those kind of chronologies, and their ability to present the child's experience of living there in a way that has a sharpness in court. It is just that that it somewhat more difficult. What do you think, Judith?

Professor Masson: There are a lot of neglect cases in court, and the evidence presented is very rarely this sort of brain information. It is much more likely that there will be a psychiatric assessment of the child and various sorts of evidence about the state of the home, the presence of the parents and what the parents have done, such as whether they have visited the child when he or she was in foster care. Neglect cases are neglected in court, but there is a lot of this attitude of expecting the parents to do better while the proceedings are going on and suggesting, "Let us see if the parents can do better" or "It is only neglect, and the parents are trying very hard. What more would you expect of them in these circumstances?" There is a kind of rule of optimism. Many people in the system have low expectations and take the view that taking children into care is so draconian an intervention that merely neglecting children is insufficient to justify—I use the phrase I hear around the system—taking the children away. The suggestion is that parents have been shown not to be bad, but to be rather feckless. That is about recognition in the community, the legal community and elsewhere that neglect is what might be expected from families in those circumstances. That means that those families do not get triggered into the legal system at an early stage, and when they eventually do, they spend quite a long time in the system before people realise that the parents cannot do any better. Therefore, those cases might go on for more than a year, even though an expert who deals with this work all the time may, from their point of view, question why the order cannot be made within three or five months.

Q610 Fiona Mactaggart: As Dr Proops has pointed out, that really makes a difference to the child's future.

Professor Masson: Yes, and what is more, the courts have recently become very concerned about removing children during the course of proceedings. Five or 10 years ago, proceedings would generally have started with the children being separated from their parents under an interim care order, which was often not contested. If the parents improved, they might get their child back at the end of the proceedings. Now, following various decisions by the High Court and the Court of Appeal, the courts are saying that to remove the child we really need to have proof and a proper hearing for finding the facts. Therefore, there is an emphasis on Local Authorities not applying for an interim care order and more of an incentive on parents to contest an interim care application if one is made, and children may stay at home with their parents until the end of the hearing when all the assessments have taken place. As those proceedings take about a year, there is potentially an extra year of damage. Or, one could say, "That is how the system should work, because otherwise these cases are being pre-judged." The judiciary have taken the view that removing children at the start of proceedings is pre-judging.

Q611 Fiona Mactaggart: One of the things that has struck the Committee is the evidence about the number of child deaths. Initially it looked as if there was about one child death a week connected with abuse, maltreatment or neglect, or a little more than that, but more recent figures from Ofsted suggest that that number is more like four a week. Having listened to the issue about neglect, it sounds to me that, if the court procedure is so complicated and laborious, perhaps we ought to put in place other interventions at an early stage, perhaps while those proceedings are ongoing. I was looking at *The Lancet* articles that assessed various programmes and said that lots of them did not have a research basis. One said that "the effectiveness of most of the programmes is unknown. Two specific home-visiting programmes—the Nurse-Family Partnership (best evidence) and Early Start—have been shown to prevent child maltreatment." While trying to bring those children into public care, should we not be putting in place programmes to protect them more effectively during the proceedings? It sounds to me as if these things operate on different planets and do not coalesce enough. Am I right?

Dr Proops: There are a couple of points. When looking at interventions, as the paper described, we must be clear about which programmes are set up to prevent occurrence, and which are set up to prevent reoccurrence. You are talking about the latter. There is some evidence that some of those programmes work, but from the point of view of an everyday practitioner, I wholeheartedly agree with you. There could be a family that is struggling and has three school-age children. Evidence might suggest that the children are not functioning well, have behavioural problems at school, and that their

educational attainment is poor and limited. The pre-school child might not be developing properly, and although the parents are trying within their means, perhaps their means are not good enough. In those circumstances we must provide support. I have seen evidence of very good support, but it must be provided for more than an hour three times a week and sadly, sometimes that is all that is available. Without wishing to say that we need more resources, in some areas we do. We need clarity about what types of support are more likely to produce a positive outcome and be effective. We must carry out research in that area and put those programmes into place. Removing many of those children might not be the right answer, yet they are living in an impoverished home, not achieving their potential and so harm accrues. There is plenty of room for further research to look at the evidential value of certain programmes, and we would then need the resources to implement them. It is resource heavy, but not as resource heavy as removing children.

Colin Green: I just want to ask about the figures. I was interested in the figures that Ofsted gave the Committee last week, and I hope that we can have a full breakdown so that we can fully understand what is being counted. The figures are much higher than the figures from the NSPCC, which I would generally regard as the most authoritative, given that it has tracked this issue for a long time. I hope that we will get full information from Ofsted. There are good programmes, particularly the family-nurse partnership which looks very promising. I return to the discussion about health visiting, which shows a way forward for that kind of intensive programme. We need more evidence-based interventions that are focused with clarity of plan. There is too much monitoring. People talk about monitoring and support, but those things can be empty vessels. The issue is about what people can do in a more programmed way. Some of that could involve setting targets against which to measure progress, whether for the child or the adults in the family, and carrying that through properly. As part of the social work role, the practitioner must be able to lead all the people working with that family—including the family—in their journey of change. They must find out whether people can actually change. We need a more active approach based on mobilising change and finding out what we need to do to make life better for that child.

Professor Masson: We have to bear in mind the fact that a key factor in the cases that come to proceedings is parental non-co-operation. Although evidence suggests that services are often not offered, sometimes those that have been offered are not accepted. There is non-compliance and non-acceptance of services, and there is false compliance where people appear to comply with services, but in reality do not do so. In that context, we have to take account of the very high levels of domestic violence and drug and alcohol misuse in such families. The mother may wish to comply, for example, but she may not be a free agent. She may be a depleted person because of the violent atmosphere in which she lives. That domestic violence may be known—

there is much more recognition of domestic violence than there was 10 or 15 years ago—but she may well not be disclosing what is going on. She might appear to be complying, or trying her best, but a picture of what is going on in that family might be completely different from the one that the professionals appear to acknowledge at the beginning. I would question the idea that we can provide a service, even an evaluated service, that will make a difference in many of those families. I would focus on the cases that go to court. There is a greater group of children on the edge of care. There may be more opportunity to make a positive difference for that group, but once we set the thresholds very high, as we have done for care proceedings, it is less easy to see that change can be achieved easily for that very difficult group.

Q612 Fiona Mactaggart: Even now, Judith, your final remark made me want to ask whether you think the threshold is too high. I also wonder whether we have a good enough risk assessment at an early enough stage to ensure that we are focusing preventive services as effectively as possible. As far as I can see from what you have been saying to me, the characteristics of a large proportion of the families with children at risk include mental ill-health, drug abuse, domestic violence. Can we tell who is most at risk, and can we target what we do more effectively to protect their children and prevent abuse? Can we intervene earlier to protect those children?

Professor Masson: That is not a question for me.

Q613 Fiona Mactaggart: No, my question for you is how high we should put the threshold.

Chairman: We will start with Colin, then go to Judith.

Colin Green: Certainly we can. The tools that we have are reasonably good. The assessment framework is a good tool; the issue is being able to use it effectively, which requires very sophisticated training, understanding and competence. That relates to the work force issues that you have previously considered. We have some good tools, but we need to apply them much better. They should help us identify the families that need earlier intervention. We are talking about going to court, but that is not very early. There is quite a lot of confusion about early intervention. Does it mean focusing on nought to threes? Is it early in that sense, or early in the development of difficulties? We might need to do both. There has been a lot of investment in universal services of various kinds. Schools are much stronger, and children's centres provide a lot more support for under-fives. We need more investment in the bit in the middle between those and the very high-threshold services characterised primarily as social care, in order to work with those families, who are quite resistant and need an assertive approach. To make that more concrete, I read a number of serious case reviews when I was a civil servant, and I would always ask, "Where was SureStart?" One would find that the families may have been in a SureStart area, but they did not engage. An assertive enough approach was not

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taken with them. Some of the disengagement may have been due to lack of motivation, but some of it may have resulted from the fact that someone with four children under five found that the sheer logistics of getting out of the house defeated them.

Professor Masson: There are two issues, really. In relation to assertive engagement, there is a whole issue about what people are expected to do. Children's services such as SureStart are all voluntary. There is quite a negative approach among some sections of the community about children's social care—"the social are coming to take your children away"—and there is a rejection of the service, rather than seeing it as a positive, helpful service. I think that the demonisation of children's social care that we see through Baby P, etc., does not help that at all. Children's social care is not viewed within our community in a positive light. That is another distinction between ourselves and some countries in mainland Europe. I want to move on to the issue of thresholds. Thresholds are very high, in that it is not just a question of, "Can we satisfy the 'significant harm' element?" It is also a question of what is being offered and what is the alternative plan if a child comes into the care system. We view children's social care negatively and we view what being looked after means for children and the outcomes of being looked after as poor, this tends to push the threshold up. Then there is the notion that intervention must be proportional. So if something can be done through compulsory services without using a care intervention, or through encouraging the use of services in any way, whether it is through a supervision order or just getting the parents to engage, then obviously getting the parents to engage is the right response. In many cases, that leads to a delayed intervention, because there is an attempt to get the parents on board before you go through the legal process. So you get this period of neglect before cases can enter the system.

Henrietta Heawood: I do not know if we will go on to talk about the public law outline and the changes in care proceedings at some later point this morning.

Chairman: We are going to come on to that in a little while.

Henrietta Heawood: I brought you a copy of the flow chart of the public law outline, which explains all the stages that must be gone through before people³ can go to court. As you can see I also have the complete guidance to the Public Law Outline and the whole document is enormous.

Chairman: Excellent. We will drill down on it in a moment.

Q614 Mrs Hodgson: I just want to give you my analysis of what we are talking about, to see if you agree with it. We now know—there is evidence, as Rosalyn pointed out, and I have seen evidence myself—about the impact of what happens between nought to three on the brain, emotional development and empathy, and how damaging that impact can be later in life. If we know that to be true, why are we not quicker to remove children in the first

three years than we are later? There should be no benefit of the doubt. I wrote down what Judith said about "just neglect", or "merely neglect". We know how damaging that neglect is. I think that the peak in the number of children in care is normally around the adolescent age range—that is, later down the time line of the child's life. With what we know, should that peak not be a lot sooner: between nought and three, on the basis that, when those children go back to their parents, the neglect that they might then suffer will not be as damaging? In the short term, we might end up with two peaks, but in the long term, if this evidence is right, that later peak will drop. You would have the earlier peak and then there would be just a trailing-off, because we would not have all these damaged children later on.

Dr Proops: May I answer part of that? Then perhaps Judith could talk about the numbers. I say that because I think that that question links with an earlier one. In a sense, two of the pieces that are missing, or certainly not as complete as they should be, are related to the inter-agency analysis of a problem. Colin hinted at that. So the information and the tools might be there, but we are not as good as we could and should be at analysing the information in front of us. That is partly to do with training and partly to do with the methodology. So I think that that is something that we ought to look at. The other point comes back to the evidence base. We are at the very beginning of having the research to give us the evidence base of what might or might not be the better outcome. When I say the beginning, I mean the beginning for both health and social care. We rarely get together seriously, as health and social care, with any research to look at the evidence base for some of these things. So the point that you made is absolutely spot on. However, we would come at the issue in different ways to explain why we think something should happen. One of the things that we do need is a serious, joint health and social care research programme that truly looks at the evidence for some of the things that you suggested.

Professor Masson: As far as the numbers are concerned, over 50% of the children who come into the care system compulsorily come in before the age of five. There is little use of care proceedings for children over the age of 12. It used to be the case that many teenagers were brought into the care system compulsorily, but that hardly happens at all now, for a variety of reasons that we could go into. Many children are removed at birth. They are often removed using compulsory measures—emergency protection orders or police protection—or their mothers are encouraged to have them accommodated under section 20 and then care proceedings are brought. Probably between one fifth and one quarter of care proceedings relate to children who are removed within the first three months of birth. So the peak, if we look at the care data, is to do with what happens to the children in the care system. By and large, children who are removed at birth are adopted. Children removed under the age of three are most likely to leave care by being adopted. Children who come into the care

³ Note by witness: The Local Authority.

system at five and above are likely to stay in it until 16 or older, and children who come in in their teens stay until adulthood.

Q615 Mrs Hodgson: Those are the children Colin was referring to when he said that it is a question not of what happens to them from age five to 16 in the care system but what happened to them in the first few years of life. Can we not rescue such children sooner, for those important years, and then perhaps they could go back to their families for the years when they would normally be in the care system?

Colin Green: You could take that approach. We could take what I would call a more ruthless approach. Even for the children Judith talked about, where a second child or a first child is removed on a care order, the court process can still be substantial. Parents will often say, “Things have changed. I have a new partner. It will be different this time. I am no longer on drugs,” and so on, so there is still quite an elaborate and rigorous court process. The recent judgments—Judith has expertise on this—made it clear that the judiciary sees removal of a child at birth as a truly draconian step, even on a second application. Considerable weight is given to that. We need to look at each case carefully—we should always do that—but we are still expected to go through a rigorous process. Doing otherwise would require sanctioning a shift in what society is able to tolerate. Of course, the other side of that is that then there will be increased concern that children are being removed from their parents unnecessarily—parents who could have succeeded—and that there is permanent removal into adoption, which severs the legal ties. That is one of the most, if not the most, draconian things that the state can do to an individual. Getting a balance requires a much wider debate. We must think about that.

Q616 Mrs Hodgson: It almost seems that we need to change how we think about the whole process of taking children into care at birth and having them adopted, so that in those early years the parents do not get the child back. Instead, parents could be given help during the stage when it is so important that the child is not neglected, but with a view to their getting the child back when he or she is older.

Colin Green: I do not take that view. Children need parents who are absolutely committed to them for their lifetime. If you are removing children at that age, it is for adoption or some permanent solution away from the parents. The parent does not get a second chance if you do that, if I have understood you correctly.

Q617 Mrs Hodgson: No, but the parents might be totally capable of looking after a child from three onwards. They just need help earlier.

Professor Masson: They will not have a relationship with the child. There will be none of the development, bonding and all those things. Neglect is about a failure of bonding, to put it crudely. Children cannot be put like books back on the shelf in the library. It is a different child when it is three. It is not the same book.

Q618 Chairman: Just a quick question for you, Colin. Where does the common assessment framework come from? Who wrote it?

Colin Green: It came from the DCSF. But it was developed as a cross-Government programme.

Q619 Chairman: How long has it been in existence?

Colin Green: It was being developed from 2005.

Professor Masson: The original assessment came from the Department of Health in 2000.

Colin Green: That is the assessment framework. But the common assessment was in 2005. It was in development.

Q620 Chairman: So it was inter-agency? You all got together to write this.

Colin Green: It was led by the DCSF.

Q621 Chairman: So it is post DCSF? It was not Department for Education and Skills—

Colin Green: It was the DFES. Sorry, it was a DFES-led initiative, but *Every Child Matters* is a cross-Government programme so there was significant involvement.

Q622 Chairman: So the common assessment framework comes along at the same time as *Every Child Matters*?

Colin Green: Yes. It is part of that.

Q623 Chairman: I wanted to get that as a matter of fact. We have to move on, but before we do, one of the things that we picked up in the course of the inquiry is the relative scarcity of psychologists and psychological assessment for children. It is particularly worrying for me. How do you know about neglect? You can see if a child has a physical bruise—hopefully you can—but mental scarring and psychological ill-treatment are much more difficult to pick up. In my view, mental cruelty is as damaging, if not more damaging, than physical cruelty. Is the common assessment framework sensitive enough and do you have enough psychological expertise to judge that?

Colin Green: I think the framework is sensitive enough, but it is an initial overview ideally done by bringing a number of different professionals together—it is not an in-depth assessment. I would expect the school to bring up such things as attendance, response in class and behaviour with other students. At the common assessment framework stage, hypotheses might be reasonably descriptive about why that might be a problem for a particular child, but that should then lead to questions about whether the child needs a more comprehensive assessment with greater expertise. It is partly designed to get an understanding of the child’s needs and to work with the parents to address the problems. It has been successfully used in that way but it should also help to identify children who have more substantial difficulties and need more expertise and more depth.

Q624 Chairman: So when is this common framework assessment administered? Is it to every child?

Colin Green: No. All Local Authorities are in a process of trying to develop their implementation of this. The idea is that it should be used for children and young people who have been identified by the universal services as having significant additional needs or as being particularly vulnerable. Some authorities say that when a child has been excluded from school, or has been excluded a number of times and is going to enter a pupil referral unit, there should be a common assessment framework because almost certainly that young person or child has a variety of difficulties. In my authority we are trying to see whether we should use it with all those children with poor school attendance, so it is not just with the education welfare service. We are taking a look at why the child is not attending school. That is a key indicator of neglect.

Henrietta Heawood: The common assessment framework was well intentioned to give other professionals, not social workers, a means of clarifying what the concerns were and linking services up to provide a better service for children. I do not know whether any research has been done into how it is working in practice. Judith might know.

Professor Masson: No, I do not.

Henrietta Heawood: It is early days yet. There have been pilot projects and I do not know whether it is entirely universal across the country yet.

Q625 Chairman: That is very interesting. You have a common assessment framework, but no one knows if it is working.

Henrietta Heawood: It is very new.

Colin Green: There has been research done on its implementation, because it was piloted in a number of Local Authorities. That tells you things like whether it has been well received. There are lots of case studies that say that it has made a substantial difference to children and their families. It has been well received by families. It has made a difference to some of the softer stuff about the work force having a common language, which is very helpful, and giving people a common framework to work within. But you have not got population outcomes that would say whether it has had a particular impact on a particular outcome.

Henrietta Heawood: And we do not know how many children who have been subject to the common assessment framework process have then moved higher up into targeted services.

Chairman: We have to press on, and Colin is only with us until 11.30 anyway. Paul, over to you.

Q626 Paul Holmes: This is probably a question for Colin and Henrietta. What is the typical composition of a child protection team? Is there such a thing, or does it vary in every part of the country?

Henrietta Heawood: A child may be subject to a child protection plan, which is what we used to call “on the register”, but there is new terminology since the most recent “Working Together” document. I have brought it as a visual aid.

Q627 Chairman: We are not allowed to have visual aids, as *Hansard* cannot pick up on them.

Henrietta Heawood: Suppose that a child has been made subject to a child protection plan following a recommendation from a multi-agency case conference, then something called a core group is established.⁴ It is likely that the core group will include the social worker as the key professional—the Local Authority children’s social care social worker. Correct me if I have got that wrong, Colin, but that is normally the case. Her manager will probably be part of the group too, so the immediate line manager is likely to attend the meetings. The health visitor or school nurse will be invited to be part of that core group, as will somebody from school, if it is a school-age child, and representatives from any other services that are being provided, for example if there is a family support worker or the family are attending a special parenting scheme or accessing drug and alcohol services. The idea is that a plan is thrashed out quite carefully to look at what progress needs to be made and what needs to change for the child not to be subject to the child protection plan. It is monitored with regular meetings of the group and reviewed in a review case conference after three months.

Colin Green: I do not quite agree. It should be everyone who has a part to play in implementing the child protection plan, and that would normally include the parents and the child, if they were of sufficient age and understanding. Certainly, you would want to involve adolescents in a plan about them.

Henrietta Heawood: Yes. The parents attend the meetings of the core group and then they may see all the workers in it individually at different times and in different settings.

Q628 Paul Holmes: As for health visitors, Rosalyn, you said in your opening comments that the number of health visitors or the number of visits that they could make to parents was declining. That could be quite dangerous because they are not going to pick up on signs of neglect early on.

Dr Proops: I think that I may have phrased it slightly differently. Health visitors’ practice has changed markedly. They offer a targeted service and are very involved with safeguarding and child protection. I would have thought that, more or less universally, you would find nurses, usually health visitors, at case conferences and involved in the child protection plan. When children reach that threshold, my experience is that health visitors are involved.

⁴ *Note by witness:* Whether or not a child is made subject of a child protection plan (in place of being put on what used to be the child protection register) is the result of a Case Conference.

Q629 Paul Holmes: When a child is born, health visitors are not attending every home in the first year or so in the way that they used to.

Dr Proops: They are key people all the way through from the beginning. Without a doubt, they are key people at the beginning. They often have a process in place locally to establish a relationship with the midwives to pick up on those families or mothers that they may wish to see early. I would not for a moment want to suggest that they are not key to picking up on a targeted group of people who need their support. I suspect that if they were sitting next to me they would say that there is plenty more that they would like to do and that some of the new systems in place restrict them, in part.

Q630 Paul Holmes: But has there been a decline in the number of visits that they do in the first 12 months after the baby is born?

Dr Proops: As far as the universal service is concerned, yes.

Q631 Paul Holmes: But presumably that must mean that there is less chance of them picking up on early signs of problems.

Dr Proops: We are not good at evidence in that area, because there are more targeted practices, policies and services around, albeit less universal visiting.

Q632 Paul Holmes: When we were in Denmark, the various professions we talked to said that they take twice as many into care as anyone else in western Europe, and there was discussion as to whether it should be more. They were confident that they were doing the right thing, partly because health visitors visit every child on a regular basis in its first year, and because child care is available for every child, with workers who are graduates, well paid and well-trained. All that is very different to what we have in this country. They were confident that they should intervene more aggressively earlier on because they could pick up the signs much earlier.

Dr Proops: If you look at our child population, the pre-schoolers receive fewer routine visits now than some years ago. If you look at the numbers of children who are identified through health, a certain percentage of children have consistently been identified in that way, but not as many as others. Whether we are missing them is more difficult to say.

Colin Green: I just want to comment on this, because in the new world that we are trying to create in children's services, it is important to focus on the wider responsibility for child health promotion. As a director of children's services, I carry responsibilities in that area. The Department of Health issued guidance, earlier this year, on the child health promotion programme. That guidance is good and describes how the system is meant to work, through a combination of universal services for all children and more targeted services for those in need. The way I would like the system to work—this is what I am working towards in Coventry—is for the health visitor to work with the children's centre team. Part of the way in which they reach every child is through how the children's centre works. It is not

about very experienced and well-trained health visitors going around and seeing everyone. They influence practice in the children's centre, so that its staff can offer a lot of basic health promotion advice to all parents and will also have the skills to pick up where there are difficulties and bring those issues to the health visitor, as an expert practitioner. It is not just about the health visitor; it is about the health visitor's place in a wider set of services for under-fives, for which children's centres are absolutely key. There has been huge investment in that, and we ought to make more of that investment.

Q633 Paul Holmes: But as you said earlier, one problem with SureStart and children's centres is that it presupposes that parents take their children there in the first place.

Colin Green: But that is part of what we, and I, need to work on—changing how children's centres work, so that they are much more conscious of the total population for whom they are responsible and whom they are not reaching. For example, we could put similar effort into identifying who does not take up the three and four-year-old offer as we put into identifying who is not in post-16 education, employment or training.

Q634 Paul Holmes: After the Victoria Climbié inquiry, an integrated children's system was set up. That computerised system was intended to ensure that all the different agencies could pick up on what was going on and talk to one another. There is now a lot of evidence on that issue. According to a University of Lancaster study, many social work practitioners said that 80% of their day was spent in front of a computer filling in tick boxes, rather than doing child protection work. Is that true?

Colin Green: First, the integrated children's system is not a computer system: it is a practice system.

Q635 Paul Holmes: It is not a computer system?

Colin Green: Let me try to make this very important distinction. What the system integrated was the assessment framework, which is a very sound framework for assessing and understanding children's needs, and a set of records for looked-after children. That is what it integrated so that there was a whole end-to-end way—from a child being referred to social care, right through to their being looked after or having time in care—of assessing needs, planning for that child, looking at how to take forward implementation, and reviewing that, in a comprehensive set of records. That system was to be supported by electronic means, which is where the computer system comes in. I just want to make the distinction between the practice system describing how social care was to do the job and its implementation through ICT. I want to say three things about this. First, the ICT implementation has clearly been hugely problematic for many Local Authorities and their practitioners. The systems are clunky and difficult to operate and have a number of significant flaws. Secondly, the practice system is complex. There are issues about how far it is over-complex, but it essentially replicated the

expectations set out in the Government guidance. When we drill down into some of the information requirements, particularly for children in care, which is where the greatest body of information is required, we can see that it is stuff that any parent should know, but because they are in public care we need to make a written record of all those dental appointments and the medical history that parents might carry around in their heads. That creates a significant administrative load. Those are two key distinctions. Thirdly, we need to distinguish between what is administration and what is proper, accurate recording that enables us to understand what is happening. We have heard about the importance of chronologies and of being able to look at events in a family over time, but we can only do that if we have a decent record.

Chairman: It should not take 80% of your time.

Colin Green: No, but I caution against saying that we do not need sophisticated recording systems for those very complex cases. My final point is that that came out⁵ because the evidence from inquiries over the past 20 years showed that people were often unable to use their records to inform assessment and judgment in hearings, partly because they were faced with a four-volume-or-more paper file, often not very well kept, out of which they could extract very little detail.

Q636 Paul Holmes: Before I put a question to Henrietta, I would like to mention that Professor Sue White of Lancaster University has reported that all the practitioners she interviewed expressed frustration at the amount of time they spend at the computer, claiming that the system regularly took up 80% of their day. The British Association of Social Workers issued a press release on 21 November in which it criticised the systemic obsession with inputting information into a database at the expense of time spent with children at risk.

Henrietta Heawood: Exactly, and having to spend so much time using an unwieldy system is a very real concern for our members. You referred to Sue White's research, and she offered two arguments. Is it because the system is new and difficult to implement, or is it a design fault in the whole thing, and is it fit for purpose for child protection? We are just not sure. It is very time consuming, and glitches in software really frustrate people. I have heard stories of people inputting data into the system for an entire morning, only to discover that they were not able to save it, because the document was on a shared network system and was opened by an administrator who was doing some other work to it. Only the first person who opened the document could save anything. The social worker was not aware that it was a read-only version and did not realise that they were wasting an entire morning. That is an anecdote, but that is what it is like, and that is why people get so frustrated. The worry is that the system is in many ways a useful management tool because it gives managers all sorts

of information about who is doing what, and is that really becoming the overriding intention, rather than developing a better understanding of the lives of children, which is what I thought it was originally meant for? It is not entirely bad if it is there to help support practice, analysis and assessment and bring things together. It is quite prescriptive, so different types of assessment in different parts of the country would perhaps disappear more if everyone were looking for the same things. However, social workers tell us that it is so prescriptive that they cannot think, because they do not have any space to use their professional judgement. They have to fill in those boxes all the time, and working out whether children have been to the dentist may not be what they should be doing. The IROs—Independent Reviewing Officers—also have to input data into those forms electronically. The social worker's line manager is meant to sign off the bits that have been done by the social worker, but that is not always done, because the line managers do not have time.

Chairman: It looks as if you did not agree with all of that, Colin.

Colin Green: I think that we have to be cautious about it and that there is a relationship between that and two other things. One is the development of the work force so that they understand the tools that they are using. I absolutely agree that we have been driven down a rather technical approach to practice, which gets translated into a tick-box approach rather than something that allows people to look at it as a tool to be used in their work with children and to pick and choose to some extent what to do within it. The second thing is that performance indicators are part of what is being collected. In a sense, the pressure on Local Authorities to collect that information and perform in relation to it can become over-dominant. The indicators, certainly in some areas, are not outcome-focused; they are about how well certain processes have been done.

Q637 Paul Holmes: Christine Gilbert, the head of Ofsted, appeared before the Committee last Wednesday, and said that Ofsted had done a paper-based assessment of Haringey that said that it was an excellent council on children's services and all the rest of it. It turned out that that data was either a lie or filled in completely inaccurately; take your pick. Is that linked to the obsession with filling in tick boxes rather than looking after children?

Colin Green: I do not know whether the Association of Directors of Children's Services or the Local Government Association commented. So much for Local Authorities rides on what can be quite fine gradations of performance on some indicators, so of course there is organisational pressure to perform in a particular way. They are only indicators—that is all they are. They do not tell you the outcomes for the children. They need to be used with care, not in a deterministic way, as a means of judging how Local Authorities are doing.

Q638 Paul Holmes: I think that Henrietta said—it might have been you, Colin—that there were cases in which the social work manager had signed-off on

⁵ *Note by witness:* The creation of an electronic record came about.

something to say that it had been done when it had not been. Haringey had excellent paperwork saying what a great job was being done, but when the proper inquiry was done recently, it was a disaster area. It was the exact opposite of what the tick boxes said.

Colin Green: In an ideal world—in the places where I have worked, we have tried to do this—if people do the right things to try to improve what they achieve for children and young people, their performance indicators should follow behind. What can happen under pressure is that they end up chasing the indicator, not focusing on the outcomes for children and young people.

Henrietta Heawood: Something has gone wrong along the way. Performance management becomes the absolute thing to strive after, rather than quality assuring. The quality of the work being done is not in the boxes being ticked; it is in how well people have done it. Social workers must have enough emotional and physical space in their heads and lives, if they are to work with child abuse and difficult, dangerous families, to cope with the work. They do not want to be crying into their tea because they cannot cope with the computer. It sounds ridiculous, but that is how people feel—bullied and pressured to meet the targets—for the reasons that Colin gave. It is important that a Local Authority manages to meet its targets, and we are not unsympathetic to the position in which managers find themselves. They are stuck between a rock and a hard place. They want to support their staff but, equally, they have to try to meet the targets. That is very difficult. Social workers at the bottom are the people who have to produce the work and do the things that meet the targets. They also have to interact with families who neglect, abuse or sexually abuse their children. It is tough, demanding, emotional work. They need the space to do it, and they need good supervision, not supervision along the lines of “Have you done this or that within seven days?” Models for supervision are promoted by Tony Morrison, who is a wonderful child care expert. I do not know whether the Committee has heard from him, but he has developed a model for staff supervision when working in child abuse. He is a long-term ex-NSPCC person, and has developed a very good model for supervision that staff need.⁶

Chairman: We would like to feed that into our inquiry.

Q639 Mr Stuart: Following Haringey, the chief inspector said that she was writing to the chief executive of the council to ask them to promise further that they had reviewed the data and they were all accurate. However, you are saying that distortion of data is systemic and that, because of overwhelming pressure to meet the targets, people will at the very least tend to do it.

Colin Green: I am not saying that. I am saying that what can be measured gets measured, and that is

what we are performance-managed on. That, of course, affects the behaviour of the organisation. People do respond and complete honestly the returns that these are based on. However, the fact that they are so critical changes people’s behaviour and the organisation’s behaviour, because that is the message about what is important.

Q640 Mr Stuart: So at best it distorts their behaviour, and at worst it tempts them to distort the data?

Colin Green: It certainly changes behaviour, because we will respond to how we are managed and performance-managed.

Q641 Mr Stuart: Last week, to my astonishment, the chief inspector said when I questioned her that she did not think that there was too much bureaucracy. Other Committee members may remember, but from last week’s evidence they had not found that there was, chronically, too much bureaucracy suffered by front-line social workers. Is it the evidence of the entire panel here today that that is not the case?

Colin Green: Henrietta and I are not entirely as one. Judith has looked at a lot of files.

Professor Masson: I have looked at court files, which is rather a different thing. In the dim and distant past, I looked at social work files. My experience generally, and this perhaps does not relate to the most recent practice, is that a lot of information is collected but, having been collected, not very much information is read later on. So if the social worker changes, the new social worker does not have time to read the file. All the information has been collected and it may be easily accessible, but the person needs to be given the space to access it. I do not think that the Local Authorities are necessarily very good at doing that.

Dr Proops: My contribution—again, from the practitioner’s perspective—is that we cannot analyse or manage these complex cases without a detailed chronology. All of us have recognised that. It takes time to develop that chronology, and perhaps rather too often the chronology is not available at the time when the multidisciplinary team needs it. So if that is an indication of either how the information is collected or how it is extracted, from a practitioner perspective, that is something that I am aware of.

Q642 Chairman: So if a baby is taken into A and E and the staff access the data, will the system provide all his, or her, medical records?

Dr Proops: There are ways of getting hold of health data relatively quickly. To integrate that with other data from social care—

Chairman: I am only talking about healthcare because that came up in the Haringey case.

Dr Proops: Children have more than one set of notes. They will have records held within primary care from their GP. If they touch any hospital, another set of notes will be opened. They will also have a community set of records. At the very least, they will have three sets of notes. Some places will

⁶ Note by witness: Relevant book by Tony Morrison: *Staff Supervision in Social Care: Making a Real Difference for Staff and Service Users*.

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have systems whereby you can access those three sets of notes relatively rapidly, but most do not. We do not do particularly well in having a good overall picture of a child's health and welfare, because the information is in a number of different places. We will fall short with the note system, as our social care colleagues will sometimes do.

Q643 Mr Heppell: I am worried about this. It seems to be that one person's bureaucracy might be somebody else's essential information. It seems that we are talking about data being recorded and a system. If the tick boxes are wrong because they do not give enough clarity, that suggests to me that the case notes that the social worker would have to take would have to be more extensive than the tick boxes, which would mean more time spent recording the information than would actually happen. Has the so-called bureaucracy not evolved because somebody has realised that there is a failing in the system and said that in future, people should record this, or, in future people should make sure that they have this information? That is what this system seems to be. It seems a bit nonsensical to say, "We have devised a system of creating and collecting data," and then write it off. I can understand it from a social worker's point of view, because it gives them boundaries and it is prescriptive, but has experience not shown us that this sort of system is necessary?

Colin Green: I think that is the correct analysis. The history of this going back many years is that some of the files were incomprehensible and there was not an adequate assessment or adequate information-gathering. The issue is about the balance of that. If we had a better-trained work force they could use the tools better and there would be more confidence that they could judge which bits to do in depth and which bits to tick the box for. That is part of the issue. People sometimes look at a long form and think, "Have I got to fill in every bit of this?". If that is the message they think they have from their manager, that is probably what they will do. It may do nothing for the child. To some extent, the tools have become very complex in part to compensate for when the practitioners do not have a clear enough practice model of how they do the job as a result of their training and other developments.

Q644 Chairman: Colin, can I push you on this? The detail, the complexity of this, comes post-Climbié.

Colin Green: No. This comes well before Climbié. The assessment framework was launched in 2000; the looked-after children records were launched in the mid-1990s. It was those coming together that was the integrated children's system. It is a practice system. It is a description, if you like, of how the work should be done.

Q645 Chairman: Did the Climbié tragedy have an effect on the way in which records were taken?

Colin Green: I think it probably added further to the sense of a requirement to keep very comprehensive

records. We still have not quite got this right in terms of balancing how records are kept and how they are used. It is not the keeping—it is the use of them.

Q646 Chairman: That is what I want to nail down before you go. You have just alluded to the training and the people who use it. What is coming out time and again is the quality of the training of the social workers who make this whole thing happen. That is not to criticise them, but the training, you think, could be better.

Colin Green: We have many super staff. However, they need to do this very sophisticated and complex work, understand it and present it well in court, give confidence to the judiciary in their evidence, and give confidence to parents and children as well. We do need very substantial investment in training and development. We also need to have enough people. Again, you picked up on this point. I do not think you can run a good service with substantial numbers of agency staff. You need your own staff. That point was made last week.

Q647 Mrs Hodgson: I am going to come on to training and experience now. The Baby P serious case review did not explicitly blame the death of Baby P on the shortage or the high turnover of staff. However, the British Association of Social Workers put out a press release saying that we should not look for scapegoats, but at the high turnover of staff in child protection social work, excessively high case loads, over-reliance on agency workers, as Colin just mentioned, and an absence of supervision of often inexperienced or non-permanent workers. Do you feel that the vacancy rate and the high turnover have an impact on work with children at risk? What are the actual and ideal case loads for a social worker? Is the answer simply to recruit more social workers?

Henrietta Heawood: The ideal case load is a difficult issue. We cannot say what is ideal. There was some research years ago that said a social worker could manage seven families at any one time—that was as much as they could cope with. There are case loads now of 25 to 30 children, which may be fewer than 25 to 30 families, but it is still quite a lot. Heavy case loads are being reported to us across the country. Often, heavy case loads are held by experienced workers, because they are the ones the managers will go to for help with a case—here is someone who can do it—so the good workers get burdened more and more. We are also aware of Local Authorities being reliant on agency staff. This is a complicated matter. In the Baby P case, a number of agency staff were noted as working in Haringey at the time. Agency staff can be good social workers. People choose to work in that way and sign up to an agency, because they get more money per hour and can stop work when they do not like it. However, they are less likely to have a commitment to the particular Local Authority that they are with, so the continuity may go. Being an agency worker does not mean that someone is a bad social worker, but it might mean that in that department there is less loyalty and commitment to overall aims and objectives. For children, continuity is terribly important.

Q648 Mrs Hodgson: So seven families is ideal?

Henrietta Heawood: That is from ages ago—it was a bit of research stating that that was what people could really cope with. That seems a very small case load from my experience.

Q649 Mrs Hodgson: Do social workers constantly complain about having too heavy a case load?

Henrietta Heawood: It varies. Some Local Authorities are better than others and help their staff to have smaller and protected case loads. However, across the country, we are hearing of high case loads and of teams that struggle to recruit and retain experienced social workers who can help mentor and teach newcomers to the profession. That is what we need: social work and child care cannot all be taught during the initial social work qualifying course. It cannot all be learned then, so to some extent, it must be learned on the job. It is an apprenticeship, and learning on the job means that there must be experienced, good supervisors, mentors and other members of the team around to help people. If those people are not there and the whole team is made up of new recruits, there is a problem.

Q650 Mrs Hodgson: You touched on the issue of retention. I was going to come on to that later, but I will mention it now. We need professional development for staff and some encouragement for them to stay in the profession. Following cases such as that of Baby P, I imagine that fewer people will want to go into social work, and that those in social work may decide to move on and do other things. Last week, the DCSF published the *2020 children and young people's work force strategy*. I have it here. One of the things it notes that social workers said, is that initial social work training programmes need to be far better and people want “better access to ongoing professional development”. The Government hope to do what it says here, “attracting and retaining the brightest and best in social work”, but I imagine that it is a hard time to do so.

Henrietta Heawood: That is absolutely right. The association would like some commitment from the Department to support social workers—I do not know whether you can relay our feelings on that to it. Perhaps the press section of the Department could promote positively the good work that social workers do. It is not just bad news all the time: thousands of social workers do a really hard job, day in, day out, to make the lives of children better—that is their aim. But they would like some better press, if you like, not these dreadful campaigns in *The Sun* and similar newspapers. It is really distressing to get that coverage when you have worked hard. Perhaps the Department could run a campaign to help.

Q651 Chairman: Would Judith come in on this question? We heard evidence from a deputy director for social work in Hackney—this was before the Baby P case—who said that he would not employ a British-trained social worker; he recruited them all from overseas. Is social work training that bad?

Professor Masson: No, I do not think that social work training is that bad, but there are two problems. If we recruit overseas social workers, they are used to working in a different system and we need to put a lot of resources into training them in the British system—both the social care system and the legal system. In doing legal research, I have come across people who I am sure are excellent social workers and very highly qualified in other jurisdictions, but who have had perhaps a morning or one day of training on the Children Act, and that is all they know. They are not in a good position to work with our complex legal system and the high demands of our courts. As for training in social work in the UK, universities have a problem recruiting good students. What was done to the social work training system and the resources taken out of it in the 1980s and 1990s—the idea was that all we needed were streetwise grannies—proved a disaster for the production of social workers. We do not have students at masters level coming through. In the university system, I teach a little on social work courses, but I do not get heavily involved in the issue of how much theory and which theories are taught—I focus on legal issues. However, there is a big issue around student placements. Students all do placements on social work training courses. In the 1970s and 1980s there used to be student units in all statutory agencies, and students did at least one placement in a statutory agency. They would spend six months of a two-year course with what is now the children's social care department. It is very difficult for students to get those placements now, so they do placements in non-statutory agencies—working in nurseries, with lawyers in private practice or something like that—as those are the only placements they can get. They therefore come out without the heavily supervised student practice in a statutory agency that they would have had on good social work courses in the 1970s and early 1980s. We do not have a proper apprenticeship system of combined training and education, and our social work courses are generally much shorter. We are taking in undergraduates and making them social workers in three years, whereas countries such as South Africa and Australia are taking students and giving them two-year masters courses after they have done general a social care, sociology or other relevant first degree. We are not doing that.

Henrietta Heawood: I can certainly add a bit on the shortage of placements. It is a concern for the British Association of Social Workers and I do not know why it is like that. I do not know why Local Authority children's services and social care are not providing the placements that are needed. Somebody must know why, but it is an issue. I have been around for years, so I have seen a lot of changes in social workers coming into the profession. When I went into the profession as a young graduate a long time ago, it was a career choice for lots of people. It was a good, solid, respectable career choice. I do not see that now particularly, so the need to attract bright graduate students is there. That is to do with the conditions of work for social workers, the public perception and the low status that they are given. I

think that Ed Balls has talked about trying to improve the status of social workers, as has been done for teachers. I have been listening to programmes on the radio about a scheme for prison governors—I do not know whether you have heard it—that recruits bright graduates into the prison governor system, and gives them a lot of help and fast tracking. Something like that would perhaps help. It is the status of the profession that is the problem.

Q652 Mrs Hodgson: That is exactly the point that I was going to come on to. We talk in the DCSF about teaching the profession at masters level, and I think that that was what Judith was alluding to as well. The status of social workers should be raised. Something that the Committee looked at when we were in Denmark was the issue of pedagogues. In Denmark, some child care workers who work in the profession are trained as pedagogues with three-year degree-level qualifications. They are not social workers; they are just below the level of social worker, if my memory serves me right. We do not have that staff level. We have the same people doing the same jobs—I imagine that we do—but they do not have that level of training. I would imagine that if we did, and if social work became more of a masters-level profession, the whole work force would be upskilled, but would their status improve?

Henrietta Heawood: There are problems for Local Authorities in the staffing of their departments, and in areas where they have found that difficult they have a kind of “grow your own” system in which they sponsor family support workers and unqualified social workers to go through university programmes so that they end up with the diploma in social work. In some areas that is quite successful, but it is quite different from what we are talking about—bright graduates doing MAs.

Q653 Mr Heppell: On the threshold for taking children into care under section 31, about 90% of proceedings are successful. In one respect, that is high, but in another respect, when it is about taking a kid into care, why have we got even a 10% failure rate, and what would be the reasons for refusal? I think that you have done some research on this, Judith, which shows that Local Authorities are responsible and do not bring cases that would be considered frivolous.

Professor Masson: There is a small proportion of cases where there is substantial improvement in the parents’ care of the children—a very small proportion of cases—so that an order is no longer necessary. There is another small group of cases in which relatives are identified—perhaps a father who has been out of the child’s life for 10 years—or come forward and end up with the care of the child, and no order is required. Those are really the two things. There may be a relative placement where an order is not required. In our study, we looked at 386 cases; 21 cases were withdrawn, and they were mostly improvement cases. There was one in which the Local Authority failed to prove its case—I think that was partly about how the case was presented. As a lawyer, I would say that, had that case been

presented to another judge, an order would have been granted, as there were various technical difficulties. It was less than 10% in our study, which was a random sample—more like 7%—and only one of those cases was a failed case. Local Authorities go through rigorous procedures in determining whether proceedings should be brought. It is not just the issue of the section 31 threshold criteria, but the issue of what the care plan is and whether intervention is necessary and proportionate.

Q654 Mr Heppell: I am trying to combine my questions, because we are nearly out of time. In the Haringey case, nine days before the child’s death, the advice from the lawyers was that there was not sufficient to get past the threshold to go for care. What sort of advice or guidance do people receive as to what the threshold should be? Can I just tie that in with a couple of things? There is a lot of inconsistency between authorities, so do you think that any of that is to do with resources? Do people have different policies in different areas because of how much they want to spend? I know that that is a bit of a muddled question.

Professor Masson: Can I take it from the back? One of the major differences between Local Authorities is how much access to lawyers they have. If they have only one lawyer in-house and great limitations on using outside lawyers—this is purely hypothetical—they are going to bring very few proceedings, because they do not have the staff to bring those proceedings. So if an authority has more lawyers, they can bring more proceedings. When the Children Act 1989 came in, in 1991, the number of lawyers working with children in social care went up enormously. However, there are huge differentials between authorities that have four lawyers and authorities that have 10 lawyers, even though they might have quite similar populations. It tends to be partly historic, but strong legal departments might grow, and small legal departments would not, because they are too busy holding the fort, which will impact on the number of proceedings that they bring. I think that I have already indicated that most Local Authorities could bring more proceedings if they wanted to, and that the success rates would not go down if they brought more proceedings. So, yes, that partly takes account of the differences. As for legal advice and decisions in individual cases, local authorities vary as to whether a social worker can directly consult a legal department for advice without management permission, or whether they have to obtain such permission. I do not know what the position is in Haringey; I have not done research there. In more local authorities than not, I would say that the social worker is able to phone the legal department and ask for advice. However, the advice they get, as in any area, depends on the question they ask. Before the decision is taken to bring proceedings, whether emergency proceedings or an application for a care order, the lawyer would expect to have a greater opportunity to look at the available evidence, for example the case conference minute, if there is a child protection plan, or at what sort of allegations are likely to be capable of being proved,

on the basis of whose testimony and what documentation you have got. It is crucial for the decision on section 31, not just as I might give it to law students as a set of facts that I have already determined, that we know what facts can be established. That is the crucial element. If someone is phoned up nine days before and asked a question and given an account, I imagine that they might say, "That does not sound as if it has met the threshold." It is much more likely to be an issue of "What are you planning to do with the child?". If they are planning to leave the child with the parents at that point, the issue would be, "Why do you need to bring proceedings suddenly? Can we have an opportunity to look at the evidence?". It is not just what section 31 states, but very much a case of, "What are you going to do with that child, what is the care plan and what is the evidence basis on which you are doing those things?"

Q655 Mr Chaytor: May I clarify something that Judith said earlier about the proportion of children who are taken into care in the first three months of life? What was the figure?

Professor Masson: In our study of 682 children I think that that figure was around 19% or 20%, and I think that it was in that age range.

Q656 Mr Chaytor: That is not because the family or the mother suddenly became incapable just after the birth?

Professor Masson: No, a high proportion of them are second children. The mothers of those who are not second children are often substance abusers, so they are born with drug or substance abuse problems.

Q657 Mr Chaytor: My next question is for Rosalyn. Given that we have touched on the difficulties of identifying families that are not engaging with the children's centre services or SureStart centres, where is the role of antenatal services in all that? There has been no discussion of that or reference to it in the briefing, as far as I can see.

Dr Proops: There clearly is a role, so you are right. I mentioned the presence of a named midwife within a hospital trust, and it is the relationship between the named midwife and the antenatal services in the community that is so important.

Q658 Mr Chaytor: Does every woman now have a named midwife?

Dr Proops: They should do.

Professor Masson: Some of these mothers do not have any antenatal services, and if they have had no antenatal appointments, that would be one high-risk factor at birth.

Q659 Mr Chaytor: How can you go through nine months of pregnancy without any contact with antenatal services?

Dr Proops: A few people still manage to do that.

Professor Masson: Some do not even know that they are pregnant, actually, or say that they did not.

Dr Proops: It is about having a network that functions between the local drug and alcohol abuse services, primary care, antenatal services and health visiting services. It is about that community-based network and about finding a way of sharing what we in health would see as confidential information, and a great deal of effort has gone into that, so there is a whole range of things that can happen. The drug and alcohol problem is a major one. There are some programmes to tackle it from one end and some from the other, but it is an area where we need a great deal more evidence and resource, because we know from the United States that that is the seat and area for a large proportion of the babies and pre-school children who are at very high risk and for whom we need to do something.

Q660 Mr Chaytor: Is the issue of confidentiality of medical records a major blockage in the exchange of information?

Dr Proops: It is much less so now than it used to be, and the guidance that we have is clear. The culture change is beginning to happen and we just need to keep pressing on with it. There is far more clarity about how child protection is everyone's business, how the risk to the child is important and that at times that will have to supersede confidentiality with regard to the parent. We are not yet there, and there are lots of places to go, but it is far better than it was.

Q661 Mr Chaytor: With regard to the choice between keeping the child within the family and taking the child away, it always strikes me as an amazing paradox that there are many capable families who have children with special needs or serious disabilities who are desperate to get respite care. They want the state to be more interventionist and to give them a break and take their child away for a period of time. The converse is that we have large numbers of completely dysfunctional families who have fought tooth and nail to keep their kids within the family. Is that because the conventional way of looking at this is that either you keep your child or the state takes the child away from you? Is that why so many dysfunctional families are so resistant to intervention by social services and is not the concept of respite, as a point on a continuum between the child staying at home and being moved into permanent residential care, a way of cracking the problem?

Professor Masson: That does happen. The key thing about the families whose children come into the care system compulsorily is a resistance to working with children's social care. They may have respite at a point. There may be a section 20 admission, which is intended to be temporary.

Q662 Mr Chaytor: Is the word "respite" used with dysfunctional families?

Professor Masson: I would not know whether that word was actually used, or was understood, but I would expect there to be a partnership agreement for temporary section 20. That is how I would see it at as a lawyer and how I have seen it discussed with parents. However, then there is an expectation that

17 December 2008 Colin Green, Henrietta Heawood, Professor Judith Masson and Dr Rosalyn Proops

the parents will maintain contact and do X, Y and Z, and there is often a dropping off from the parents for a variety of reasons—other problems that perhaps have not been identified, or they have not disclosed.

Q663 Paul Holmes: The Local Authority initiating care proceedings used to pay £150 to the courts, but the actual cost to the Government was over £4,000, or £35 million per year, so they have given £40 million to Local Authorities and said, “You pay it,” and there seems to have been a worrying drop in the number of court proceedings being initiated. Is that true? Is it a problem?

Professor Masson: There has been a drop in care proceedings and I have seen figures from the Family Justice Council. I am not clear that that is linked to finance, because one thing we know as legal researchers is that when you introduce a new process, there is always a drop-off in the use of the process, because it is more complicated, people do not understand it and they want to see how the land lies. The decline in proceedings in the past six months is much more likely to be related to the introduction of the public law outline than the fees. Having said that, the fees will have a longer-term impact. We do not know how the Government will compensate Local Authorities in the future in relation to this. We know that it is not ring-fenced money and that the way in which the money was allocated between Local Authorities did not bear any resemblance to the number of proceedings that Local Authorities had brought. It was related to the size of the care population, and that is only partially linked to the number of proceedings brought. The size of the care population is historic and is about outflows, not about how many proceedings you take. The Government simply did not have the figures and they still do not have accurate figures for the number of sets of proceedings brought by each local authority, so they do not have a way of divvying up the money appropriately. That is not terribly helpful. It also gives a message, and alongside the Public Law Outline (PLO) are a whole series of messages from the Ministry of Justice and, to a lesser extent, from the Department for Children, Schools and Families that they do not want too many proceedings to be brought. Part of this shift was intended to discourage Local Authorities from bringing proceedings. I find it difficult to understand why we should charge Local Authorities for bringing care proceedings when we would not dream of charging the Crown Prosecution Service for prosecuting people. I cannot see the logic in saying that there is a special funding regime for protecting children, which is part of social protection, when there is not a special funding regime for criminal proceedings.

Henrietta Heawood: I totally agree with all that. We took a motion to the British Association of Social Workers annual general meeting in April about the increase in fees for care proceedings because we were so worried that it was sending quite the wrong message to Local Authorities.

Q664 Chairman: If our inquiry report should include a particular item that you think is important, what is it? Is there something that would make it a second or third-rate report if it were omitted?

Dr Proops: A key factor is to concentrate on the evidence base behind a number of the interventions that one needs, which is an evidence base that covers health and social care. We need to try to encourage the two, at the top level, both on a research and a delivery basis, to work even closer together.

Professor Masson: Research is very important. In the 1990s, after the Children Act was implemented, the Department of Health had a substantial research programme which looked at child protection and social care issues. Since our move to the DCSF there has not been that concerted putting together of a programme that looks across the piece. We have put children’s education in with their social care, but we have taken children’s health away. So we have that other barrier. The barrier is also with the Ministry of Justice and how the legal proceedings fit in. We need to have much more wide-ranging research programmes, not only on outcomes issues, but on how these processes are operating. We cannot assume that child protection processes are operating in the same way now as in the 1990s, particularly with all the changes there have been. Drugs are a much bigger issue than they were in the 1980s and 1990s.

Henrietta Heawood: I agree with that. From the point of view of the social workers on the ground, the message we would like to go back is that social workers need to be supported to do their difficult task and not constantly criticised. Support takes various forms. We would like greater resources to help them and more social workers. Even when teams are fully staffed they can be too small to cope with the demands of the work. Partly because of what Judith is saying, more and more need is being identified. There is greater awareness of the impact of domestic violence and of drugs. There have been changes in that we have to do things where before things were not noticed so much. We would like social workers to be freed up to do the jobs that they are supposed to do and not be stuck to a computer 80% of the time.

Chairman: Thank you. This has been very valuable advice. We should be grateful if you could keep in touch with the Committee as we write our report and continue to gather the last bits of evidence. Thank you for your time.

Supplementary memorandum submitted by Colin Green, Safeguarding spokesman, Association of Directors of Children's Services (ADCS)

I am sorry I could not stay until the end. If I had, my reply to the Chairman's final question on what the inquiry should include would have been that it must focus on the workforce and in particular the quality of the social work workforce. This requires sustained attention over a period of years to develop the skills and competence of the workforce and ensure there is sufficient supply of well trained and motivated people to undertake this difficult work. One dimension of this, which Henrietta's reply addresses, is the valuing of the workforce. Central to improvement is the valuing of the workforce and recognising that this work is complex and requires people of ability. Therefore the rewards need to be commensurate with comparable professions requiring the acquisition and use of complex skills and sophisticated knowledge and the academic requirements and training need to reflect this as well.

I agree with what Judith and Rosalyn said.

On ICS I would add that a debate is needed on how this important and complex work is recorded and the right balance between recording and direct face to face contact with children and families. I would caution against hasty conclusions on this without a thorough examination of the evidence and a review of why we have arrived where we have with a very well defined practice system.

I would be happy to assist the Committee further on behalf of ADCS if that would be helpful.

December 2008

Written evidence

Memorandum submitted by the Shared Care Network

1. EXECUTIVE SUMMARY

1.1 The submission outlines the issues for disabled children receiving short breaks (with an approved foster carer). In the response to the Care Matters Green Paper—*Transforming the Lives of Children and Young People in Care*, Shared Care Network and a consortium of other national charities representing the interests of disabled children submitted a response questioning whether the Looked After system provided appropriate safeguards for this group of children.

1.2 The consortium recommended that there should be a review focusing on:

- current practice across the country;
- how we can best support disabled children to live with their families and put in place a system of safeguards which are appropriate for children receiving a short break; and
- the development and publication of statutory guidance to assist local authorities in developing good practice.

1.3 The *Care Matters Time for Change* White Paper however commits to “Issue statutory guidance (within the revised Children Act 1989 guidance) specifically on the issues of support/short break care to clarify the applicable regulations for different settings and arrangements. The guidance will set out the circumstances in which it would be expected that the child would be looked after.”

1.4 Our concern is that this does not address the issue of whether Looked after status provides appropriate safeguards and is a proportionate system for children receiving occasional overnight short breaks. We reiterate our recommendation to carry out a full review of the legal status of children receiving short breaks. This is particularly important in light of the recent £370 million investment pledged by the government to achieve a step change in short break services.

2. INTRODUCTION

2.1 *About Shared Care Network*

Shared Care Network is the umbrella organisation for around 180 family based short break services in the UK. These services link disabled children with short break carers who offer planned regular care—either overnight or day care.

3. WHAT ARE SHORT BREAKS?

3.1 Short breaks provide opportunities for disabled and other vulnerable children and young people to spend time away from their primary carers. These include day, evening, overnight and weekend activities and take place in the child’s own home, the home of an approved carer, or any other community setting.

Provision of short breaks should be based on an assessment of the whole family addressing both their personal and social needs. They occur on a regular and planned basis and should be part of an integrated programme of support which is regularly reviewed. No short break should exceed 28 days continuous care.

(Carlin *et al* 2004:3)

3.2 As outlined in the definition, short breaks encompass a variety of arrangements from overnight care in a short break carer’s home, day carer in the carer’s home to sitting or overnight sitting services in the child’s own home. The statutory requirements that apply to short breaks differ depending on the setting. This is often the cause of confusion about the legal status of children using these services. The issues are outlined below.

4. THE LEGAL STATUS OF CHILDREN WHO USE SHORT BREAK SERVICES

4.1 *Children using overnight short breaks*

If a child stays overnight with an approved foster carer they are required to be regarded as “looked after”. The Children Act 1989 identifies disabled children as children in need and are classified as looked after under section 20 of the Act.

- (2) In subsection (1) “accommodation” means accommodation which is provided for a continuous period of more than 24 hours. (The Children Act 1989)

4.2 Over the years legislation and guidance has been interpreted in differing ways by local authorities. For example, some authorities have interpreted the legal requirement in such a way that if a child stayed overnight but for less than 24 hours, the child was not regarded as looked after. A number of authorities have decided that all disabled children receiving short breaks will not be regarded as “looked after”.

4.3 Several years ago, Shared Care Network sought clarification from the Dept of Health about this issue and the advice was that if a child stays “overnight” then the law applied. We have evidence however that around a quarter of Local Authorities are not complying with the legislation.

4.4 In a recent survey carried out by Shared Care Network (Carlin and Cramer 2007) information on whether children were considered “looked after” was given by 114 short break schemes. Eight-seven schemes (76%) stated that children using short break services were regarded as “looked after”. Twenty-five schemes (covering 23 local authority areas) stated that the local authority did not regard this group of children as looked after. These areas covered England (18), Wales (3) and Northern Ireland (2). A further two schemes in England stated that looked after status depended on the number of nights a child used per year. Of those schemes that did not regard children using short breaks as “looked after”, two schemes stated that there were exceptions, for example children on care orders.

4.5 The decision by some local authorities not to regard children using overnight short break services as looked after may be due to a combination of pressure on resources and/or a pragmatic response to a system that many regard as heavy handed and disproportionate to the service received. Some authorities in an attempt to avoid the Looked After regulations and provide a more proportionate system of safeguards are using a range of alternative regulations. For example one particular Local Authority no longer regards disabled children using short breaks as looked after, but they have put in place a robust system which regards this group as “children in need” and their placements are regularly visited and reviewed within a “children in need” system.

4.6 Local authorities are also receiving conflicting advice from inspectors, many of whom are unclear about the status of children receiving overnight short breaks. This is compounded by the differing interpretation of legislation and guidance by local authorities leading to a system of varying practice across the country.

4.7 In addition, the introduction of direct payments, which operate under a differing legislative framework, but often provide the same service, has further confused the legal position.

5. HOW MANY CHILDREN DOES THIS APPLY TO?

5.1 A recent survey by Shared Care Network (Carlin and Cramer 2007) found that 7083 disabled children were receiving overnight and day care short breaks in a family based setting. The vast majority of these children would legally come within the looked after system.

5.2 These figures are for family based short breaks only and do not include the children receiving short breaks in a residential setting which means the number of children is likely to be far higher than this.

5.3 In addition to the children outlined above, the survey revealed that there are an estimated 3498 children waiting for family based short breaks alone. This does not include children waiting for residential services.

6. THE STATUS OF CHILDREN RECEIVING OTHER TYPES OF SHORT BREAKS NOT INVOLVING AN OVERNIGHT STAY

6.1 As outlined in the definition at the beginning of this paper, short breaks not only involve overnight care but also include day/evening care in the child’s or carers home or other community setting.

7. CHILDREN RECEIVING DAY CARE IN THE CARER’S HOME

7.1 A major issue in the provision of day care with a short break carer is that, despite how frequently it takes place, it is not encompassed by statutory requirements. Many local authorities recognise that this type of day care should be subject to the same regulations and standards as overnight family based short breaks, but lack of resources and pressures of work, mean that is often not the case and many day care placements are not therefore regularly reviewed. In terms of good practice, however, day care short breaks should be subject to the same framework and requirements as overnight care.

7.2 Some authorities have taken an alternative route for providing day care by using child minding regulations and accessing approved childcarers. However, it must be acknowledged that child minders do not have the same level of assessment and training as a short break foster carer and good practice would therefore dictate that additional requirements should be put in place. These regulations also only apply to under eights.

8. CHILDREN RECEIVING CARE IN THEIR OWN HOME

8.1 For children receiving care in their own home the issues are once again confusing. Some schemes are being advised by inspectors that they are required to register under the domiciliary regs in addition to fostering regs if they also provide short breaks.

8.2 The latest guidance which Shared Care Network has received from Ofsted takes the view that if a scheme is set up to provide two services, namely a Fostering Service and a Domiciliary Service, the scheme needs to register as both a Fostering Service as well as a Domiciliary service.

8.3 However, if foster carers occasionally care for children in the child's own home this would be seen as the fostering agency discharging its functions in accordance with section 4(4)(a) of the Care Standards Act and would therefore not be regarded as Domiciliary Care.

8.4 The fostering standards are assessed to be a sufficient method of assessing the quality of the provision of the service in the homes of the children for short occasional periods, and Ofsted will not insist on Domiciliary Care registration. Providers would need to ensure that any additional requirements from the domiciliary standards that are relevant would be met. (Ofsted are in the process of preparing guidance around these standards)

8.5 This is clearly not filtered down to inspectors who continue to give conflicting advice to schemes.

8.6 The Domiciliary Care Standards have had a major impact on services. The standards were developed largely with adult provision in mind and require any agency which provides personal care as part of its domiciliary support to register and be inspected under these standards. In the shared care network survey, it is one of the reasons given by schemes for either ceasing their sitter service or contracting the service out to an independent agency.

9. CHILDREN RECEIVING A BEFRIENDING SERVICE

Befriending services are not covered by any statutory regularity framework.

10. CHILDREN USING SHORT BREAK SERVICES MANAGED BY HEALTH PROVIDERS

Children using short breaks services managed by health providers currently fall outside the Children Act. This means that some of the children with the most complex needs are not afforded the same safeguards as other disabled children receiving short breaks provided by the local authority or voluntary organisations.

11. DOES LOOKED AFTER STATUS PROVIDE APPROPRIATE SAFEGUARDS FOR DISABLED CHILDREN USING SHORT BREAKS?

11.1 "The question of whether a child is looked after is not an obscure question or legal nicety. Where a child is looked after there are consequential actions, designed specifically to safeguard the welfare of the child. These actions are based on an acknowledgement of the separation of the child from family and of the increased vulnerability of the child." (Disabled Children in Residential Placements. DfES 2003.)

11.2 Children receiving overnight short breaks may have only one weekend of care a month, often much less. The question is whether the needs of children are best served by regarding them as looked after.

11.3 We recognise the benefits of being looked after ie:

- The placement is visited and reviewed by an independent person.
- It gives disabled children a minimum level of protection.
- The review system also ensures the package of support is co-ordinated, reviewed and changed as need changes.

11.4 There are however examples of how these outcomes can be achieved without the looked after status—and alternative systems should be considered.

11.5 If we maintain the status quo and disabled children using short breaks continue to be regarded as "looked after"—the LAC paperwork should be reviewed. Whilst we fully recognise and support the need to safeguard children, the feedback we receive from practitioners is that the LAC system is disproportionate and that the time spent carrying out LAC paperwork could be more productively spent supporting families.

12. WHAT WE ARE RECOMMENDING

12.1 As mentioned above, we recognise that the LAC requirements offer disabled children a minimal level of protection and help to ensure that they are receiving a co-ordinated package of services. The system however is disproportionate to the service the children are receiving.

12.2 We are recommending that a full review of the status of children receiving short breaks is carried out. The review should focus on:

- current practice across the country;
- how we can best support disabled children to live with their families and put in place a system of safeguards which are appropriate and proportionate for children receiving a short break; and
- the development and publication of statutory guidance to assist local authorities in developing good practice.

January 2008

Memorandum submitted by Volunteer Reading Help

SUMMARY

- VRH welcomes the Government's commitment to improving the educational attainment of children in care and to narrow the gaps in outcomes with other children, as reflected in the new performance management framework agreed as part of the Comprehensive Spending Review 2007 process and reiterated in the Children's Plan.
- Given that children in care attain significantly lower levels of reading and writing, it is vital that this vulnerable group are given extra support in this area. Volunteers can play a particular role in improving outcomes for children in care by improving literacy skills but also acting as an independent mentor, who can help them to develop and improve their self-esteem and confidence.
- VRH believes that corporate parents and carers should also be supported in helping looked-after children with their literacy development.
- VRH undertakes significant work and has a successful track record of working with looked after children and is keen to support and participate in any new Government initiatives designed to improve their life chances.

INTRODUCTION

1. Volunteer Reading Help (VRH) is a national charity with almost 2,000 trained volunteers supporting 5,000 children each week in primary schools in England. We recruit and train volunteers to work on a one-to-one basis with disadvantaged and looked after children aged 6-11. Many struggle with reading, lack confidence and self esteem and may have difficult home circumstances. Our trained volunteers act as one-to-one mentors and encourage children to develop their reading and learning skills through their two half an hour sessions with three children twice weekly and commit to working with each child for the whole school year.

CHILDREN IN CARE AND LITERACY

2. The Care Matters Green Paper and subsequent White Paper showed that children in care attain significantly lower levels of reading and writing than other children and recommended that children in care should be particularly targeted in recruitment programmes for literacy, language and numeracy courses. VRH have been delivering personalised learning for over 30 years through our network of volunteers, and believe this kind of support is particularly vital for vulnerable groups such as children in care.

3. Whilst teachers clearly have a key role to play in supporting looked-after children, the role volunteers can play in supporting achievement and social and emotional development should not be underestimated. VRH was encouraged that the Care Matters White Paper saw an explicit role for local authorities to give careful consideration to the contribution of local and national voluntary organisations.

4. VRH undertakes significant work with looked after children and is keen to support and participate in any new Government initiatives designed to improve their life chances. VRH works with looked after children in several local authorities across the country and is keen to expand its network of literacy support to ensure that the funding for looked after children follows them throughout the system.

VRH'S TIME FOR CHILDREN PROGRAMME

5. Time for Children is a project run by VRH with the specific aim of improving the literacy skills and self-esteem of children in care through one-to-one reading support. The project has operated for almost three years and includes comprehensive training for all volunteers, including specific modules on Children in Public Care. We are recruiting a national project manager to enable us to develop this work across all of our locations. We currently provide the service in the North West, parts of the Midlands and Kent.

6. Whilst important for all children, personalisation is particularly important for the learning and development of looked-after children. Fully trained adult volunteers provide regular reading support for children all year round for those in residential units, in foster homes and during term-times at schools. This flexibility ensures there is continuity in the relationship between the child and the volunteer which is vital in the case of looked-after children. Volunteers are drawn from wide backgrounds and wherever possible matched to the children they will be working with. The aim is for the volunteer to become a trusted role model and friend, as well improving educational attainment through increased self-confidence, reading and social skills.

7. In order to further tailor the service to the needs of individual children, VRH developed the innovative idea of working with young people who were having difficulty being reintegrated into school. Having not established any peer friendships, children in this situation were prone to leaving school during free periods and not returning. Before working with the child at school, the volunteer would meet and build up a relationship with the child at home. The volunteer's session would then fill up the free period thus keeping the child at school.

Reach Out and Read

8. VRH has recently developed a training programme called Reach Out and Read (ROAR), for parents and others to learn how to support children with their reading from an early age. The programme has already been undertaken successfully with Sure Start Leeds, and we intend that the programme will ensure that parents and those who wish to support children's literacy skills have all the advice, assistance and guidance that they need. There is significant demand for this service. Programmes such as ROAR might also be used to ensure corporate parents and carers are able to support children in care with reading, particularly given this vulnerable group are particularly affected by poor reading skills.

Gill Astarita
Chief Executive

February 2008

Memorandum submitted by School-Home Support

EXECUTIVE SUMMARY

- Throughout our evidence School-Home Support advocates the early identification, intervention and prevention of problems. We illustrate the effectiveness of our approach with evidence from our work in schools.
- Our recommendations pertain to family and parenting support, improving attendance and reducing exclusions.
- We recommend that the most vulnerable children, young people and parents/carers form a consistent and trusting relationship with an un-timetabled, trained and independent professional who liaises between the home and the school.
- We recommend that a school home link worker is essential for the Designated Teacher to deliver the role in its entirety.
- We recommend that the best practice arises from a whole-school approach to improving attendance and reducing exclusions in which the role of a school home link worker supports the vulnerable young person and his/her parents/carers.

INTRODUCTION

School-Home Support (SHS) works with disadvantaged, vulnerable and disaffected children to help them overcome the barriers that get in the way of their learning. We provide independent, highly-trained workers in schools. Across SHS, specialist support is provided in the following areas:

- school attendance and punctuality;
- transition;

- curriculum support; and
- supporting for families/carers.

SHS currently has workers in 150 schools in 13 London boroughs, five local authorities in Yorkshire and the Humber, and new work starting in Darlington and Nottingham. We were also commissioned by the London Borough of Barking & Dagenham to deliver their Parent Support Advisers pilot in 28 local schools.

Our workers regularly support children in care in schools, and we also run a specialist pilot project funded by the Department of Children, Schools and Families (DCSF) for looked-after children in the London Borough of Southwark, City of York and the East Riding of Yorkshire. This project, running from July 2006 to July 2009, is delivering the following kinds of support to looked after children across a local authority area:

- Support with school organisation and study skills.
- Specific support with literacy or numeracy.
- Help to manage in the classroom and/or playground.
- Development of positive peer relations and friendships.
- Work on behaviour and anger management.
- Support to attend and participate in after-school activities.
- Emotional support.

The pilot project is being independently evaluated and as well as measuring improved outcomes for looked after children and their carers receiving support, the evaluation is also attempting to measure the “added value” of a project led by a voluntary organisation rather than by the local authority. Much of the evidence provided in this submission is based on the interim evaluation findings of this project.

FACTUAL INFORMATION

1. *Family and Parenting Support*

1.1 One of the key recommendations of the *Care Matters: Time for Change* strategy for local authorities is that they should improve their support for parents and carers in order to help children to stay with their families, which is what they want. Early intervention is a fundamental part of this strategy and a key principle of SHS’s work. Our approach recognises that children may experience a range of needs at different times in their lives and all children require access to high quality universal services.

1.2 SHS endorses the recommendation that support has to be sophisticated (Para 2.2) and include “intensive interventions where family difficulties are complex and enduring”. In both our core work, developed over nearly 25 years of working in schools, and in our specialist project we see some children who are at higher risk of poor outcomes. These children with additional needs receive targeted support from services such as education, health, social services. It is at this point that the School-Home Support worker (SHSw), in partnership with the school where they are based, is able to offer interventions that can respond to those additional needs. If this response takes places at an early enough stage this prevents their situation deteriorating.

1.3 “Parents in the general population with lower levels of difficulty wanted services to be accessible, professional, responsive and respectful” (Para 2.17). These are often the parents/carers that SHSws and Parent Support Advisers (PSAs) often work with. Key to our approach is building a mutually respectful relationship—a partnership. From this basis we are able to work in a supportive, albeit challenging, way. We focus on the strengths the parent/carer brings and on building their resources.¹

With a mutually respectful relationship in place we can tackle difficult issues together, offering and supporting parents in options and choices to resolve them—doing things with them, not to them. We recognise that many parents have had poor experiences of parenting themselves and do need to learn strategies and skills to ensure their children have the opportunity to achieve their potential. To get the best results we focus on what is important to them, while making sure that the needs of their children are being addressed.

1.4 We use a wide range of strategies and models, selecting the most appropriate for the particular situation. We concentrate on trying to find a favourable balance between stressful life events and protective resources. Examples of our approaches:

- Decreasing exposure to adversity—risk orientated approaches: these can include keeping safe programmes; how to deal with bullying; prevention of teenage pregnancy.
- Augmenting protective factors using asset based approaches eg school readiness programme; friendship groups; breakfast clubs; parenting groups; transition programmes.

Our response to the needs of children and their families is based on their needs, we can respond creatively and flexibly because of our non-statutory role.

¹ Working in Partnership with Parents, Hilton *et al* 2002.

1.5 An outcome of our project is “for carers of looked after children to be better able to support their child’s learning in a consistent and sustained way”. The evaluators have found after one year that:

“SHS workers can play an important role in liaising between the carers and school and between the carers and social services. One foster carer described the SHS worker as acting as a ‘bridge’ with both teachers and social services”.

2. Education

2.1 Typically, in our pilot project “the children and young people are receiving one-to-one input from SHSws either in school or at home. This is usually for one hour per week or fortnight, occasionally twice a week” (Project Evaluation, McNeish D and Percy-Smith J, 2007).

2.2 Schools valued the “consistency and reliability” of the SHSws. The evaluators found that effective communication is vital where the SHSw is only one of many professionals involved with the child.

One case study noted that one of the children in the project:

“...has made good progress in relation to reading, one of the issues that the SHS intervention was designed to address. His recent school report was very good with good scores for effort and behaviour; he has not been excluded at all.”

Another case study, about twin boys, notes:

“(the) boys have made good progress and, if the current rate of progress continues, they should be on track to achieve level 4 in all subjects at key stage 2. Perhaps more significantly is the fact that when they arrived at the school they were at risk of exclusion; now that is not the case. The SHS worker has worked to find solutions to particular problems. For example a number of behavioural issues arose because the boys found it hard to behave appropriately when faced with unstructured time such as school lunch break. As a result the SHS worker organised for them to attend a lunch club. The SHS worker has actively supported the foster carers both in their dealings with the school and with the social worker especially over contact arrangements with the mother.”

2.3 Our evaluators have identified the problem of multiple professional involvement in the care of looked after children and SHS believes that when the role of Designated Teacher put onto a statutory footing this may help to address the problem (see point 2.2).

The SHSw could have an important role in supporting the Designated Teacher. This could include carrying out some of the suggested duties (eg Home-school links) as recommended by Dame Pat Collarbone’s working group.

The SHSw is well placed to be the member of staff recommended in Para 4.41 “who is able to coordinate a package of support that best helps that pupil” because he/she may well have the best relationship with both the child and the parent or foster carer. Our evaluation report found that: “a number of case study children commented on how much they enjoyed their time with their SHS worker” however the evaluation also noted “it takes time to build up the trusting relationships needed for the work to make a difference to outcomes”.

2.4 Our evaluation report found that “where the relationship between the School Home Support worker (and the school) is effective then the feedback from the school has been extremely positive”. In one of the case studies the input from the SHSw was described as “invaluable”. The report says: “Effective communication is often easier within the primary school setting; in the larger and more complex environment of the secondary school this can be more of a challenge but can be facilitated where there is a specific liaison teacher...with whom the SHS worker can liaise”.

3. Attendance and Exclusions

3.1 Increasing attendance and reducing exclusions are areas of specific expertise for SHS. Our experience shows that strategies for addressing these issues are at their most effective when they are a part of a whole-school policy with whole school (all staff) commitment, rather than targeting specific groups of vulnerable children (ie looked after children). Some of the whole-school strategies our SHSws use are:

- Ongoing monitoring of registers, “meeting and greeting” in the playground, and tackling late arrivals.
- 1st day of absence home contact.
- Talking directly to older children about issues of attendance.
- Running attendance clubs for younger children, including the use of certificates, cups and other rewards given at assemblies for improvement.
- Congratulations letters to parents and carers, no matter how small the progress.

3.2 SHS is working in partnership with the London Borough of Islington, where the primary schools in 2005–06 had the highest rate of absenteeism in the country: 7.3%, compared to an average of 5.6% in inner London. The Head of Education Welfare and Social Work, Ian Norman-Bruce says, “It has a team approach. The EWOs take on the hard core cases, while the SHS is seen as more approachable, building trust with a family.”

3.3 Activities have included a conference, to which primary head teachers were invited where SHS explained the strategies for boosting attendance that did and did not work and the establishment of a primary accountability board. This includes professionals from education welfare, learning mentors, extended schools, the police, the school improvement team and SHS staff. The board meets regularly and provides an opportunity to compare experiences among different services, looking at what each is doing to support attendance. No more than five schools are discussed at each meeting.

3.4 Exclusions can be averted via a number of early intervention strategies that can prevent situations developing that might lead to behaviour that warrants exclusion (see 1.4 above). Children in care in mainstream education are not picked out but are with a range of children or young people who are thought by their teachers and/or their parents/carers or themselves to be likely to benefit from these sorts of groups.

4. *Conclusions*

4.1 SHS work has been independently evaluated and, as well as successfully encouraging young people’s aspirations, was found to make sound economic sense. New Philanthropy Capital’s report, (Brookes M, Goodall E, Heady L, (2007) *Misspent Youth*) says, “School-Home Support’s . . . approach is tailored to the needs of children but can include addressing problems at home such as domestic violence or substance abuse, tackling behavioural problems and improving self-esteem. Research shows that this type of work can reduce exclusions by 25%. It is not possible to identify with certainty which pupils will go on to be excluded, so School-Home Support works with a broad range of children. The cost of successfully preventing exclusion works out at £28,555. For every £1 spent on School-Home Support, there is a net saving of £1.24. For all preventable exclusions, this represents a net saving of £90 million per annum”.

4.2 Our holistic, child-centred approach works to support the most disadvantaged children and their families. In particular, the forming of a relationship with an adult (who is not a teacher) in school is recommended as helpful for all vulnerable children and particularly for children in care. It is this that delivers the practical and emotional support that external evaluation has found to be so effective.

5. *Recommendations for action*

5.1 A known, trusted adult is a vital conduit between school and home for children in care and their foster carers.

5.2 We recommend that government ensure that unmet school home link workers are available to support all vulnerable children, including children in care and their foster carers.

5.3 We also recommend that all such school home link workers receive appropriate professional training that meets the national occupational standards set by the Children’s Workforce Development Council, Parenting UK and the TDA (Training Development Agency). For example, SHS provides training to a wide range of school staff from teaching assistants and office staff, to head teachers and extended schools coordinators.

5.4 We recommend that school home link workers can support the Designated Teacher in providing a link between the children, foster carers, social workers and schools.

5.5 We recommend that whole-school, multi-agency approaches to improving attendance and reducing exclusions will work for all children and young people.

February 2008

Memorandum submitted by the Association of Child Psychotherapists (ACP)

SUMMARY

1. The Association of Child Psychotherapists (ACP) is the independent professional body for the training and regulation of child and adolescent psychotherapists in the UK. It is recognised by the Department of Health (see Appendix for more about the ACP).

2. The ACP welcomes the inquiry of the Children, Schools and Families Committee into the government’s proposals to improve the care of looked-after children and the opportunity to submit evidence. We recognise that more resources are being made available to ensure that this vulnerable group

of children and young people have access to educational opportunities. However, it is also crucial that there is understanding and treatment of the mental health and emotional difficulties that can prevent children from taking up the opportunities they are offered.

3. This response is informed by child psychotherapists' extensive experience of work with children, young people and the professional networks around them.

4. Three key themes underpin the ACP's thinking about social care provision for children and young people in care. Each is introduced here and explained in further detail below.

(A) EMOTIONAL UNDERSTANDING IS CENTRAL TO CARE

5. All looked-after children have experienced family breakdown and many have suffered neglect or abuse. The ACP believes that understanding the impact of experience on children's mental health and emotional well-being is central to their care. Untreated mental health difficulties and psychosocial problems can lead to learning difficulties which prevent children from being able to access educational opportunity.

(B) CHILDREN AND THEIR CARERS NEED STABILITY

6. The ACP believes that stability and predictability in relationships are fundamental to ensuring positive outcomes for children in care. We need to ensure that children have stability so that they are able to form supportive emotional attachments with their carers and make use of educational provision and opportunities. The quality and continuity of children's relationships with carers and social workers is central to their recovery and future development.

(C) COMPLEX NEEDS REQUIRE SPECIALIST SERVICES

7. The complex mental health needs of children in care are best met by specialist multi-disciplinary teams of highly qualified, experienced professionals working alongside social services and mainstream CAMHS.

Why do looked-after children and young people have such poor outcomes?

8. The effects of abuse and neglect that two-thirds of looked-after children and young people enter care with lead to a high incidence of mental health difficulties and placement breakdowns, which have profound impacts on their development.^{1,2} Mental health problems in children who are in care are four times higher than in the general population.³

9. The symptoms presented by this group of children are serious. They include chronic depression and anxiety, attachment disorders, low self esteem, obsessive-compulsive disorders, soiling or smearing of faeces, sexualised preoccupations and sexual activity, volatile mood changes, aggression and defiance. Many looked-after children reject help, leaving their carers feeling helpless and useless.

10. Children who have been in care account for up to a third of rough sleepers and a quarter of adults in prison.⁴ Childhood conduct disorders cost the economy in excess of £3,000⁵ per year per child and this escalates to £70,000 as the young person reaches adulthood.⁶

11. Many children survive adverse early experiences by forming psychological defences.⁷ They may retreat behind a protective shell, becoming withdrawn and cut off from emotional life and development; or they may become hyperactive, too busy to think or feel. Some children become identified with the person who hurts or deprives them. This can lead in turn to future abusive behaviour. These maladaptive defences, if untreated, can make it impossible to trust, accept help, or learn.

12. Understanding the detail of each child's history helps to make meaning of their disturbed behaviour. For many children, the process of finding meaning is like a lifeline that allows them to connect with others and to reconnect with their own minds. Research in neuroscience and attachment shows how making meaning is central to emotional and cognitive development.^{8,9,10}

What do child psychotherapists do to improve outcomes for looked-after children and young people?

Support for carers and teachers

13. Child psychotherapists support foster carers and teachers to understand and manage the range of difficulties that children in care bring to family and school life. This facilitates more stable placements and reduces school exclusions. We know from research that the more stable foster placements are, the better the outcomes in all areas of life.¹¹

Facilitating understanding of difficult behaviour

14. Distorted ways of responding to carers are often repetitions of patterns developed in earlier neglectful and abusive situations.

15. Child psychotherapists use their training in observation, child development, and psychodynamic theory and practice to help carers understand the emotional meaning behind a defiant or dismissive front and to reach the vulnerable child behind the defence.¹²

Work in schools

16. Child psychotherapists also carry out observations and consultations in schools, and work with teachers to find ways of supporting children so that they can manage the classroom setting. This reduces school exclusion and facilitates take-up of educational opportunity.

Assessment and treatment

17. Child psychotherapists assess children's individual needs for treatment and provide psychotherapy which can last between six months for children in transition up to two years or more. This slow, careful work allows children gradually to find new ways of coping that allows them to learn, trust, and form new relationships.¹³

CAMHS and specialist CAMHS

18. Child psychotherapists are core members of multidisciplinary CAMHS teams providing specialist assessment and treatment for children and young people in care. About a third of the children referred to child psychotherapists have already received other interventions that have failed to lessen their distress or change their behaviour.¹⁴ Specialist CAMHS work closely with related professionals such as looked-after children's nurses to coordinate care for conditions where physical and mental health needs are interconnected, such as eating disorders, wetting and soiling, risky acting-out, alcohol consumption and substance misuse.

Training and supervision

19. Along with colleagues in adult psychiatry and psychotherapy, psychology and social work, child psychotherapists provide training and reflective supervision for staff in social work, schools, residential care and Connexions. Child psychotherapists help to reduce illness and turnover among staff who deal with disturbed and disturbing children on a day-to-day basis, by offering psychological support and reflective consultation.¹⁵ Retention of quality staff who are emotionally invested in their work and are able to tolerate and respond effectively to young people's needs helps to provide the continuity that children in care need.

Research

20. Child psychotherapists also carry out research in order to continuously develop and extend the wide range of clinical applications of child psychotherapy.¹⁶

How can looked-after children and young people be better cared for?

21. Earlier, this document introduced the three key themes that underpin the ACP's thinking about social care provision for looked-after children and young people. Here they are explained in further detail.

(A) EMOTIONAL UNDERSTANDING IS CENTRAL TO CARE

22. Mental health problems in children who are in care are four times higher than in the general population.¹⁷ Among children in care, 28% have a statement of special educational needs compared with three per cent of all children.¹⁸

23. Critical to addressing children's mental health issues is a thorough understanding of the psychological processes at work. For children and young people who have experienced family breakdown, the professionals working with them in different areas of their lives have to join together like parents to carry out their responsibilities. Unless these complex dynamics are recognised and addressed, the disturbance and distress of family breakdown can impede effective working between professionals and agencies around the child.

24. From this perspective we recommend that Independent Reviewing Officers have substantial experience and training from mental health professionals, including child psychotherapists, in understanding the complex dynamics around broken families and mental health difficulty.

25. The ACP regrets the omission from the Bill of an emphasis on the mental health and emotional needs of looked-after children and young people. We agree that their educational and life outcomes must be improved. We think this will best be done by integrating mental health with educational, health and social work provision.

26. Child death enquiries have repeatedly found that breakdowns in communication have prevented action from being taken even when children are visibly at risk. However, despite some areas of good practice, services have become increasingly fragmented as the NHS and Social Services have come to operate in competitive market conditions.¹⁹ The findings of child death enquiries need to be linked to policy so that there can be learning from experience. Like research, policy in this area needs to be “experience-near”, so that deficits in understanding are not repeated at the cost of the most vulnerable children and families in our society. This means building better relationships between practitioners and policy-makers. The ACP welcomes the opportunity afforded by this Bill to enter into closer dialogue with government.

(B) CHILDREN AND THEIR CARERS NEED STABILITY

27. The ACP believes that stability and predictability in relationships are fundamental to ensuring positive outcomes for children in care. We need to ensure that children have stability so that they are able to form supportive emotional attachments with their carers and make use of educational provision and opportunities. The quality and continuity of relationships with carers and social workers is central to recovery and future development.

28. Therefore, services for children in care need to be stable and sustained so that children have enough continuity in their relationships to form a secure base from which to develop and thrive. At a stage when continuity is what is most needed, many children in care have to manage repeated and damaging relationship endings.

29. Stable relationships can only be provided by organisations with stable staffing. The Bill’s envisaged framework of “delegated provision” risks adding to the complexity and potential for fragmentation between agencies working to support children. There is a danger that children’s fundamental need for continuity in their primary relationships—with foster carers and social workers—will be lost sight of in a plethora of new organisations and procedures. Rigorous monitoring of the Bill’s provisions for delegated services will be needed to evaluate its effects on continuity of professionals and placements for looked-after children and young people.

30. The Bill envisages an enhanced role for the Independent Reviewing Officer (IRO). We agree that a more clearly designated co-ordination role is needed to facilitate effective joint working between professionals working with children and young people in care—who can number over 45 for a single child.²⁰ The IROs will need to work closely alongside CAMHS and specialist CAMHS. They will need to be well-qualified practitioners with relevant recent experience.

31. The individual emotional and developmental needs of children and young people should be central to placement planning. While for many children, in-borough placements may offer continuity, there are a proportion of children for whom a move away from warring or enmeshed birth-family relationships may offer their only realistic chance of developing their own identity and potential. Other children may need specialist residential care not available in most boroughs.

32. The Bill revisits arrangements for children placed with family and friends. Research has shown that these carers are often older, poorer, in poorer health and have worse housing than non-related foster carers. It is important therefore that there is careful assessment of these placements to ensure that they best meet each child’s emotional and developmental needs. Financial, therapeutic and social work support for kinship carers should be on a par with that for non-related carers, to enable them to care for children who would otherwise be the responsibility of the local authority.²¹

33. While ethnic and cultural matching is desirable for all children, individual needs and circumstances should be assessed on a case-by-case basis. Children at risk of later mental health and emotional difficulties have a primary need for emotional continuity. Important as ethnic and cultural factors are, they should not be the primary basis for placement decisions for children vulnerable to attachment disorders.²²

34. Stable and continuous services are needed to provide a context for audit, follow-up and research to add to the evidence base for therapeutic work with looked-after children and young people, thus ensuring continuous service development and improvement. Investment is needed in high-quality, experience-near research, audit and follow-up studies to further develop a robust and relevant evidence base.

(C) COMPLEX NEEDS REQUIRE SPECIALIST SERVICES

35. The complex mental health needs of children in care are best met by specialist multi-disciplinary teams of highly qualified, experienced professionals working alongside social services and mainstream CAMHS.

36. For those children who do not have access to appropriate services, their emotional and mental health difficulties can have lasting and damaging consequences. It has been estimated that 90% of children who have experienced sexual abuse receive no substantial support.²³ Untreated children who suffer from abuse—

up to 60% of those who enter care—can be at increased risk of depression, post-traumatic stress disorder, relationship difficulties and attachment disorders, risky behaviour and negative self-image and attitudes towards other people.²⁴

37. However, access to services across England is patchy. In the North of England, for example, 35 out of 50 Primary Care Trusts (PCTs) do not commission child and adolescent psychotherapy.²⁵ This means that over three out of five children in the North do not have access to this service.²⁶ Further, it has been estimated that 45% of the psychotherapy workforce is based in Greater London.²⁷ The ACP believes that there should be 1.3 per child psychotherapists per 100,000 of the general population or 1 per 10,000 of the under 19 population to ensure adequate access for children and young people across the country.

38. Looked-after children now have priority for school places and this has made a significant difference to their educational attainment. However the situation with regard to their mental health needs is very different. Many, perhaps the majority, of looked-after children do not receive the treatment they need. Most mainstream CAMHS cannot provide treatment for children during court proceedings or while awaiting long-term placement, adoption or rehabilitation. This is a period when a therapeutic intervention can make a crucial difference.

39. Following the recommendations of Lord Laming, many Local Authorities have set up designated multi-disciplinary mental health teams for looked-after children.²⁸ In order to meet the complex needs of this vulnerable client group, these services provide multi-systemic interventions in line with findings from child development research and attachment theory that children's paramount need is for secure, continuous and stable relationships.

40. These services provide fast response multi-disciplinary assessment; placement support; treatment including psychotherapy for children in transition; consultation to carers, social workers and professional networks; training, audit and research.²⁹ These specialist services are responsive to local contexts and work within or alongside social services. There is substantial variation across regions in the provision of these services. Emerging good practice in this area needs to be built on.³⁰ Good practice guidelines should be drawn up by existing specialist CAMHS to inform development of services across the country so that there is equity of opportunity for children irrespective of location.

41. Specialist CAMHS provision should also be developed for “children in need” or children on the edge of care. Resources need to be made available so that these vulnerable children and families are not denied services. Specialist assessment is needed to identify those children who can safely remain with their family given the right support, and those children whose emotional or physical welfare can only be ensured by taking them into care. Currently, specialist services for this high-risk population are under-developed or non-existent. These families struggle to access mainstream CAMHS and rarely have the opportunity of specialist help.

42. We endorse the view that the needs and wishes of the child or young person should be paramount in care planning. However, we know from clinical experience that children who have been subjected to severe neglect, deprivation and abuse are often unable to make informed decisions about their care. Many children cling to abusive carers and would not choose to leave them. Only when they have been able to settle in foster care are they able to recognise that a different kind of life is possible. Child psychotherapists have an important role in assessing children and families where there are serious child protection issues, and in providing treatment once children are in new placements.³¹ Children's expressed wishes should be acknowledged and taken into account, but should not determine care planning.

43. Increasingly, child psychotherapists are playing a role as expert witnesses in specialist assessments for court where complex issues to be investigated include the degree of significant harm suffered by the child, the child's emotional, social, psychological, educational and therapeutic needs, the relationship between the child and each birth parent and other family members, the relationship between the siblings. Often these children are caught in a conflict of loyalties, and whilst they may state in words their wish to return to their birth family, what lies beneath the surface is communication (often in the form of play or drawings) that contradicts the words. They can show how they are only too aware that, sadly, their parents are not able to prioritise their children's needs over their own.³²

44. Child psychotherapists make recommendations that can be useful for making decisions about permanency for judges in the family courts and also for adoption panels when matching takes place. They also advise on issues relating to contact with family members, and can consult to family centre workers who supervise contact sessions so that the effect of the contact on each child can be carefully thought about. Contact sessions can have a destabilising effect on placements, but can also, when they go well, be of benefit to the child. Social Services colleagues often need help assessing the quality of the contact in terms of its effect on the child—leading up to contact visits, as well as the effects after the contact. More resources and specialist training are needed to develop and extend this work.

CONCLUSIONS

45. The ACP welcomes the government's intention to extend local authorities' duties to young people in custody and in residential placements.

46. The ACP applauds the government's proposals to extend provision for young people leaving care. Current policy expects our society's least equipped young people to be the most "independent", at an age when most young people are in regular contact with their families.

February 2008

APPENDIX A

ASSOCIATION OF CHILD PSYCHOTHERAPISTS

The Association of Child Psychotherapists (ACP) is the independent professional body for the training and regulation of child and adolescent psychotherapists in the UK. It is recognised by the Department of Health.

Its principal objectives are to achieve excellence in child psychotherapy education, training and research, and to increase the availability of child and adolescent psychotherapy throughout the UK.

Founded in 1949, the Association has 765 members who work in a wide range of public settings including schools, hospitals, Sure Start provision, CAMHS and specialist CAMHS for looked-after children and young people, as well as in private practice. Most child psychotherapists work in multi-disciplinary teams and many provide training and supervision for colleagues in Social Services, education and health.

The six-year practice-based doctoral level training of child and adolescent psychotherapists gives them a unique insight into the emotional and psychological world of children. Their training is based on the detailed observation and study of child development and of conscious and unconscious communication¹. Their work is informed by a broad evidence base, multi-disciplinary teamwork and specialised clinical experience.

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Memorandum submitted by Qualifications and Curriculum Authority (QCA)

EXECUTIVE SUMMARY

Looked after children and young people deserve the very best education. QCA has a responsibility to ensure that opportunities exist, in terms of support, guidance and resources for schools, for them to enable pupils to excel as successful learners, confident individuals and responsible citizens. Therefore, it is important that those involved with looked after children think about a big picture of the curriculum rather than fragmented areas that may leave them feeling excluded from the education system and society.

1. *A Big Picture of the Curriculum*

1.1 A big picture of the curriculum provides a coherent framework for the education of all children and young people and has particular relevance for the education of looked after children. It aims to help those concerned with schools (teachers, governors, parents and others) to develop all children and young people into successful learners, confident individuals and responsible citizens whatever their personal circumstances. Looked after children tend not to do well in the education system but this should not be the case. The structure is set out in “a big Picture of the Curriculum” which is attached at Appendix 1.²

1.2 The Every Child Matters agenda is now well understood. The five outcomes for children are widely acknowledged and agreed by professionals as relevant and appropriate and they are built into a big picture of the curriculum. There is recognition that all services need to work in harmony to ensure the five outcomes become a reality for children’s lives. Schools are seen as pivotal in delivering this agenda, as they are a universal service. As such, interventions designed to increase personal effectiveness, resilience and protective factors that can be delivered through the curriculum are cost effective, non-stigmatising and are able to be built on throughout the child’s connection with the curriculum.

1.3 A big picture was constructed to support thinking about curriculum organisation. The curriculum presents an opportunity to bring together the areas relating to children’s social and emotional development through its emphasis on the “deep structure” of learning and the broader contexts in which children learn. A big picture provides a common language and frame of reference for all those working with children and young people either in formal educational settings, youth clubs, or other activities. It identifies the components of learning and recognises that learning does not only happen in school. Learning takes place through lessons, routines, events, extended hours, a range of locations and out of school. The new national curriculum can influence and structure the learning that goes on in all of these contexts, and not only those that take place in formal education.

² Not printed.

1.4 The curriculum is an entire planned learning experience, underpinned by a broad set of common values and purposes. It will secure improved attainment and improved standards, better behaviour and attendance, civic participation, healthy lifestyle choices and further involvement in education employment or training. The national curriculum has statutory aims, which are to enable all young people to become successful learners, responsible citizens and confident individuals. It has been designed to broaden the scope of education beyond the traditional narrow focus on subjects and to incorporate issues such as globalisation, creativity and sustainability throughout. It allows links between subjects to be made so that pupils see coherence to their learning. This makes learning relevant to pupils and helps them to see how their experiences are influenced by what goes on around them and how they can influence those processes. It is clear from the curriculum that the social and emotional aspects of a child's development are a fundamental part of education. The Every Child Matters outcomes are embedded in the structure of the curriculum. It provides the framework for the promotion of wellbeing, the construction of protective factors and resilience in the individual and improving employability.

1.5 A big picture of the curriculum demonstrates the complexity of the learning experience for the child and shows how these are interlinked and co-dependent. By age seven, gaps in social abilities have emerged between socio-economic groups, as well as distinct differences in academic achievement. This leads to a vicious circle—poor achievement leads to low self-esteem which leads to poor behaviour. QCA has set up a personal development reference group that brings all appropriate stakeholders together to discuss the best way to engage with this issue in schools. It has ensured that the delivery of the new secondary curriculum is strongly influenced by the social and emotional aspects of learning. Schools have received enthusiastically the new secondary curriculum, largely because it adopts a holistic approach to the experience of the child as a learner, rather than a recipient of information.

2. *Looked After Children*

2.1 Looked after children often have to move schools repeatedly throughout their education which is extremely disruptive. Every effort should be made to ensure that moves are limited so they have continuity in their lives. When they do remain settled in a school or college for a long period they say that it is the one stable part of their lives, yet they remain an underachieving group as far as school attainment is concerned. Looked after children need extra support to become successful learners, confident individuals and responsible citizens. They need support from teachers, learning mentors, instructors and support staff as well as people outside the school environment (eg foster parents) to ensure that they have the chance to fulfil their potential, whether in a mainstream school or otherwise. A big picture of the curriculum encourages a broad range of learning approaches, from extended hours to activities beyond the classroom and school, which is particularly significant for looked after children. It is important that children in care are made aware of the choice and accessibility of libraries, museums, galleries, leisure centres, youth clubs, play schemes and other opportunities for broader learning. This would allow them access to the same type of “informal learning” as other children who may be taken by a family member to such opportunities.

2.2 A big picture of the curriculum could be used in the training of foster parents and other carers (such as those in residential homes) to demonstrate the importance of providing looked after children with a broad experience of education through a range of routines, locations and environments. The framework, along with guidance from government and partners, will enable them to identify and implement successful learning opportunities and experiences for children outside the classroom and formal educational settings. For example the leaning to cook family meals or how to look after a younger child, perhaps on a trip to the local park.

2.3 Good schools have, in recent years, seen their role as provider of learning experiences in a wider context than previously. There is recognition that the school should be the “broker of learning”, harmonising resource around the varying needs of children within the school and creating a more personal agenda to meet the needs of every child. There is also recognition that by working flexibly with time, space and people, and bringing together the twin agendas of workforce reform and extended schooling, there is the capacity to support and enrich lives of all young people and communities.

2.4 It is recognised that looked after children are much more likely to leave school at the age of 16 and become part of the not in education, employment or training (NEET) group at 19. The greater diversity in the curriculum, with the diploma and apprenticeships, will offer extra choice and encourage more looked after children to remain in education beyond 16. Diplomas will provide greater opportunity for young people to discover a subject area that inspires and motivates them. Apprenticeships also enable young people to earn whilst learning new skills and may be attractive to those young people who are ready to leave the care system to become independent adults.

2.5 Diplomas will bring an innovative approach to learning. They enable learning in a range of widely applicable skills and knowledge and enable students to gain knowledge, understanding and hands-on experience of employment sectors that interest them, while putting new skills into practice. For example, as part of an engineering Diploma, learners will have the opportunity to study physics and have direct involvement with how physics is applied in the workplace through a project in a local engineering company. The result will be more engaged and enthusiastic learners who understand the purpose of what they are

learning, as they see their newly acquired knowledge and skills in action. Diplomas will also extend the environments in which young people study –schools and colleges will have to collaborate to deliver the qualification and there will be opportunities for learning in a real workplace.

2.6 A big picture of the curriculum incorporates the Every Child Matters outcomes and provides a framework of support so all young people can enjoy learning and achieve, lead safe, healthy and fulfilling lives and make a positive contribution to society. The average child in the UK leaves the parental home at the age of 24. However, young people in care tend to leave the system and live independently much earlier, many at the age of 16. Therefore, the ability to make healthy lifestyle choices is particularly important. “Be healthy” is an outcome of the Every Child Matters agenda and incorporates guidance and advice on, for example, sex and relationships and healthy eating. These components are fundamental as looked after children may not have experienced stable long term relationships due to a number of factors, including moving to different homes throughout their childhood. They may also need extra guidance on, for example, healthy eating to ensure they have the tools to take care of themselves and lead healthy lives. Further to this, looked after children are often carers themselves (eg for younger or disabled siblings) therefore they need effective support networks and resources to continue to participate successfully in education and in society.

2.7 Taught subjects such as Personal, Social and Health education (PSHE) and Citizenship can assist all children, including those who are looked after, to live fulfilling, independent lives and contribute positively to society. It deals with many real life issues young people face as they grow up, which can be significant for any child especially for those in care. It gives them the knowledge and skills needed to lead healthy and responsible lives as confident individuals and members of society. The programmes of study for PSHE are based on the Every Child Matters outcomes and build on the existing frameworks and guidelines in these areas.

2.8 Citizenship is also significant as it can help children and young people develop a sense of self-worth and personal identity. It also encourages all children to accept people from diverse backgrounds and encourages respect for different identities. It equips pupils to engage critically with and explore diverse ideas, beliefs and cultures and the values we share as citizens in the UK. Citizenship also addresses issues relating to social justice, human rights, community cohesion and global interdependence, and encourages pupils to challenge injustice, inequalities and discrimination.

2.9 A big picture of the curriculum recognises the growing diversity of society in this country and is linked to the wider equalities agenda. Looked after children might be newly arrived, SEN, gifted and talented, disabled and so on. Moreover, they are likely to be in more than one “category”. Children in care, for example, have a disproportionate level of special educational needs. The curriculum framework has been designed to inspire and challenge all learners and prepare them for the future. Inclusion is about the active presence, participation and achievement of all pupils in a meaningful and relevant set of learning experiences. Some of these experiences will come from the national curriculum; others, equally important, will come from the wider curriculum in and beyond the classroom. An effective inclusive school needs to adopt a whole-school approach to the curriculum. One of the main purposes of the whole-school curriculum will be to establish the entitlement to a range of high-quality teaching and learning experiences, irrespective of social background, culture, race, gender, differences in ability and disabilities.

2.10 The Gilbert report on personalised learning refers to the importance of schools developing the so called soft skills in young people which are the characteristics that employers value in their employees such as good oral communication skills; reliability, punctuality and perseverance; the ability to work as part of a team; knowing how to evaluate information critically; being able to manage and be responsible for ones own learning and develop the habits of effective learning; the ability to work independently without close supervision; the ability and confidence to investigate problems and find solutions; resilience in the face of difficulties; being creative, inventive, enterprising and entrepreneurial. These skills are not only valuable in the world of work: they are also essential to life as a citizen in the 21st century. These skills can only be fully developed if the young person has a secure social and emotional base and a “vocabulary” to help them negotiate their way around these prerequisites for employment.

2.11 Personalised learning puts children and their needs first. This is important for looked after children and their engagement with education and the entire curriculum process. Greater personalised teaching and learning, supported by a more flexible and engaging curriculum, offers opportunities to develop critical personal, social and emotional skills and develop the knowledge and understanding required to be active and responsible citizens. This is key to ensure looked after children feel a part of the education system, not excluded from it, and as a result achieve their full potential and go on to lead fulfilling lives.

2.12 It is essential that looked after children have the secure support, active involvement and full understanding of those who care for them in relation to their education. A big picture of the curriculum provides a frame of reference for this which has resonance not only in formal educational settings but in a range of environments and opportunities for children and young people such as youth groups, sports teams. It has an invaluable role to play in the lives of looked after children.

Mick Waters
Director of Curriculum

February 2008

Memorandum submitted by Christine Gilbert CBE, Her Majesty's Chief Inspector Ofsted

INTRODUCTION

1. The Office for Standards in Education, Children's Services and Skills is a new organisation, established on 1 April 2007 and built on the strengths of four predecessor inspectorates. The reach of the new inspectorate is extensive. It brings together the regulation and inspection of day care and children's social care and the inspection of local authority children's services, schools, colleges, initial teacher training, work-based learning, Children and Family Court Advisory and Support Services, adult education and more. At least one person in three in England makes use of the services Ofsted inspects or regulates.

2. The Education and Inspections Act 2006, which established the new Ofsted, sets out three overriding considerations to underpin the work of Ofsted:

- (a) To promote improvement in the services we inspect or regulate.
- (b) To ensure that these services focus on the interests of the children, parents, adult learners and employers who use them.
- (c) To make sure that these services are efficient and effective.

3. On 1 January 2008, Ofsted held responsibility for the inspection of 276 independent fostering agencies, 140 local authority fostering agencies and 2000 children's homes in England.

4. Ofsted has lead responsibility for the integrated inspection of children's services, Joint Area Reviews (JAR) and for the annual performance assessment of 150 local authority children's services. The methodology underpinning JARs was modified from 1 April 2007 to increase the focus on the most vulnerable children and young people, including those who are looked after.

SUMMARY

5. This submission informs the Select Committee Inquiry on Looked After Children scheduled for February 2008. The inquiry seeks firstly to examine the provisions of the Children and Young Persons Bill, consider the extent to which the Bill reflects the outcome of the consultation process, and make recommendations for amendment where appropriate; and secondly, examine provision for looked-after children more widely in the context of the *Care Matters: Time for Change* White Paper and the Government's proposals for change on:

- corporate parenting;
- family and parenting support;
- care placements;
- education;
- health and wellbeing;
- transition to adulthood; and
- role of the practitioner (including training and workforce development).

6. The response is based on the evidence gathered by Ofsted through its inspection, review and annual performance processes notably:

- Joint Area Reviews conducted between November 2005 and December 2007.
- 2007 Annual Performance Assessments of 150 councils.
- Performance data for children's service—Appendix 1.
- 1,632 inspections of children's services conducted in accordance with the Care Standards Act 2000 between 1 April 2007 and 31 December 2007.
- Inspection of Cafcass East Midlands region conducted in 2007.
- Reports of the Children's Rights Director produced between 2006 and 2007.

7. Between the period from April 2007 to January 2008, 27 JARs have been completed under the new methodology. These judged services for looked after children to be outstanding in three areas, good in 18 areas, adequate in five areas and inadequate in one area.

8. The number of looked after children, measured per 10,000 population under 18, has increased slightly over the past seven years but has stabilised over the past three years. In 2000–01 the rate was 52.6, rising to 54.6 in 2006–07. The rate peaked in 2003–04 to 55.2 and has remained constant from 2005–06 to 2006–07. However, this national data masks considerable variation across regions. North West, West Midlands and outer London regions show significant increases over this period. East Midlands, South East, South West and Inner London regions all show a decrease. The rate within Inner London region is reducing but remains significantly higher than elsewhere.

9. Evidence from regulatory inspections, joint areas review and annual performance assessment shows that:

- Corporate parenting is increasingly effective in most areas.
- Family and parenting support is increasingly accessible and effective but is yet to make a significant impact on numbers of looked after children and young people.
- Processes to secure the number of placements to meet the local needs of children and young people have been strengthened in most areas with some impact on placement stability. However choice and consistency in the quality of placements are areas for concern.
- The quality of fostering services and of children's homes is inconsistent and 10% of all provision does not meet the national minimum standards and regulations for safeguarding children and young people. These impact directly on the health and safety of children within these settings.
- The stability of placements is improving overall.
- Planning arrangements for individual children and young people are satisfactory overall but vary from outstanding to inadequate.
- The quality of Children's guardians' practice in care related proceedings is variable, with some front line practice judged inadequate.
- Arrangements to engage and support the education of looked after children and young people have been strengthened in most areas but are yet to make sufficient impact on raising their attainment and attendance levels. Virtual schools for looked after children are emerging but it is too early to judge whether these can deliver sustained improvements nationally.
- Processes for monitoring the health and wellbeing of looked after children have improved in nearly all areas but these are not always leading to improvements in outcomes. One in five regulatory inspections of children's homes result in requirements to improve the quality of provision for their treatment and health care.
- Arrangements for preparing and helping young people to leave care have improved and are satisfactory or better in nearly all areas. However safe accommodation for care leavers remains a concern.
- The quality of front line social work practice across the range of provision for looked after children is adequate or better in nearly all areas. However, it is of concern that in a few areas it remains inadequate and impacts adversely on the experience and well being of looked after children and young people.

CONCLUSION

10. Both regulatory and service inspections show that strategic arrangements across agencies and processes for the care of looked after children and young people are improving overall. However, this masks inconsistencies within and across areas in the implementation of current policy and guidance resulting in one in ten children receiving an inadequate quality of care.

11. A key feature of services for looked after children which are judged to be outstanding is that they do all the important things well that impact directly on the experience of parenting for children and young people. This spans the range of national minimum standards, regulation and guidance relating to assessment, care planning, health care, education support and day-to-day personal care which directly affect the experiences of looked after children and young people. Doing some things well is not good enough. This is relevant to future inspection methodologies and in particular to judgements.

12. The evidence from inspections suggests that current arrangements for the corporate parenting function are effective where they are implemented fully, where Members across the council are engaged and demonstrate a commitment and understanding, and address all aspects of provision for looked after children and young people. However, the variation in performance is significant and supports the proposal for the introduction of an independent review body.

13. Inspection findings identify a few areas where policy or guidance needs to be strengthened. Children's homes do not always have sufficient numbers of qualified and competent staff to be able to respond effectively to the complexity of needs of looked after children in their care. Guidance is needed to ensure effective management of behaviour is in place and implemented.

14. Inspection of field social work practice is limited currently to Joint Area Reviews. The proposal to discharge some functions to independent providers of social work services would require consideration of an appropriate inspection framework for this purpose.

15. The findings demonstrate the need for a closer alignment of regulatory and service arrangements and a stronger focus on effective commissioning of care provision, value for money, stability and security in placement and improving outcomes for looked after children and young people.

PROVISION FOR LOOKED AFTER CHILDREN

CORPORATE PARENTING

16. There is increasing attention to Corporate parenting in most areas. Corporate parenting boards comprising members and officers across council departments and agencies involved in the delivery of children's services have been established in nearly all areas. These vary in size and composition particularly with regard to the involvement of children and young people themselves. Most boards have developed clear processes for consulting with looked after children and young people through links with well established participation groups specifically for looked after children and young people. However opportunities for face to face discussions between members and senior officers are limited in the main to small groups of children and young people. Children and young people placed with foster carers or with families are less likely to participate in consultation activities.

17. A positive development is the increased number of corporate parenting boards which celebrate the achievements of looked after children and, in a few areas, those of carers and staff working directly with looked after children. Such events are highly valued by adults and children and contribute to the well being of the children concerned.

18. In most areas, boards have been effective in raising the priority and profile of looked after children across councils and partner agencies. However their impact on the understanding of the role of the corporate parent by all members and officers is yet to be fully achieved in most areas and varies from very good to poor. A key feature of areas judged to be outstanding is an excellent approach to corporate parenting which provides strong leadership from senior councillors and officers, effective championing and rigorous challenge to performance across all aspects of care for looked after children. Where they have been effective, corporate parenting boards have contributed to improving compliance with assessment, care planning and review processes, strengthening joint working arrangements and in increasing access to leisure activities for looked after children. Where they have been less effective, corporate parenting boards share characteristics of limited representation from officers, weak mechanisms for hearing the views of children and young people and an over-reliance on high level performance indicators to monitor local performance.

19. The evidence from inspections suggests that current arrangements for the corporate parenting function are effective where they are implemented fully and address all aspects of provision for looked after children and young people. However, the variation in performance is significant and supports the proposal for the introduction of an independent review body.

FAMILY AND PARENTING SUPPORT

20. Family and parenting support is increasingly accessible but is yet to be effective in reducing the numbers of looked after children and young people. The development of children's centres, extended school provision and an increase in multi-agency integrated services to support children, young people and their families have increased the range of services potentially available to support families. These developments, led by the Children and Young People Strategic Partnerships, are nearly all targeted appropriately on areas of highest needs among children and young people. Children and young people's plans show that further development is scheduled over the next three years in most areas. However the current position is insufficient overall and reveals significant variations in access to support for children and their families; with broad and effective provision in some localities and patchy or uncoordinated services in others. Access to these services is particularly difficult for children and families who live in rural areas.

21. Expenditure by local authorities on those children in need who are not looked after as a percentage of expenditure on all children's services has increased to a national level of 40%. (See Appendix 1 PAF CF/E44) Just over a half of local authorities were judged to be performing well against this indicator in 2006–07. However, in 17 % of local authorities, performance was judged to be less than acceptable.

22. Family and parenting support is highly valued by professionals and users of services. Much anecdotal evidence has been provided on improvements to the wellbeing of children, young people and their parents and carers. Examples include improved parenting skills, improved attendance at school and increased opportunities for vulnerable young people and parents to engage in education or training. Reliable and consistent measures of the impact of this provision are yet to be developed.

23. Evidence is emerging that only the most targeted family support has any effect on reducing the numbers of children looked after. Examples of effective provision include family conferences, designated children's centres for assessment of parenting skills, evidence-based therapeutic interventions and rapid response teams to family breakdown. Where services are most effective, they are characterised by multi-agency staffing arrangements with high levels of experienced and qualified staff from social work, health and education services.

24. Most areas have established clear thresholds for admissions of children into care although a shared understanding of these across agencies is yet to be developed in some areas. A wide range of gate-keeping arrangements are in place and in some areas these are leading to reductions in emergency placements. The most effective arrangements include multi-agency panels which can access and coordinate a combination of local specialist and mainstream services quickly and effectively.

25. Inspection of field social work practice is limited currently to Joint Area Reviews. The proposal to discharge some functions to independent providers of social work services would need further consideration of an inspection framework for this purpose.

CARE PLACEMENTS

26. Processes to secure the number of placements to meet the local needs of children and young people have been strengthened in most areas with some impact on placement stability. However choice and consistency in the quality of placements are still areas for concern. Strategic placement planning and management arrangements for looked after children are being strengthened in nearly all areas with some evidence of impact on increasing placement choice and ensuring good quality in care provision. Where councils have been judged to be good or better, joint commissioning arrangements are established and supported with effective contract monitoring arrangements. Further, a clear commitment to maintaining children and young people safely within their local communities has resulted in a reduction of children being placed in out-of-area placements. However, in most areas joint commissioning arrangements are under developed, particularly for children with learning difficulties and/or disabilities both within children's services and with partner agencies.

27. Nearly all local authorities have entered into some form of collaborative regional arrangement to strengthen their commissioning of out-of-area placements. Such initiatives have increased consistency in contracting practice but the impact on expenditure and providers' pricing strategies is less evident. High levels of expenditure arising from enhanced provision of individual support for children and young people within residential and foster homes is not always well evidenced by commissioners. Further, joint commissioning arrangements for children's placements are at an early stage of development in most areas. The gross weekly expenditure per looked after child in foster care or in a children's home has increased year on year. In 2006-07 the national average was £753 with variations between £467 and £1826. The proportion of local authorities judged to be performing below an acceptable level in relation to expenditure on looked after children has increased year on year to 40%.

28. Placement choice remains limited for nearly all children and in particular for children from black and ethnic minority communities, sibling group and children with complex needs. These children feature frequently amongst those who are placed more than 20 miles from their home. In 2006-07, 86% of local authorities, placed at least 14% of their looked after children more than 20 miles from their home.

29. The range of placements provided for looked after children spans a wide range of family and residential placements. The proportion placed with relatives and friends peaked in 2002 at 14% and has fallen to its lowest point of 12.7% in 2006-07. This is in part due to improved arrangements in many areas for discharging care orders following successful rehabilitation of children and young people with their families. The vast majority, 81% of children aged under 10 are placed in family placements. Support and training for foster carers is improving in most areas and some recent developments such as intensive treatment fostering schemes are contributing to improved outcomes for young people with challenging behaviours.

30. The quality of fostering and residential services is inconsistent and 10% of provision does not meet the national minimum standards and regulations for safeguarding children and young people. This has a direct impact on the health and safety of children within these settings. Inspections of fostering services conducted between 1 April and 31 December 2007 show that the quality of service is inconsistent and more so in the public sector. Inspections judged 76% of independent and 55% of local authority fostering services to be good or better. Seven per cent of independent and 10% of local authority fostering agencies were judged to be inadequate. Nine independent agencies ceased to operate from 1 April 2007. Inspections found the highest levels of concerns in independent fostering agencies related to Staying Safe, 8%, Being Healthy, 3% and organisation arrangements 7%. For local authority fostering agencies, levels of concern relating to Staying Safe and Organisation were higher at 10%, the same for Being Healthy and 5% for Making a Positive Contribution.

31. Inspections have found higher levels of concern about inconsistency in the quality of residential children's homes. Inspections conducted between 1 April 2007 and 31 December 2007 judged 61% as good or better and 10% as inadequate. During this period 143 homes have closed. Actions requiring providers to improve reveal there is a widespread failure to comply with regulations and national minimum standards. These failures impact directly on the health and safety of children and young people. The 10 most frequent actions are set out in Table 1. Concerns about compliance with health and safety requirements are compounded by less frequent but significant (7%) failure to comply with requirements for risk assessment to be completed and safe maintenance of gas, electrical and water equipment. One or more of the actions identified in Table 1 featured in 66% of all inspections. The findings from regulatory inspections contrast sharply with the outcomes of Joint Area Reviews which found that only one area is providing inadequate services for looked after children.

32. The role of staff in keeping children safe in children's homes is a critical feature that distinguishes good or outstanding providers. In these homes, children and young people talk positively about the support they receive. However, for some children, this is a key area for concern:

One group told us that staff in their children's home were important in keeping them safe, and being people they could talk to. But, they said, their staff often spent a lot of their time in the staff office rather than with the children and young people, so couldn't see what was happening around the home, and weren't around to keep people as safe as they could have been. (OCDR JAN 2007 Children's views on the DCFS Priority Review)

Table 1

	<i>Action</i>	<i>% of inspections</i>
1	Compliance with fire regulations	18
2	Safe management of medication	16
3	Staff training	15
4	Quality of individual children's plans	12
5	Safe recruitment practice	11
6	Supervision of staff	10
7	Administration of medication to children and young people	9
8	Adequate staffing arrangements	9
9	Compliance with child protection procedures	8
10	Records of methods of control (behaviour management)	8

33. The evidence from inspection supports the proposal to strengthen arrangements for the enforcement of national minimum standards and regulations within children's homes and fostering services. Further, it supports a model for the proposed rolling programme for inspection of services for looked after children which more closely aligns findings from regulated settings with those of wider service inspections.

34. The stability of placements is improving overall. Short term placement stability has improved with a national average outturn of 12% of children having three or more placements in 2006–07. (PAF CF/A1) Over 93% of councils performed at a very good level against this indicator. With regard to longer term placement stability, a new indicator introduced in 2007 identified a national average outturn of 66 % of children who had been looked after continuously for at least 2.5 years, who were living in the same placement for at least two years, or are placed for adoption. (PAF CF/D78). However there is considerable variation in performance with 20% of local authorities performing below an acceptable level.

35. Planning arrangements for individual children and young people vary from outstanding to inadequate. Joint area reviews and inspections of regulated services have identified inconsistency in compliance with guidance and requirements in relation to assessment, recording practice and sharing of information between social workers, commissioners and providers of children's placements. Furthermore, whilst in nearly all areas children have individual care plans with supporting plans specific to the current placement and health and education arrangements and the quality of these plans is satisfactory or better overall, there is significant variation from very good to poor across and within local authorities.

36. Planning for permanence for looked after children is improving. Despite the gradually increasing numbers of children made subject to guardianship orders, the number of children adopted has stabilised in recent years at 8.3%. Numbers of children adopted in councils show significant variations year on year often due to ongoing delays in court proceedings but also to the significant proportion of children who are safely rehabilitated to the care of their families.

37. The numbers of asylum seeking children who are accommodated can form a substantial proportion of the looked after children population particularly in areas where numbers are small. Inspections have found that the quality of care planning and provision varies from outstanding to inadequate across local authorities for this group of children. In a few areas, the quality of service for this group of children and young people is poorer than for other looked after children and young people in those areas.

38. Compliance with arrangements for statutory reviews of care arrangements for looked after children has improved overall with a national outturn of 85% of reviews completed within timescales in 2006–07 (PAF CF/C68). However, 24% of local authorities are performing below an acceptable level with the lowest recorded in 2006–07 at 34%.

39. The quality of Children's guardians' practice in care related proceedings is inconsistent and some of it is inadequate. Inspections have found insufficient guidance within Cafcass as to how the tasks should be undertaken to ensure a consistent and high quality service, and a lack of transparency about the way assessments are undertaken. This disadvantages those adults whose parenting capacity is being scrutinised. Further, a key responsibility for children's guardians in care related cases is to validate the work undertaken by the local authority social worker. This role sometimes leads to boundary confusion, particularly about the respective functions of the children's guardians and the local authority social workers. Although stakeholders, including courts, voluntary and statutory agencies and service users, who were consulted

during the inspection, considered the work of children's guardians was generally good, there was widespread concern that management arrangements for public law work were unsatisfactory. These stakeholders lack confidence that Cafcass effectively addresses issues of poor performance by its front-line staff.

40. Inspections found that progress has been made across Cafcass in developing management and quality assurance arrangements but that these are not yet fully effective. Part of this strategy includes a significant organisational restructuring in order to prioritise front-line services. These changes also aim to strengthen Cafcass's capacity to successfully play its part in the implementation of planned changes in how courts manage public law cases from April 2008 onwards ("the Public Law Outline").

EDUCATION

41. Arrangements to engage and support the education of looked after children and young people have been strengthened in most areas but are yet to make a significant impact on raising their attainment and attendance levels. Evidence from both Joint Area Reviews and regulatory inspections of children's services show that support and planning arrangements for looked after children in schools and their care placements have improved overall. Designated teachers for looked after children are effectively established in schools in nearly all areas. Most children and young people receive encouragement and assistance from their carers to attend and achieve in school. Whilst compliance across areas for all looked after children to have a personal education plan has increased substantially, the quality of these plans is inconsistent.

42. School attendance by looked after children is an area of serious concern. In 2006–07 the percentage of looked after children who missed at least 25 days of schooling, nationally, 13.3%, was higher than previously in 2004–05. (PAF CF/C24) The proportion of councils who are performing below an acceptable level in this area was 30% in 2006–07.

43. The proportion of children who achieve one or more GCSEs at Grade A*–G (PAF CF/A2) has shown year on year gradual improvement. This national average, however, masks considerable variation from 26% to 89%; and with performance in 20% of local authorities falling below an acceptable level. This very low measure of performance clearly demonstrates that the gap in attainment compared to other children is not narrowing.

44. Ten per cent (presumably this is a more recent figure than the 12% identified in the last AR?) of looked after children nationally leave care with five or more good GCSEs.(PI 3073SC) Whilst comparisons across local authorities are not reliable due to significant variations and some small cohorts of children, this level of performance nationally is unacceptable.

45. It is clear that the current arrangements for the provision of education for looked after children and young people are not impacting sufficiently on reducing the gap in attendance and attainment when compared to most children and young people. Inspections have identified that some local authorities are developing measures to track the progress of children which reflect the individual difficulties experienced by these children and young people. Examples include progress in development of language skills for children whose first language is not English and attainment of other qualifications for children who have difficulties in learning within a classroom setting. In a few areas, virtual schools have been developed but it is too early to judge whether these can deliver sustained improvements in education attendance or attainments.

46. Where councils were judged to be outstanding, joint working arrangements did not differ from elsewhere, yet the children had achieved better levels of performance. It is arguable that children who receive a good standard of care overall, are able to engage better in their education.

47. A recent small survey of 21 schools with particularly good practice in respect of looked after children identified the following key elements of their practice which were increasing the progress made by these pupils in these schools:

- a focus on looked after children within a framework of high expectations and good teaching and learning for all pupils, for example recognising that looked after children may well be gifted and talented;
- looked after children engaged in and taking responsibility for their learning;
- close monitoring of academic, social and personal progress;
- the involvement of looked after children in learning outside the classroom and after school activities;
- unified but low profile support in school for each looked after child so that they were not made to feel different from other children;
- swift and early intervention if a problem began to emerge, for example with behaviour or attendance; and
- the successful engagement of carers and parents wherever possible.

HEALTH AND WELLBEING

48. Processes for monitoring the health and wellbeing of looked after children have improved in nearly all areas but one in five regulatory inspections of children's homes result in requirements to improve the quality of provision for their treatment and promotion of their health care. The national health assessment (PAF CF/C19) reached a very good level of 84%. Nearly all local authorities performed at a good or better level. This contrasts sharply with findings from regulatory inspections which found high levels of failure to comply with regulations and national minimum standards relating to the management of medication and the administration of medicine to children. (See Table 1). In addition, actions from regulatory inspections requiring improvements to the quality of individual health plans and access to health care provision to address identified health needs were made in 9% of all regulatory inspections.

49. Joint Area Reviews found that fast tracking arrangements for looked after children to specialist child and adolescent mental health services (CAMHS) and other therapeutic services were effective in nearly all areas for those with high levels of needs, such as risk of self harm or imminent placement breakdown. However, in some areas, children and young people who display lower levels of concern, such as behavioural difficulties, often have to wait long periods before having an assessment or treatment. These delays impact adversely on the wellbeing of the children and young people and on the quality of life for foster carers and their families.

50. High levels of physical and emotional needs have been identified in the group of young people who entered the care system as asylum seekers. Nearly all these young people have endured trauma, abuse or bereavement. In some local authorities, very good health care practices which are sensitive to the needs of this group have been developed in consultation with the young people concerned.

TRANSITION TO ADULTHOOD

51. Arrangements for preparing and helping young people to leave care have improved and are satisfactory or better in nearly all areas. Compliance with requirements for care leavers to have pathway plans and personal advisors is at a good or better level in nearly all areas. The majority of care leavers who met with inspectors during Joint Area Reviews said that services had improved and were very positive about the care leaving service. Transition planning for care leavers with profound learning difficulties and/or disabilities has also improved with good joint working arrangements between children and adults services having been maintained in most areas despite structural changes in local authorities.

52. The engagement of care leavers in education, employment and training is at a high level and 90% of local authorities are performing at a level judged by the performance assessment framework (PAF) as very good.³ However, the quality of provision varies with some young people being occupied in activities which do not lead to qualifications or opportunities for employment. The best performing councils provide a fixed number of apprenticeships and other forms of employment for care leavers. Funding arrangements for care leavers are broadly consistent across most areas, with variations in incentives to achieve qualifications or to ease difficulties arising from transport difficulties particularly in rural areas.

53. The best performing authorities are providing opportunities for care leavers to remain within their foster carers or in supported accommodation. However, in some areas, young people are still required to live independently before they are ready.

54. Housing is the biggest concern for care leavers in nearly all areas, despite some good joint working arrangements between housing providers and children's services. Choice of accommodation is limited for nearly all care leavers and many feel unsafe within their localities.

Many were keen to make the point that their accommodation was filthy, and that they did not feel particularly safe or secure. Other young people expressed concern at what they described as being forced to share residence with adults and other young people who they said they would never have been allowed to mix with whilst in care. (OCDR Jan 2007, *Children's views for the DCFS Priority Review*)

THE ROLE OF THE PRACTITIONER

55. The quality of front line social work practice across the range of provision for looked after children is adequate or better in nearly all areas. However, it is of concern that in a few areas it remains inadequate and impacts directly on the experience and well being of looked after children and young people. There are still significant concerns about the recruitment and retention of good quality staff. Evidence from both

³ Performance Assessment Framework indicator CF/A4 is defined as the ratio of the percentage of those young people who were looked after on 1 April in their 17th year (aged 16), who were engaged in education, training or employment at the age of 19 to the percentage of all young people in the population who were engaged in education, training or employment at the age of 19. The PAF banding of "Very good" is awarded to a local authority if the above ratio is above 0.6.

service and regulatory inspections for looked after children and the views of children and young people show that the quality of practice at the front line is the key feature that differentiates good or outstanding services for looked after children.

“Recognise that staff and carers are important in children’s lives. People working with children and young people must be the right people, properly recruited and checked.” (Views of children and young people on the Care Standards Act OCRD Dec 2007)

56. In most areas, the practice established in children’s homes of including young people in the selection of staff, has been extended to enhance selection procedures of wider groups of staff including social workers and managers.

57. Joint Area Reviews have found that whilst the allocation of looked after children to qualified social workers is just over 95% nationally, and that nearly all local authorities are performing near to this high level, children and young people in most areas continue to experience frequent changes of social workers. Much of this change arises from staff turnover, but some is also due to local arrangements for managing high caseloads. These impact adversely on continuity of planning and in delays in delivering the objectives of their care plans.

58. Vacancy rates in social work staff directly employed in children and families services have shown a downward trend over the past three years with a national average outturn of 11% in 2006–07. This masks significant variations across regions and local authorities between one and 38 %. Turnover rates of social work staff and levels of reliance on agency staff show similar trends. Strategic workforce plans are developing in most areas with some evidence of a positive impact on recruitment and retention rates in children’s services. However, in some areas, workforce development strategies are yet to fully involve partner agencies and difficulties are compounded by pressures in recruitment of CAMHs workers, foster carers and adopters.

59. Inspections of regulated services show high levels of actions requiring services to improve their staffing arrangements. (See Table1) These include ensuring experienced and competent staff are employed in sufficient numbers for the safe running of the service and meeting the individual needs of children and young people. In sharp contrast to mostly good supervision arrangements for field social workers, compliance with requirements for the supervision of staff in children’s homes is inadequate in 10% of children’s homes.

60. Inspections found that access to training for front line staff is inconsistent. Evidence from Joint Area Reviews show that social workers have mostly good access to training particularly with regard to child protection. The proportion of social workers with the PQ1 qualification has increased to and national average of 56%. Access to training for foster carers and for staff working in children’s home is more difficult. The percentage of residential child care workers with NVQ 3 has fallen well short of the national standard of 80% with a national average outturn of 56% in 2006–07. In 25% of local authorities, the proportion of staff achieving NVQ3 is less than 33%. This performance measure is consistent with findings of inspections which identified that 15% lead to actions requiring improvements in training. The most frequent training issues related to child protection procedures and behaviour management including restraint.

February 2008

Memorandum submitted by the New Economics Foundation (nef)

1. EXECUTIVE SUMMARY

1.1 This is the response from nef (the new economics foundation) to the Children, Schools and Families Committee inquiry into looked after children. It draws on nef’s Measuring What Matters programme, which is looking at how a system of measurement which maximised social, environmental and economic well-being would improve decision-making and create greater public benefit.

1.2 Our research has found that competitive tendering within the commissioning process is jeopardising the health and well-being of young people in care and in danger of undermining the aims of *Care Matters*. As the National Centre for Excellence in Residential Childcare (NCERRC) have recently pointed out,⁴ the White Paper acknowledges the need for a sufficient and diverse range of care (including specialist residential) within each borough; yet the bill currently before parliament does not make provision for this. We know that local authorities are in fact making less use of residential care where they can and believe this will create greater instability and result in children being placed further from home, or in unsuitable placements.

1.3 The problems in commissioning in this area lie in the lack of strategic funding for the third sector and a poor management of the market. An oversupply of beds (which was originally the result of the large perceived profits that could be earned in the sector) has put downward pressure on price. Local authorities,

⁴ Unpublished paper by setting out a need for an amendment to the bill regarding diverse and sufficient care.

under budgetary constraints and in the absence of information on quality are being incentivised to opt for cheapest rather than best value. This has squeezed smaller, niche providers (often voluntary sector) out of the market, and compromised quality across the board. Indeed, one of the providers participating in nef's research in this area has had to scale back on their residential care because they can no longer compete. This has been exacerbated further by the ramping up of efficiency-savings targets that now require 3% year-on-year "cashable" savings.

1.4 The introduction of crude, unfettered market mechanisms into the purchasing of person-centred services is putting some of society's most vulnerable young people at even greater risk of exclusion. nef have calculated that this short-term measure will generate huge costs to society in the long run through the burden it will place on social services; more importantly than this it will ruin lives of those that the state seeks to protect.

1.5 Commissioning should be about achieving greater public benefit not short-term "false economy" savings. Social, environmental and economic outcomes can and should be at the heart of the commissioning process to ensure the sustainability of those organisations that are delivering greatest value and to ensure every pound spent goes further.

2. INTRODUCTION

2.1 This is the response from nef (the new economics foundation) to the Children, Schools and Families Committee inquiry into looked after children. This submission will focus on the proposals for change in relation to:

1. health and wellbeing; and
2. care placements.

It will conclude with a list of recommendations for policy makers.

2.2 nef is an independent think-tank that undertakes innovative research and thinking on economic, environmental and social issues. This consultation response was co-ordinated by the Measuring What Matters team at nef. Measuring What Matters is a research programme investigating how government policy making could be improved by measuring and valuing what matters most to people, communities, the environment and local economies. It seeks to move away from a culture within government that is short-term and target-driven, towards one that enables the pursuit of real social, environmental and economic well-being. One strand of the Measuring What Matters research is focusing on children in residential care, in particular:

- (a) Examining how a more child-centred set of indicators would change behaviour and bring about improved outcomes for children and young people in care and
- (b) Investigating the long-term costs and benefits of investing in different models of care.

2.3 Two care providers and approximately 50 young people were involved in the research. The young people took part in group work to help us develop a new indicator set and also completed corresponding questionnaires. To develop the economic analysis we drew on aggregate data from the providers and published data.

3. HEALTH AND WELL-BEING

3.1 In this section we will set out the findings from our research in relation to two areas:

- Commissioning for health and well-being outcomes
- Measuring health and well-being, and

3.2 *Commissioning for health and well-being outcomes*

3.2.1 Our research into residential care has found that the contestability model in local public services is disincentivising providers from developing services that enhance children's well-being. As Unintended Consequences argues the imposition of centrally driven financial efficiency savings targets, combined with the drive towards greater competition and contestability, is eroding the effectiveness of local public services as commissioners of public services focus on short term costs rather than longer term outcomes for service users. (http://www.neweconomics.org/gen/z_sys_PublicationDetail.aspx?pid=248)

3.2.2 Our research into looked after children's services has found that this impacts particularly severely on smaller and medium sized providers that place particular emphasis on promoting health and well-being benefits. Providers that we have worked with such as Shaftesbury Young People are scaling back on their residential placements because this is what the market is dictating to them. As they told us during this research: "the market is telling us to move out of residential care". The downward pressure on prices is

forcing them to compete with bargain basement placements that do not provide the same level of “wrap-around” and child-centred services that deal with the range of complex emotional and behavioural problems that are common amongst their clients. As there is over-supply in the residential market at present, local authorities are taking advantage of this to negotiate even harder on prices. This scenario has led to providers being forced to view essential psychotherapeutic and advocacy services as “nice to have” and staff being pressurised to slim down their offering to compete on price.

3.2.3 This is very short-termist; these decisions have far reaching and lengthy consequences that do not appear on the balance sheet but which social services, and society generally will be picking up in the future. Our research (forthcoming) has found substantial cost savings from investing in child-centred models through reduced involvement of the young person with social services, as well as savings to the young people themselves from being able to make positive transitions into adulthood. nef is concerned that the market, as it operates in residential care directly contradicts the rhetoric and sentiment in *Care Matters* and jeopardises the health and well-being of one of the most vulnerable groups in society.

3.3 *Measuring Health and Wellbeing*

3.3.1 When we asked children and young people what kinds of things mattered to them they overwhelmingly said that it was important that they felt good about themselves and that they felt loved and cared for. We welcome the fact that *Care Matters* contains provision for improving the health and well-being of children in care, as well as indicators to measure this in the national indicator set. Taking child self-reports seriously as part of this is essential. In relation to the current indicators, there is a stronger emphasis on physical health, while a factor in subjective well-being, it was relatively less important to how people feel about themselves and their lives than a range of other factors—frequency and type of social interactions, family relationships, how people spend their time, the extent to which people feel autonomous and in control of their lives. Measuring well-being should also take positive well-being into account. For example, relieving feelings of anxiety and depression may be important for some people, but it is not the same as promoting flourishing and fulfilment.

4. CARE PLACEMENTS

4.1 This section will focus on two areas:

- Use of residential care in the overall provision.
- Measurement of effectiveness in placements.

4.2 *Use of residential care in overall provision*

4.2.1 There is a move away from use of residential care in many boroughs with Director’s of Children’s Services preferring to opt for foster and kinship care over residential. There are two reasons for this—residential care is seen as disproportionately expensive and has a poor reputation in relation to outcomes. However, as *Care Matters* acknowledges residential care should still have a role in overall provision:

Residential care will always be the placement of first choice for some children and we know that some children say that they do not want to be in foster care. We need these children to be able to enjoy a genuinely excellent care experience, drawing on the best of what homes in this country and elsewhere do now. (4.49)

4.2.2 Young people echoed this throughout our research, giving the following reasons for why residential care was right for them:

- They had come to residential care after many failed foster placements, and had some negative experiences of foster care.
- Placements were appropriate because staff in care homes often had specialist skills for dealing with children with more acute emotional and behavioural problems.
- As they were older coming into care, young people saw foster care as a threat to their relationship with their birth families and were uncomfortable with this—they liked the fact that residential staff were paid to look after them, as this was more straightforward.

4.2.1 As mentioned above, commissioning of placements largely being spot purchased and placements are becoming determined by cost rather than need. There is the need to distinguish between unnecessarily high cost and essential high cost. The key to understanding this is instituting a proper system of measurement.

4.3 Measurement of effectiveness

4.3.1 The residential care population has been relatively stable for many years now (ie demand has not fluctuated). In addition, the teenage population is set to rise in coming years,⁵ which could mean an increase in demand. In spite of this many local authorities have now closed all of their children's homes and Directors of Children's Services told us that they do not believe that residential care any longer has a role. No doubt budgetary pressures impact on this decision but the other reason is that it has become associated with negative outcomes. We would argue that this is partly a lack of a robust approach to measuring effectiveness in this area.

4.3.2 Children in residential care tend to enter care when they are older, and/or have been through a series of unsuccessful foster, or kinship placements. Indeed, some of them will come from secure accommodation, or psychiatric units. All of these experiences will have impacted on their health, well-being and ability form healthy relationships. A residential placement cannot be expected to repair years of abuse, or neglect overnight.

4.3.3 When comparing the "performance" of this group it should therefore be with an appropriate benchmark eg other "in difficulty" groups (children that were known to social services but not taken into care), rather than the general population of young people. Also, baselines are completely absent and without them it is impossible to compare the difference individual organisations have made. It is not just about comparing homes but also about looking at what was happening before the child came into care and whether their progress has improved. Rather than taking a blunt snapshot at 16 we would advocate measuring "distance travelled" by each young person. If these the same tool was used across all services this would enable commissioners to match different levels of need to different models at care. At present it is impossible to do this, and the sector (and local authorities) has become associated with outcomes that they are not necessarily responsible for.

4.3.4 In other European countries such as Denmark and Germany where outcomes are better more use is made of residential care. However, the models of care differ greatly; they follow a pedagogic philosophy, staff/child ratios are higher and staff are well trained. There is not a huge variation in price between these approaches and those used in England and Wales.⁶ The more residential care becomes marginalised as a "place of last resort" within the sector, the more demoralising it will be for staff and young people the worse the outcomes and the stigmatisation will become.

5. RECOMMENDATIONS

5.1 Commissioning for better outcomes

1. There is the need for an investment strategy to sustain the third sector that are providing essential services to children in care. nef advocates a mixed funding approach that includes grants as well as commissioned services.

2. Abandon competitive tendering that is failing young people and return to a system where providers cost their services and local authorities chose to purchase them if they are suitable.

3. Make greater use of block contracts and longer term contracts which are essential to the sustainability of providers. Stability for young people is a key target for the government, and yet short contracts proliferate. A system is needed that ensures the finance of a placement is assured for as long as the placement is needed.

4. As stated in *Care Matters*, local authorities need a comprehensive commissioning strategy that ensures a sufficient and diverse provision of quality placements are available and that the sustainability of providers is protected. This may involve sharing beds across borough boundaries to ensure that there are places always available but the costs of maintaining them are not burdensome.

5. Efficiency savings targets, which were ramped up in the Comprehensive Spending Review have put further pressure on local authorities to deliver more services for cheaper, and the impact of this is being felt by smaller, niche providers. These targets need a massive rethink, particularly in relation to services for vulnerable groups where errors can have catastrophic impacts on people's lives. A proper system of measurement should be introduced that enables councils to commission for social, environmental and economic outcomes.

6. Our research shows that commissioners need better information in order to (a) understand the link between different types of care and outcomes for young people and (b) the impact that placement decisions have on young people's life chances.

7. There is a need to drive up standards in residential services, which have suffered from the "race to the bottom" approach described above. Our research found that carers were more likely by a ratio of 3:1 to report more negatively about the progress of the young people than the young people themselves. This may

⁵ Hicks *et al*, 2007 *Managing Children's Homes*, London: Jessica Kingsley Publishers.

⁶ Petrie *et al*, 2006 *Working with children in care: European perspectives*, Maidenhead: Open University.

point to an institutionalised negativity within residential care. Young people should be involved in the design, delivery and measurement of services, so the services are “co-produced” and the contribution and strengths of young people are valued.

5.2 *Measuring What Matters*

1. A system of measurement that provides better information on the impact of different types of care on outcomes for young people is required to improve placement decisions but also to give greater accountability to young people.

2. This will require a more sophisticated system of data collection that would include:

- Taking baseline measures are when young people enter care.
- Measuring distance travelled and over the long-term.
- Using realistic benchmarks.

3. Measure the things that would matter to any young person, or their parents, in their journey through childhood and adolescence. Our research to date has found that the types of indicators being used focus too much on outputs and processes, rather than the things that really matter to young people, such as the quality and stability of relationships (with carers and birth parents) and general health and well-being. The result is a system of service delivery with a disproportionate emphasis on adhering to policies and procedures. In addition, data on the performance of services is geared towards minimising harm and risk to young people while in care, rather than maximising their strengths and abilities. Using more child-centred indicators would, we believe, incentivise a more child-centred approach within care homes. Initial findings from our research suggest that measures based on reports from young people and their carers would enrich the information that is used to measure progress.

February 2008

Supplementary memorandum submitted by the New Economics Foundation (nef)

1. EXECUTIVE SUMMARY

1.1 This submission from nef (the new economics foundation) supplements our earlier response to the Children, Schools and Families Committee Inquiry into Looked After Children. It draws on research we have undertaken as part of the *Measuring What Matters* programme, which examines how systems of measurement can be used to improve decision-making and create greater public benefit in social, environmental and economic terms.

1.2 Our research suggests that investing in higher-quality residential care can yield substantial social returns in the medium term. In fact, the case studies found that for every additional pound invested in higher-quality residential care, between £4.00 and £6.10 worth of additional social value was generated over the medium term. And yet many local authorities are in the process of moving away from high-quality residential care, opting instead for seemingly cheaper options. There is a real danger that this will prevent some children and young people from receiving the most appropriate type of placement. In order to ensure the best outcomes—for young people and for stakeholders more broadly—those policies and processes that are contributing to the declining use of high-quality residential care need to be identified and amended.

1.3 Commissioning and the efficiency agenda look to be two such processes. As it stands, the competitive tendering process pits providers against each other for contracts on the grounds of short-term costs. Centrally-driven efficiency targets reinforce this by putting pressure on local authorities to deliver more services for less money. The result is that both commissioners and providers make decisions on the basis of price. This has created a set of perverse incentives: firstly, it disincentivises the development and provision of services whose impact takes longer to materialise—such as high-quality residential care; secondly, it systematically favours larger providers who are able to reap scale economies—exerting further market pressure on those niche providers of specialist residential care services. The current commissioning system is therefore, in effect, undervaluing high-quality residential care. This jeopardises the health and well-being of young people in care.

1.4 These findings are of broader significance because they suggest that measurement itself needs to be overhauled. Even if one accepts that cost-effectiveness should be the determining criterion for the commissioning of public services, our research shows that high-quality provision geared towards the overall needs of service-users and other relevant stakeholders actually provides a considerably higher social return than provision that delivers short-term cost-savings. If the commissioning process is to encourage this type of value-creation, it needs to shift its focus from outputs to outcomes. This will

require the collection of more outcomes data, as well as the construction of new indicators that more accurately reflect the things that matter most to children and young people in care. We believe that the principles of Social Return on Investment (SROI) piloted by nef in public services should form the basis of a new public-benefit model for delivering public services.

2. INTRODUCTION

2.1 This submission from nef (the new economics foundation) supplements our earlier response to the Children, Schools and Families Committee Inquiry into Looked After Children. It first explains the findings of the research project that provided the basis for our initial submission, and then draws out some key policy recommendations. In particular, it focuses on the implications of our findings for the commissioning of residential care services.

2.2 nef is an independent think-and-do-tank that undertakes innovative research on economic, environmental and social issues. This submission has been co-ordinated by the Measuring and Evaluation team, and is based on work undertaken as part of the *Measuring What Matters* programme. The remit of the programme is to investigate how public policy-making could be improved by measuring and valuing what matters most to people, communities, local economies and the environment. It seeks to initiate a move away from a culture within government that is short-term and target-driven, and towards one that enables the pursuit of real social, environmental and economic well-being. The programme has piloted the use of Social Return on Investment (SROI) analysis across three different policy areas, one of which is residential care for young people.

2.3 The approach adopted for the residential childcare strand has been to undertake two case studies. A selection of independent care providers were nominated by expert partners as examples of good child-centred practice, and two were then chosen so as to ensure the inclusion of providers from both the private and voluntary sectors.¹ Social Return on Investment (SROI) analysis was then used to assess the impact of each organisation. SROI is a process of understanding, measuring and reporting on the social, environmental and economic value that is created by an intervention. It measures long-term impact, and seeks to ensure that those delivering services manage performance against a set of indicators that are relevant to stakeholders. The purpose of the case studies was not to make judgements about the effectiveness of one sector vis-à-vis the other, but rather, to pilot the use of SROI as a general analytic framework for commissioning. Our findings suggest that the current system is ill-equipped to recognise certain types of value-creation, and that this may be hampering well-intentioned attempts to improve the lives of young people in care.

3. RESIDENTIAL CHILD CARE & COMMISSIONING

3.1 *Investing in higher-quality residential care, investing in social value*

Our SROI analysis focused on two providers of higher-quality residential care: *Shaftesbury Young People*—a specialist voluntary sector provider of services for children and young people; and *Bryn Melyn Care Limited*—a privately-run therapeutic community providing services to children with complex emotional and behavioural needs. Both organisations were found to be generating significant levels of added social value. The headline figures are as follows:

- For *Shaftesbury Young People*, every pound invested in their services generated between £4.40 and £6.10 worth of additional social value over a 20-year period.
- For *Bryn Melyn Care Limited*, every pound invested in their services generated an additional £4.00 worth of social value over a 20-year period.

For each of the case studies, we were able to break the value-generated down into its sub-components:

- For *Shaftesbury Young People*, the main contribution was made in the form of reduced drug-use. The benefits of this to young people and society constituted 42% of the total value generated. The other main contributions were increased wages and taxes (35%), and reduced crime-related costs (14%).
- For *Bryn Melyn Care Limited*, the added-value was evenly split between two main impacts: reduced severity and frequency of crime, and an improvement in the quality and stability of relationships—again with reference to both young people and society.

It was of course necessary to limit the kinds of impacts to those areas where data exist. Some outcomes have therefore been omitted from the analysis. The incorporation of other stakeholders into the analysis—such as parents, carers, or siblings—would also alter the findings. The point, however, is that each of these organisations appear to be providing real “Value for Money” when we look at a few key outcomes over the medium-term, and that with better data (and the more comprehensive analysis this would allow), these figures would almost certainly reveal themselves to be underestimates of the actual value being created.

3.2 *Competitive commissioning and false economies of scale*

These findings are of great relevance to the commissioning and provision of residential child care services. As it stands, the competitive tendering process pits providers against each other for contracts from local authorities. The rationale behind this is that contestability will improve the quality of services (and bring their supply and demand into equilibrium) by driving poorly performing providers out of the market. In reality, however, there is reason to believe that the current system is actually eroding the effectiveness of local public services. Our research has identified two pathways through which this is occurring:

3.2.1 The role of price in placement decisions

As nef has argued elsewhere, contestability means that providers compete on the grounds of short-term costs.² Centrally-driven efficiency targets reinforce this by putting pressure on local authorities to deliver more services for less money. In such an environment, both commissioners and providers are encouraged to make decisions on the basis of price. This in turn disincentivises the development and provision of certain types of services—namely, those that require greater financial investment and/or take longer to make their mark.

Higher-quality residential care for young people is one such type of service. As our SROI analysis has indicated (Section 3.1), investing in child-centred models of care is likely to produce substantial benefits in the long-term by improving the health and well-being of young people, and reducing their involvement with social services in the future. And yet the provision of these services is falling because unit-costs are high when calculated on the basis of outputs over the short-term. In this way, the role of price in the current system is incentivising a move away from what might be very effective and valuable public services.

3.2.2 The competitive advantage of large-scale providers

In addition to obscuring the benefits of certain types of intervention, the role of price in the contestability model also favours larger organisations. This is because economies-of-scale enable them to achieve lower costs per unit. The corollary of this is that smaller and medium-sized service providers—whether they are from the private, public or voluntary sector—are at a competitive disadvantage. Because those organisations that specialise in high-quality services are usually smaller in size, this serves as another channel through which potentially effective providers are squeezed-out of the market.

Although they are only illustrative, our two case studies highlight this dynamic at work in the market for children and young people's residential care services. Smaller and medium-sized providers that promote health and well-being benefits are being forced to compete on the grounds of unit-costs with placements that do not provide the same quality of care. This in turn is putting pressure on providers to divest essential psychotherapeutic and advocacy services. One of the providers that we examined, *Shaftesbury Young People*, has itself recently lost out on contracts to larger providers because it could not compete on price—and this is in spite of the substantial benefits it looks to be creating for its service-users and other stakeholders. Based on our SROI case studies, we found that providers of high-quality residential care services could almost double what they were charging each week and they would still offer a positive social return on investment. (By this we mean that when the benefits are aggregated across all government spending and into the future, the knock-on social and economic savings exceed the cost). This suggests that the drive to bargain-down unit-costs may in actual fact be the pursuit of a false economy.

3.3 *Commissioning for better outcomes with SROI*

These findings are significant because they undermine the perceived trade-off between cost-effectiveness and quality-maximisation. Even if one accepts that cost-effectiveness should be the determining criterion for the commissioning of public services, our research shows that high-quality provision geared towards the overall needs of service-users and other relevant stakeholders actually provides a considerably higher social return than provision that delivers short-term cost-savings. The implication is that the commissioning process needs to shift its focus to outcomes if it is to encourage value-creation and the improvement of public services. This will require the collection of more outcomes data, as well as the construction of new indicators that more accurately reflect the things that matter most to children and young people in care.

3.4 Conclusion

We can only have a complete understanding of the appropriateness of investment in the care system if we have a means of measuring the return on that investment. Commissioning therefore needs to look beyond unit costs and short-term efficiency gains and be informed about the real social, economic and environmental consequences of their decisions.

4. POLICY RECOMMENDATIONS

4.1 In a previous paper, nef has called for the introduction of a public-benefit model for public service delivery.³ This research provides further evidence that such a framework is required. A public-benefit model is distinct from market or welfare-statist models in that it recognises the pursuit of outcomes—rather than outputs or efficiencies—as the key to improving services. It also seeks to involve service-users as co-producers rather than mere “consumers” of public services. Such a model is of great relevance to the care sector, and specifically would involve:

Taking an SROI approach:

Triple bottom-line indicators would be built into contracts and used to encourage providers to maximise value-creation in the broadest sense, unlocking innovation and triggering a new “race to the top”.

Placing people at centre stage:

Public services would be co-produced by commissioners, providers and service-users; service-users in particular would be seen as capable of making key contributions to the change that the service seeks to bring about.

Providing more appropriate measures of efficiency:

The sustainability of small and niche providers would be reflected in any measures of efficiency used to make public-sector purchasing decisions.

4.2 Based on the findings presented in this submission, nef makes the following three recommendations for policy going forward:

4.2.1 Commissioning of residential care services should be based on achieving positive long-term outcomes

Commissioners need better information in order to understand: (a) the link between different types of care and outcomes for young people; and (b) the impact that placement decisions have on young people’s life-chances. Good market-management should take the sustainability of providers into account.

4.2.2 Residential care services should be designed in keeping with principles of “co-production”, with young people playing a full and active part in shaping services

Young people need to be involved in the design, delivery and measurement of services so that residential care can shake-off its reputation as an intervention of last resort and the care sector can make effective use of it as part of a range of options.

4.2.3 The system of measurement should be strengthened so that we can begin to measure what matters and maximise the value created by children’s care services

What we measure determines what we prioritise, where we invest resources and what lessons we learn about improving services. Getting it right is therefore essential to improving outcomes for children and young people. This will require changes to be made on the part of both decision-makers and service providers.

4.3 Our specific recommendations within each of these areas are as follows:

4.3.1 Commissioning for outcomes

Efficiency savings targets—which were ramped up in the Comprehensive Spending Review—need to be rethought. This is especially important in relation to services aimed at vulnerable groups. We would be better off with a system in which providers cost their services and local authorities choose to purchase those that are most suitable. This is the approach used in those European countries where many residential children’s homes are run by the independent sector.

The pursuit of public-benefit needs to be freed from departmental silos. As it stands, outcomes which lead to savings for central government or more than one local government area are not being adequately valued. This is because the emphasis on competition is discouraging cooperation between local authorities. There is a need for cross-silo procurement and for local authorities to be incentivised to pursue public benefit even if it does not directly benefit their area of control.

Regional commissioning needs closer scrutiny. Though it may improve stability for young people, it may also be a natural environment for big organisations to thrive in. While large providers still have a minority of placements, an awareness of the impact of scale is required—particularly if smaller providers are losing share. The over-emphasis on sectoral distinctions in evaluation also needs to be addressed: insofar as large voluntary providers might have more in common with large private providers than they do with small voluntary providers, then the current emphasis is potentially misleading. Further research on the relationship between scale and outcomes would be required in order to understand this better.

4.3.2 *Service-design and co-production*

The use of residential care as a “last resort” needs to be reconsidered because better use of residential care as a positive option may help improve outcomes for many young people. Investment is needed in this form of care to tackle the problem of low morale among workers.

The way residential care services are developed and delivered needs to be re-configured. Services seem to be most effective when people get to act as providers as well as recipients. We therefore need to devolve real responsibility, leadership and authority to “users”, and encourage self-organisation rather than direction from above. This is consistent with an SROI approach to measurement; engaging stakeholders in a project is about more than consultation. There is a need to create a continuing dialogue that contributes to strategic planning, permeates management systems and shapes the organisation’s understanding of where value is created.

4.3.3 *Measuring what matters*

New measurement systems need to be embedded in organisations’ strategic planning processes to ensure that performance is meaningfully monitored and services are improved. Frontline staff have consistently told us that targets fail to reflect the impact they believe their work is having. In this situation they are unlikely to respond to what the data are telling them.

More research is required to demonstrate the link between hard-to-quantify outcomes such as health and well-being and so-called ‘harder outcomes’ such as education. This will help encourage policy-makers to take them seriously.

Approaches to measurement need to be consistent across organisations. It would therefore be helpful if one model were adopted and promoted as the sector standard—providing that it is a model consistent with other related areas of service eg drugs and alcohol.

Current indicators focus too much on procedures, processes and outputs. Outcome indicators that measure “distance travelled” by the beneficiaries of a project need to be developed. Providers should be required to systematically track young people after they leave care, and they should be funded to do so.

Risk and failure need to be put in perspective. In the case of residential child care, this would require re-examining how risks are managed and assessing the extent to which this is crowding-out other considerations. Conversely, it would also require recognising that there can be no innovation and learning with some degree of failure.

Findings of the Measuring What Matters programme will be published over the coming months.

REFERENCES

¹ The original intention was to include a local authority partner but this did not prove possible given the timescale of the research.

² Ryan-Collins J *et al* (2007) *Unintended Consequences: How the efficiency agenda erodes local public services, and a new public benefit model to restore them* (London: nef).

³ *Ibid.*

Memorandum submitted by the Every Disabled Child Matters campaign (EDCM)

SUMMARY

- EDCM is the campaign to get rights and justice for every disabled child. The campaign has 28,000 individual supporters and a network of supporter organisations across the disability and children's sectors.
- EDCM strongly believes that disabled children in long-term residential placements should be given the protection of looked-after children status. Currently young disabled people can be in residential placements far from home for 52 weeks of the year, with little or no parental contact, without the protection that looked-after status offers.
- EDCM welcomes the amendment to the Children and Young Persons Bill that places a duty on local authorities to ensure a range of appropriate accommodation within the local area, that is sufficient to meet the needs of looked-after children. We urge the Committee to recognise that this duty could particularly benefit disabled young people, the majority of whom are currently placed a great distance from their families. EDCM encourages the Committee to recommend a shift in local planning, away from routinely placing disabled children far from home in expensive out-of-authority placements, towards developing local provision to meet local need.
- EDCM supports calls from The Children's Society and Voice to ensure the adequate supply of advocacy services to children in care, to ensure their views are heard in decisions about their lives. This is particularly crucial for young disabled people, who may face additional barriers to making their views known as a result of communication impairments.
- EDCM believes that access to essential communication aids should be a basic right for young disabled people who are looked-after. There is evidence that currently many disabled young people are missing out on these essential aids.⁷ Our submission supports Scope's calls to secure this much-needed right.
- The government has recognised the need to improve services and support for families with disabled children through investing £430 million through the *Aiming High for Disabled Children* review. However, more needs to be done to ensure that this investment delivers for young disabled people in, or on the edge of, care. Our submission encourages the work of the Committee to dovetail with the *Aiming High* agenda, to ensure maximum benefit for all disabled children and young people wherever they live, and maximum returns on the government's investment.

INTRODUCTION

1. Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. We want all disabled children and their families to have the right to the services and support they need to live ordinary lives. The campaign has 28,000 individual supporters and a network of supporter organisations across the disability and children's sectors, many of whom provide support to disabled young people in care.

2. The campaign is run by four leading organisations working with disabled children and their families—Contact a Family, Council for Disabled Children, Mencap and the Special Educational Consortium. We challenge politicians and policy-makers to make good on the Government's commitment that every child matters.

3. EDCM is grateful for the opportunity to submit evidence to the Committee on the critical issue of looked-after children, particularly as disabled children make up a large proportion of the care population. We would further appreciate the opportunity to give oral evidence to the Committee, if this would be of assistance.

4. Research shows that disabled children are more vulnerable to abuse than other children,⁸ and are more likely to be placed in care at crisis point, further away from home than other children.⁹

5. These factors all increase safeguarding concerns for disabled young people placed away from home. These concerns are heightened further by the difficulty that some young disabled people have in accessing the communication aids they need to make their wishes known.

6. This submission focuses on our proposals to ensure young disabled people who are living away from home are kept safe, have a clear voice in decisions made about their care and their future, and are supported to achieve their full potential.

⁷ Scope, (2007) *No Voice, No Choice: disabled people's experiences of accessing communication aids*.

⁸ NSPCC (2003) *It doesn't happen to disabled children: Report of a National Working Group on Child Protection and Disability*.

⁹ Pinney (2005), *op cit*, p50.

 LOOKED-AFTER STATUS FOR YOUNG PEOPLE IN LONG-TERM PLACEMENTS

7. EDCM welcomes the improved framework that the Children and Young Persons Bill currently going through Parliament proposes to create for those children that have looked-after children (LAC) status. However, we have serious concerns that this has the potential to further disadvantage disabled children and young people who are living a long way from home, but do not have the protection of LAC status.

8. EDCM has serious concerns about young people in residential schools or long-term health placements who may be placed far from home for up to 52 weeks of the year, without the protection of looked-after status. We believe these children need and deserve the protection and support of LAC status. The 2005 review of disabled children in residential placements recommended more consistent application of “looked after status for disabled children spending long periods in residential placements, particularly where these are far from home”.¹⁰

9. We have grave concerns that the measures outlined in the Children and Young Persons Bill to address this vulnerability will not deliver on a practical level. Clause 16, which proposes a visit to young people in this situation from the home authority, depends on sections 85/86 of the Children Act 1989, which require that the home authority is notified of children in long-term health or education placements. There is government research to suggest that many local authority officers are unaware of the existing provisions in section 85/86.¹¹ We welcome the attempt to provide a safety net for these children who are not currently offered any protection or support, but our concern is that whilst Sections 85/6 are not used, this attempt will have no effect.

10. More fundamentally still, EDCM believes that such a visit would provide insufficient protection and support for a disabled child placed a long way from home for 52 weeks of the year, with little or no contact from their family. The right approach is to ensure that these children are protected by looked-after children status.

11. We appreciate the assurances given by Lord Adonis at Committee stage in the House of Lords that most children in long-term placements should be looked after. We agree that the best way to achieve this is to create a flexible framework that can respond to individual needs. However, it is crucial that this framework ensures that where a young disabled person is placed a long way from home, their safety and well-being are given full consideration by the placing local authority. In some good practice local authorities this is already being done, in partnership with parents, as part of a children in need assessment.

12. We urge the committee to look at ways to ensure that disabled children in residential schools that do not have regular contact with their families receive the protection of LAC status. We believe there are ways to achieve this that still allow the flexibility to ensure that where the young person enjoys ongoing contact with their family, the local authority is not required to consider the young person as looked-after.

DEVELOPING LOCAL PROVISION FOR DISABLED CHILDREN IN CARE

13. EDCM is concerned about the current practice of routinely placing disabled children and young people far from home and welcomes provisions within the Children and Young Persons Bill to increase the number of looked after children placed locally to their home authority. This has the potential to transform the experiences of disabled children and young people placed away from home, the majority of whom are currently placed a great distance from their families.

14. This distance increases safeguarding concerns and makes it very difficult, if not impossible, for family and friends to stay in touch with the disabled child or young person, due to the higher cost implications of visiting them. It also adds to the sense of isolation felt by many young disabled people, particularly if their communication support needs mean that staff may struggle to communicate effectively with them.

15. EDCM challenges the assumption that many disabled young people have needs that are too complex to be met locally. There are a number of good examples of innovative short break services that cater for young people with very complex health and behavioural needs within their local communities. We suggest that learning from these examples, and in particular from the short break pathfinder areas announced as part of the *Aiming High for Disabled Children* programme, can be used to support local authorities in increasing local provision for looked-after children with complex needs.

16. We propose that local and regional commissioners should monitor their out-of-authority placements for young disabled people, and be required to plan future services to meet that need within the local region wherever possible. Local authorities should look at innovative regional commissioning to ensure that disabled children and young people can stay in their communities where that is in the best interests of the young person.

17. We urge the Committee to acknowledge the particular benefit this new duty could have for disabled children and young people. We encourage the Committee to recommend that this new duty leads to a shift in local planning, away from routinely placing disabled children far from home in expensive out-of-authority placements, towards developing local provision to meet local need.

¹⁰ Pinney (2005), *op cit*, p50.

¹¹ Pinney (2005), *op cit*.

THE NEED FOR INDEPENDENT ADVOCACY

18. EDCM echoes the concerns of Voice and The Children's Society that looked after children and young people continue not to be heard in decisions being made about their care, their protection and their lives, despite successive legislation and guidance requiring a range of professionals to ensure this happens.

19. We have particular concerns about disabled children placed away from home, who are some of the most vulnerable children and would benefit enormously from access to independent advocacy. These children often live many miles away from home, and complex impairments can mean they have serious difficulty communicating. When they feel isolated, unhappy, lonely or unsafe, there is often no-one who understands them.

20. A survey of advocacy services across England carried out by The Children's Society between April and December 2006 found alarmingly that a quarter of advocacy providers surveyed reported that they had not been able to respond to a referral from a disabled child.

21. EDCM supports the statement issued by The Children's Society and Voice on a right to advocacy for all looked-after children and young people, and urges the Committee to recommend that robust mechanisms are enacted to ensure that the most vulnerable young people—including disabled young people in the care system—have a voice.

A RIGHT TO ASSISTIVE AND AUGMENTATIVE COMMUNICATION SUPPORT

22. EDCM supports Scope's position that access to essential communication aids should be a basic right for young disabled people who are looked-after. Without these aids, it becomes impossible for the local authority to fulfil its duty to seek the views of young people with communication support needs. As with advocacy, IROs and visitors will not be effective unless disabled children and young people have a right to the aids and equipment they need to communicate their wishes and feelings. We urge the Committee to recommend a right to this equipment, and that the resources be made available to deliver on it.

CONCLUSION

23. EDCM welcomes the measures within the Children and Young Person's Bill to improve outcomes for young people in care, and the new political priority given to disabled children through *Aiming High for Disabled Children*. However, we have profound concerns about the fundamental gaps between these two initiatives in terms of the need for:

- looked-after status for disabled children in long-term placements;
- development of local and regional care provision;
- access to independent advocacy services; and
- rights to essential augmentative and alternative communication aids.

24. Disabled children and young people in, or on the edge of, care face profound and multiple social exclusion and increased safeguarding challenges. Action against our recommendations will improve the safety and life chances of these young people, and help deliver on the government's commitment that Every Child Matters.

March 2008

Memorandum submitted by the Family Rights Group

THE ROLE OF THE STATE IN SUPPORTING RELATIVES RAISING CHILDREN WHO CANNOT LIVE WITH THEIR PARENTS

1. WHO ARE WE?

This response has been developed by Family Rights Group in consultation with the Kinship Care Alliance

Family Rights Group is the charity in England and Wales that advises parents and other family members whose children are involved with, or require, social care services. We run a confidential telephone advice service for families.

Established as a registered charity in 1974, we work to increase the voice children and families have in the services they use. We promote policies and practices that assist children to be raised safely and securely within their families, and campaign to ensure that support is available to assist grandparents and other relatives who are raising children who cannot live with their parents.

Since 2006 Family Rights Group has been meeting regularly with a number of voluntary organisations working with family and friends carers, local authorities and academics in the field, under the auspices of the *Kinship Care Alliance*. The *Alliance* meetings are Chaired by The Fostering Network and serviced by Family Rights Group. Members of the Alliance include Barnardo's, BAAF, Family Welfare Association, National Children's Bureau, NCH, The Grandparents' Association and Voice. Initially brought together to influence the Green Paper: *Care Matters: Transforming the lives of children and young people in care*, this *Alliance* has proved an important vehicle for developing a joint policy agenda designed to:

- prevent children from being unnecessarily raised outside their family; and
- enhance outcomes for children who cannot live with their parents and who are living with relatives.

Since the *Alliance* was formed there have been some significant welcome developments:

- The Review of Child Care Proceedings¹² encourages the use of Family Group Conferences and recommends that all family and friends care options should have been explored before care proceedings are started.
- The inclusion of provisions in the Children and Young Persons Bill to ensure that looked after children, who cannot return home, are, wherever possible, placed with relatives who are approved as local authority foster carers, and hence are paid accordingly.
- The government's pledge to introduce a new framework for family and friends care as part of revised Children Act guidance to be completed in 2009.

Nevertheless we have significant concerns about:

- The notable absence in the Bill of provisions to ensure effective support for those caring for children who are not looked after but who are on the edge of care.
- The lack of detail as to what the family and friends care framework will entail.

This submission, drawn up by Family Rights Group following consultation with the Kinship Care Alliance, describes what we are seeking to achieve, summarises findings from research on family and friends care and sets out detailed recommendations.

2. WHAT WE ARE SEEKING TO ACHIEVE

SUMMARY OF KEY RECOMMENDATIONS

Consistent with the proposals in *Care Matters* and the Children and Young Persons Bill (CYP Bill) these recommendations seek to:

- enable more vulnerable children who cannot live with their parents to be raised by relatives rather than being taken into, or remaining in, the care systems;
- ensure that children being raised by relatives and friends are recognised as children in need and are thus entitled to an assessment by the local authority of their specific needs;
- require local authorities to provide suitable support services, including assistance with contact arrangements, to children being raised by family and friends carers;
- enable family and friends to get public funding to secure as necessary a legal order to safeguard a child; and
- ensure that family and friends carers who are raising children who cannot live with their parents are entitled to a national financial allowance, so as to avoid being plunged into financial hardship as a result of becoming carers.

3. THE CONTEXT FOR FAMILY AND FRIENDS CARE

Introduction

There are no official statistics of the total number of children living with relatives but the estimated figure is between 200,000–300,000¹³ children, only a small proportion of which are looked-after¹⁴ children.

The agencies involved in the Kinship Care Alliance are also aware of many more relatives who, with the right support and assistance, could and would wish to care for children who cannot live with their parents.

Often family members start to look after a child because there is a crisis in the parental home. For example, there may have been incidents of violence, alcohol or drug misuse, mental or physical illness, disability, a death, separation, divorce, domestic abuse, imprisonment, or any combination of these. The children concerned are likely to have experienced trauma and possibly inadequate or inappropriate parenting as a result of being exposed to any of these circumstances. Some relatives and friends who step in to care for the

¹² *Review of the Child Care Proceedings System in England and Wales* (2006) Department of Constitutional Affairs and Department for Education and Skills and Welsh Assembly Government.

¹³ Richards A and Tapsfield R (2003) *Funding Family and Friends Care: The Way Forward* (Family Rights Group).

¹⁴ A child is looked after when s/he is in care under a care or emergency protection order or when s/he is accommodated by agreement with the parents or others with parental responsibility (s.22(1) Children Act 1989).

child in an emergency may be dealing with a situation that starts as a short term arrangement but becomes open ended with no clear indication as to how long it will continue. In many cases it becomes clear later that the children are with them indefinitely.

What do we know about family and friends care?

The research findings on family and friends care (also known as kinship care) suggest that “carers’ commitment and willingness to continue against the odds benefits the children they are looking after, but the good outcomes for these children are sometimes achieved at the expense of the kin carers themselves.”¹⁵ Many family and friends carers are struggling to survive financially, emotionally and socially, receiving little, if anything, from the state to meet the child’s needs, despite having no financial liability for them in law.¹⁶

There are well evidenced advantages¹⁷ for children who cannot live with their parents to being raised by family and friends:

- Children in family and friends care tend to be in more stable placements than those placed with unrelated foster carers.
- Children feel loved and report high levels of satisfaction.
- Children appear to be as safe and their behaviour is perceived to be less of a problem when compared to children with unrelated foster carers.
- Children placed within their family can more easily maintain a sense of family and cultural identity.
- Contact with family members is more likely to be maintained.

However the difficulties children and carers encounter are also well evidenced:

- Family and friends carers are more likely to be older, in poorer health and in more disadvantaged circumstances when compared to unrelated foster carers, yet receive significantly less support.
- Some family and friends carers incur large legal costs in securing the care of children at risk of ill treatment.
- There are wide variations between local authorities in policies, support, finance and attitudes towards family and friends care and in numbers of children placed with family and friends.
- Access and entitlement to support, including financial support is based on legal status and not on need, resulting in some carers suffering significant financial hardship.
- Assessment of the placement depends on legal status rather than need, thus risking inconsistent and inappropriate assessments. Some family and friends carers are subject to full fostering assessments that are essentially geared to non relatives while others have no assessment.
- Some children are taken to relatives in an emergency by local authorities, who then deny responsibility for the placement. This can leave the child and relatives without support and confused as to their rights and responsibilities (please see Appendix B for examples from Family Rights Group’s advice and advocacy service of such cases).
- Despite the benefits to children of maintaining contact with their parents, siblings and other significant people in their lives, managing contact arrangements can cause significant difficulties for family and friends carers yet support is rarely available. Family and friends carers receive significantly less support in managing such arrangements than non-related foster carers.¹⁸
- Family and friends foster carers are still facing discrimination by some local authorities, despite the legal ruling that they should be paid the same rate of fostering allowance whether they are a family and friends carer or a “stranger” foster carer.¹⁹ A recent survey found that 25 authorities admitted to paying their family and friends foster carers at a lower rate than their other foster carers.²⁰

We share the views expressed in Care Matters that family and friends care needs to be the option of first resort for children coming into state care (which often is not the case) and that more children could be placed in family and friends care.

¹⁵ Farmer E and Moyers S (2005) “*Children Placed with Family and Friends: Placement, Patterns and Outcomes*”, Report to the DJES, School for Policy Studies, University of Bristol.

¹⁶ Parents are liable to support their children (s.1 Child Support Act 1991); relatives and friends are not unless they adopt the child and hence become the legal parents. It is therefore the responsibility of the state to support family and friends caring for children when the parents cannot, yet such support is not forthcoming.

¹⁷ Roskill C (2007 forthcoming) *Wider Family Matters* (Family Rights Group); Doolan *et al* (2004) *Growing up in the Care of Relatives and Friends* (Family Rights Group); Hunt J (2003) *Family and Friends Care*; Scoping Paper for Dept of Health; Broad, B (ed) (2001) *Kinship Care: the placement of choice for children and young people* (Russell House).

¹⁸ Farmer and Moyers (2005), *ibid*.

¹⁹ The Queen on the application of L and others v Manchester City Council; the Queen on the application of R and another v Manchester City Council [2001] Family Law Reports 43.

²⁰ The Fostering Network Survey of allowances and fee payment schemes 2007–08: recommended minimum allowances.

However it is crucial that the needs of family and friends carers are addressed if these children are to reach their full potential. The overwhelming evidence from our advice work is that the more informal the arrangement the less likely the family member who takes on the care of the child is to receive support.²¹ This lack of support is likely to have a detrimental effect on the child, and sometimes causes the placement to break down and the children to end up in the state care system after all.

How can family and friends carers access support services?

Family and friends care arrangements generally fall into certain key legal categories, with associated routes to support services:

- (a) **Looked after children:** When Children's Services has concerns about a child's safety and well-being, and they decide it is unsafe for the child to remain at home, then, provided they have the necessary authority, they can place the child with a relative where this is consistent with the child's welfare. Such authority is derived from either the parents' agreeing to the plan (in which case the child is accommodated) or where such agreement is not forthcoming, they have been granted a care order (in which case the child is in care). Although there is some poor practice, with local authorities sometimes refusing to accept responsibility for such children,²² the local authority will normally approve the child's relatives as foster carers in these circumstances and thus is under a duty to support them accordingly.²³ This is consistent with the existing provisions in s.23(6) Children Act 1989 (CA) and will be reinforced by the proposed amendments in the Children and Young Persons Bill—see s.22C CA in clause 9.

Children on the edge of care who are not looked after: Relatives will often take precipitate action to prevent children unnecessarily entering the care system. If, for example, a local authority suspects a child is at risk of harm, the local authority is required by s.47 CA to instigate child protection enquiries, and to take necessary action including drawing up a plan to ensure the child's safety and well-being. Sometimes arrangements will be made between the parents and relatives with the strong encouragement of the local authority that the child goes to live with relatives. Such children are clearly very vulnerable and as such are on the edge of care but because the relative has stepped in, they do not become looked after. In these circumstances, whilst closely monitoring the care of the child with the relative, the local authority has the power to provide support services if the child is assessed as being a child in need under s.17 (as amended by the CYP Bill) and Part III CA generally, but it is not under a duty to support the arrangement and often fails to do so, as evidenced by the research above. As a result many such arrangements come under considerable strain and may even break down.

- (b) **Other legal arrangements** can include the carer being granted a residence order in which case the local authority has a discretionary power but is not required to pay a residence order allowance (schedule 1, para 15 CA) or a special guardianship order in which case the local authority has the power to provide financial and other support under the statutory system created to provide special guardianship support (s.14F CA). Further information about the legal arrangements can be found in Appendix A.

4. NEW DETAILED RECOMMENDATIONS

The rest of the briefing sets out detailed recommendations to promote wider use of family and friends care for children on the edge of care and to improve their access to support services in such placements:

4.1 *Enabling more children to live with family and friends rather than in the state care system*

A recent study²⁴ found that social workers initiated only 4% of family and friends placements, so if relatives do not put themselves forward, it is unlikely that the local authority will place the child with them. Yet some relatives are providing a lot of support to the child's parents (who may be their own son, daughter, sister or brother) and are fearful that presenting themselves as potential carers might be perceived by the parent as undermining them. Others may not have a full picture of what is going on and do not realise the situation is as serious as it is, and even if care proceedings are initiated, they may not be eligible for legal aid and may be very unclear as to their options.

²¹ A family and friends carer's ability to access to support is determined by their legal status as carers (as set out in Appendix A). If they are approved local authority foster carers they should have access to equivalent support to unrelated foster carers, but in all other cases, where the arrangement is either informal or is secured by a special guardianship or residence order, the provision of support is discretionary and the exercise of this discretion varies hugely between authorities.

²² See *Southwark LBC -v- D* [2007] EWCA Civ 182; [2007] 1 FLR 2181

The government has indicated that it intends to issue strong guidance discouraging such poor practice in the forthcoming revised Children Act.

²³ S.23(2) CA.

²⁴ Farmer and Moyers (2005) *ibid.*

The proposals below are consistent with the recommendations of the Department for Constitutional Affairs, Department for Education and Skills and Welsh Assembly Government *Review of Child Care Proceedings* (2006).

(a) Family group conferences

Family group conferences are a proven effective way of identifying and enabling family members to come forward as potential carers.

Family group conferences are family-led decision making meetings. Parents, relatives and friends develop a plan for the child's care, following significant earlier preparation by an independent co-coordinator who explores the issues with each person attending the meeting. The family plan addresses child welfare and/or protection concerns including those identified and communicated to the family by the local authority. The child is supported to be involved in the meeting, with the use of an advocate where appropriate. The family plan is approved by the local authority provided it satisfactorily addresses the welfare and protection concerns.

FGCs are a proven mechanism to enable partnership between the state and families at all key decision making points for a child including:

- As a means of engaging the family to identify and support care arrangements for vulnerable children and their parents.
- As a way of identifying alternative care arrangements within the family when the parent cannot continue to look after the child, including identifying necessary support packages to avoid the child being received into state care.
- As a means of planning for the child to see members of their family and to return home safely to their family network from state care wherever possible.
- Prior to “pathways” planning for children leaving local authority care.

However, although the number of family group conferences taking place in England and Wales is increasing, whether or not a family is offered a family group conference is still *ad hoc*, dependent upon where the family lives and who their social worker is. A legislative lead is therefore required to achieve a more consistent national approach.

(b) Independent advice and advocacy

To support family and friends in understanding their options, having their views taken into account and to create a working partnership between family members and local authorities, relatives, as well as parents, need access to independent advice and advocacy once s.47 child protection enquiries are initiated.

Identifying and supporting relatives to come forward as carers—new recommendations

1. All children with their families are offered a family group conference prior to care proceedings being initiated (or immediately afterwards in an emergency).
2. A new duty is placed upon children's services to ensure the provision of local family group conference service and independent family advice and advocacy services and that this duty is properly funded by central government.

4.3 Systems for providing support

There is considerable research evidence that family and friends carers do not receive adequate support, particularly when they are raising vulnerable children outside the looked after system. The system for supporting family and friends care therefore needs to be fundamentally revised.

Family and friends support needs fall into two categories which should be addressed in distinct ways:

- Immediate/short term needs where family and friends come forward to care for a child in an emergency to avert the need for the child to be taken into state care.
- Longer term needs where family and friends take on the care of a child on a long term or permanent basis.

4.3.1 Meeting immediate short term needs of children and carers where the child is not looked after

The immediate support needs for carers of children who are not looked after are best met by services being provided under s.17 CA where the child is in need as defined in s.17(10). The support available under this section should be enhanced by the provisions in the CYP Bill to enable cash help to be provided (see clause 24). Yet evidence from our advice line suggests that some local authorities are refusing to even assess a child's need for support unless s/he is at risk of harm. By going to live with a relative the immediate risk of harm has normally been removed and in such circumstances neither the child or carer's acute needs are therefore assessed, let alone met. This could be overcome if the child/carer had a *prima facie* right to assessment of

their needs under s.17 Children Act 1989, as is the case for disabled children. This would enable them to have better access to immediate support particularly where they have stepped in to care for a child or a group of siblings in a crisis without having the opportunity to reflect on the details of how they will manage and where the child(ren) has acute needs as a result of earlier abuse.

Meeting short term needs—new recommendations

1. The definition of who is a child in need in s. 17(10) be amended to include:

- (d) children being cared for by family members or friends.

4.3.2 Meeting needs where and friends take on the care of a child on a long term or permanent basis

Currently, the only way in which such carers can be guaranteed access to the support they need is for the child to be “looked after” ie to be and remain formally in the state care system as described above. Yet there may be no other good reason why the child needs to be in care. We therefore recommend:

That a family and friends care support system needs to be developed on a statutory basis for family and friends carers who have an established caring arrangement of a child who is not, or does not need to remain, looked after. This would entail:

- (i) The local authority being under a duty to establish family and friends care support services, including commissioning services from the voluntary sector. This would mirror the duties introduced under the Adoption and Children Act 2002 in respect of adoption and special guardianship.
- (ii) Support groups being available for carers, to combat the isolation many find themselves in when taking on a parenting role and dealing with the complex needs of vulnerable children which they had not planned for.
- (iii) Support for contact arrangements. It has long been established that by far the majority of children who are looked after return home to their families whether during their minorities or after they leave care at 18²⁵ and that contact is the key to early discharge from care.²⁶ There is also evidence that, although contact is important for children’s well-being even where they will never return to the parental home, it can be problematic in practice and requires support to work effectively. Yet family and friends carers are often left alone to manage difficult contact arrangements as compared with unrelated foster carers.²⁷ For example there may be tensions between the adults, or the children may experience confused emotions and display challenging behaviour, all of which needs to be worked through. Specific services, including mediation should be available to promote positive relationships for such children.
- (iv) Children who are being raised by family and friends carers on a long terms basis (more than 28 days) and cannot live with their parents, having a right to an assessment of their needs and access to such support services.
- (v) Improved communication, co-ordination, understanding and prioritisation of the needs of these children and their birth families, including carers, by public agencies including schools, CAMHS, and housing and between adults and children’s services, for example in addressing the impact of parental alcohol and substance misuse.
- (vi) Government funding being available to local authorities to fulfil such duties.

Meeting longer term needs of carers and children—new recommendations

In order to ensure carers receive the support they needs to meet the needs of these children, we recommend that:

- 1. A new statutory framework is introduced that places local authorities under a statutory duty to provide children being raised by family and friends, their carers and birth parents with support services including support with contact and respite care.
- 2. Government provides local authorities with the funds to enable them to run and commission such support services, including sustainable support groups.

4.4 Financial support

In law, at least, relatives and friends are not financially liable for the children they are raising. Therefore it follows that, if the parents cannot provide, the core financial needs of caring for such children should be met by central government. Family and friends carers, who are caring for more than 28 days for children who cannot remain at home with their parents and are not looked after, should be entitled to a national financial allowance.

²⁵ Bullock R, Gooch D and Little M. (1998) *Children Going Home: the reunification of families* (Aldershot, Ashgate).

²⁶ Rowe J *et al* (1984) *Long Term Foster Care* (Batsford, London).

²⁷ Farmer and Moyers (2005) *ibid.*

4.4.1 National financial allowance—detailed proposal

A national non-means tested financial allowance to cover the real costs of raising a child should be paid to relatives or other persons already connected to the child,²⁸ who take on the care of a child for more than 28 days continuously in the following circumstances:

- (a) Where the child comes to live with the carer as a result of plans made within a section 47 child protection enquiry; or
- (b) Where a child comes to live with the carer following a section 37 investigation;
- (c) Where a carer has secured a Residence Order or Special Guardianship Order to avoid a child being looked after, and there is professional evidence of the impairment of the parents' ability to care for the child; and/or
- (d) Where the carer has a Residence Order or Special Guardianship Order arising out of care proceedings; or
- (e) Where the carer has a Residence Order, Special Guardianship Order following the accommodation of a child.

These criteria are designed to ensure that the financial allowance will only be received where:

- (a) the carer is raising the child; and
- (b) the parent is unable to care for the child and there is judicial or professional evidence of this.

4.4.2 Legal costs

Where a child is living with a relative with the consent of the parent but without a legal order, the carer may face continual problems because they do not have parental responsibility for the child, yet going to court might upset the fragile relationship that they have negotiated. Moreover such a carer may have to overcome more hurdles than an unrelated foster carer to obtain a legal order, such as residence or special guardianship order. That's why we welcome the provisions in the Children and Young Persons Bill to remove the leave requirement for relatives applying for a residence or special guardianship order after one year of caring for the child. However many family and friends carers are left with crippling legal bills when applying to court, for example for a residence or special guardianship order to provide permanence and legal security for the child. Others find that without financial means, they have to represent themselves, which can be very traumatic, particularly in contested cases.

4.4.3 Ending financial discrimination against family and friends carers

There will always be cases where children are placed with family and friends carers but remain looked after children because there are ongoing welfare or protection issues. These carers will access support through the fostering system like any other approved foster carers. However, currently some receive less support than unrelated foster carers.²⁹ When this was challenged legally it was held that it was unlawful to discriminate against family and friends carers by paying them less than unrelated foster carers.³⁰ Nevertheless information from our advice services suggests that the practice does appear to be continuing in various forms. Research evidence also indicates that family and friends carers are far less likely to have the support of an allocated family placements social worker.³¹ Government guidance needs to be issued to ensure that family and friends foster carers are no longer discriminated against in terms of the financial allowance they receive.

Financial support—New recommendations

1. Family and friends raising a child who cannot live with their parents for more than 28 days should be entitled to a national allowance to cover the core financial costs of caring for such child.
2. Relatives and friends should be entitled to receive public funding for legal proceedings which secure the child's future with them on a non-means and non-merits tested basis.
3. Government guidance needs to be issued to ensure that family and friends foster carers are no longer discriminated against in terms of the financial allowance they receive.

March 2008

²⁸ This could include family friends.

²⁹ Farmer and Moyers (2005) *ibid*.

³⁰ The Queen on the Application of L and others -v- Manchester City Council; The Queen on the Application of R and another -v- Manchester City Council [2002] 1 FLR 43.

³¹ Farmer and Moyers (2005) *ibid*.

APPENDIX A

The legal status of family and friends care placements includes:

- A private, consensual arrangement between the parents and the carer which, if the latter is not a relative within the definition in s.105 CA, involves a private fostering arrangement. There is no support entitlement automatically associated with such arrangements although the child may receive services if deemed to be a child in need (s.17 CA).
- Residence orders which do not trigger any entitlement to support but may lead to a discretionary payment of a residence order allowance under schedule 1 paragraph 15 CA (the rate may vary over time and from one authority to another). The child may receive services if deemed to be a child in need (s.17 CA).
- Special guardianship orders which can entail financial and other support being provided (s.14F CA) if the child or special guardian is assessed as needing support, but again this is discretionary.
- Foster care which carries with it a right to receive payment and other support as required by s.23 (2) CA 1989 and the Fostering Services Regulations 2002.³²

Memorandum submitted by Save the Children

SUMMARY

Separated children are a vulnerable cohort of children in care with specialist needs, forced to navigate a complex and at times traumatic asylum system. The *Care Matters: time for change* white paper and the BIA's *Better Outcomes: the way forward—Improving the care of unaccompanied asylum seeking children* fail to adequately address these needs. In particular, we would like the committee to consider the establishment of a system of guardianship to ensure the welfare needs of separated children are properly safeguarded within the context of the asylum and immigration system, and to ensure their care and support needs are met. In its submission to the *Care Matters* Green Paper, Save the Children urged the Government to establish a system of guardianship as part of the looked after children reforms. We would urge the committee to do the same.

1. Save the Children fights for vulnerable children in the UK and around the world who suffer from poverty, disease, injustice and violence. We work with them to find lifelong answers to the problems they face.

2. As a global organisation, we are uniquely placed to ensure that the rights of all asylum seeker, refugee and trafficked children in the UK are protected, promoted and respected in line with the UN Convention on the Rights of the Child (UNCRC), other international human rights instruments and relevant domestic legislation.

GUARDIANSHIP FOR ALL SEPARATED CHILDREN

3. Each year 3,000 separated children³³ come to the UK and claim asylum.³⁴ In addition unknown numbers of separated children are trafficked into the UK for the purposes of exploitation. Evidence shows that these children are not receiving the support they require to ensure that their best interests are met whilst they are in the UK and in identifying a durable solution for their future. Save the Children is calling on the UK Government to introduce a system of guardianship for these children, in line with international requirements. This would ensure that their welfare needs are properly safeguarded within the context of the asylum determination and immigration process by the immigration authorities, and that their support and care needs are met by all responsible agencies.

Evidence of need

4. There is no systematic provision of independent oversight on matters involving separated children who are subject to immigration control. Children may go unrepresented in their asylum application, may be placed in inappropriate accommodation with inadequate support³⁵ and may not understand the implications of their asylum application. In particular, the long-term solutions for each child may not be fully explored.³⁶

“My key worker is very good but she doesn't always have time to help me so I don't always get the support I need. A guardian should be someone who is always there for me.”

Abdesalah, Separated child in the UK

³² The Fostering Services Regulations 2002, Regulations 17, Department of Health 2002.

³³ By separated we mean separated from both parents and not being cared for by an adult who by law or custom has responsibility to do so.

³⁴ Home Office Statistics.

³⁵ See for example, Save the Children UK (2005) *Local Authority Support to Unaccompanied Asylum-Seeking Young People*. Changes since the Hillingdon Judgement

³⁶ Crawley, H (2006), *Child first, migrant second*, ILPA, London p32

5. In the current system, separated children seeking asylum—some as young as eight years old—have to instruct their own solicitors. Yet these children may not be competent to instruct a legal representative. The question of a child’s competence to be party to legal proceedings is addressed in various jurisdictions, but not before the Asylum and Immigration Tribunal (AIT). Citizen children, who go through court proceedings in the Family Court, are recognised as often needing independent advice and support to represent their best interests, and this is provided through Children and Family Court Advisory and Support Service (CAFCASS) a non-departmental public body accountable to Parliament through the Lord Chancellor.³⁷ CAFCASS properly identifies that its job is “to safeguard and promote the welfare of children . . .”³⁸ It is independent of the courts, social services, education, health authorities and all similar agencies. Children’s Guardians represent the interests of a child in court during cases in which social services have become involved in the child’s case. The remit includes giving a professional opinion on the best interests of the child; standing up for those interests; making relevant inquiries; writing a report for the court; spending time talking and listening to children to find out what they think and how they feel.

6. Similar support is not provided for separated asylum seeking and trafficked children, who in addition are increasingly unable to access the specialist legal advice needed to ensure that they are properly supported and receive a timely and well-considered decision on their asylum application.³⁹ The Home Offices’ *Better Outcomes: The way forward* paper outlines plans to disperse these children. Save the Children is apprehensive about children’s access to legal advice in these situations, and while the Home Office acknowledges the need to ensure that there is adequate provision of legal services within specialist authorities, we continue to have concerns, especially given that in 2006 only 6% of children were granted asylum, with the majority being granted discretionary leave,⁴⁰ a decision likely to be based on the age of the claimant rather than on any belief that he or she requires protection under the European Convention on Human Rights.

7. The case for guardianship is even more compelling in light of the changes which mean that all children over the age of 12 who make their own asylum application will be interviewed; and the emphasis on return to countries of origin before a child reaches 18 in the Home Office paper *Better Outcomes: The way forward*.

8. Of great concern are the high numbers of separated children—some who are known to have been trafficked, and others who are suspected victims of trafficking—who go missing from local authority care. Save the Children and ECPAT UK research found that in 183 (55%)⁴¹ of the cases of child trafficking examined, the child identified had gone missing. A Government scoping report had similar findings, and in 52 (64%) of the known cases of child trafficking, the children had gone missing.⁴² These children had gone missing from a wide range of support arrangements, but many were in inadequate emergency accommodation. Others were housed in shared accommodation with other young adults, which left them vulnerable to abduction or inducement by their traffickers. Based on this evidence, UNICEF UK has recommended that a guardian is appointed for trafficked children as soon as a child victim is identified, or there are reasonable grounds to believe that the child is a victim.⁴³

International obligations

9. The UN Committee on the Rights of the Child, the treaty monitoring body for the UN Convention on the Rights of the Child, has clearly outlined in its *General Comment on the Treatment of Unaccompanied and Separated Children outside their Country of Origin* the responsibility of States to provide guardians for unaccompanied and separated children:

“States are required to create the underlying legal framework and to take necessary measures to secure proper representation of an unaccompanied or separated child’s best interests. Therefore States should appoint a guardian or adviser as soon as the unaccompanied or separated child is identified and maintain such guardianship arrangements until the child has either reached the age of majority or has permanently left the territory, in compliance with the Convention and other international instruments.”⁴⁴

10. Additionally, in its 2002 Concluding Observations, the Committee made a specific recommendation that the UK Government “consider the appointment of guardians to unaccompanied asylum-seeking and refugee children.”⁴⁵

³⁷ see Family Court Practice—Jordan Publishing Ltd—commentary on text of Statute.

³⁸ “The Role of CAFCASS” <http://www.cafcass.gov.uk/English/Publications/information/TheRoleofCafcass.pdf>

³⁹ Crawley, H (2006), *Child first, Migrant Second*, ILPA, London p29.

⁴⁰ Home Office (2007) Asylum Statistics United Kingdom 2006.

⁴¹ CEOP (2007), *A Scoping Project on Child Trafficking in the UK*.

⁴² ECPAT UK (2007) *Missing Out: A study of child trafficking in the North-West, North-East and West Midlands*.

⁴³ Unicef UK & Ecpat UK, 2007, *Rights here, rights now: Recommendations for protecting trafficked children*.

⁴⁴ *General Comment No.6 (2005) on Treatment of Unaccompanied and Separated Children outside their Country of Origin*; articles 18 (2) and 20 (1) paragraph 33.

⁴⁵ UN Committee on the Rights of the Child (2002) Concluding Observations on the United Kingdom of Great Britain and Northern Ireland.

11. The Government is also obliged to implement the European Union Directive on minimum standards for the reception of applicants for asylum. Article 19 of this directive in particular provides that:

“Member states shall as soon as possible take measures to ensure the necessary representation of unaccompanied minors by legal guardianship... or representation by any other appropriate organisation.”⁴⁶ And “those working with unaccompanied minors shall have had or receive appropriate training concerning their needs . . .”⁴⁷

12. Article 10 of the Council of Europe Convention on Action against Trafficking in Human Beings states that; “As soon as an unaccompanied child is identified as a victim [of trafficking] . . . each Party shall provide for representation of the child by a legal guardian, organisation or authority which shall act in the best interests of that child.” The UK Government has said that it will ratify this Convention by the end of 2008.

Role and function of a guardian

13. It is crucial that a system of guardianship set up for separated children in the UK follows international standards. The functions of the guardian are set out in the UN Committee’s General Comment, which sets out that, inter alia:

“The guardian should be consulted and informed regarding all actions taken in relation to the child. The guardian should have the authority to be present in all planning and decision-making processes, including immigration and appeal hearings, care arrangements and all efforts to search for a durable solution. . .”⁴⁸

14. The Separated Children in Europe Programme (SCEP) *Statement of Good Practice*⁴⁹ also recommends that as soon as a separated child is identified, a guardian or adviser should be appointed—in a long-term perspective—to advise and protect the separated child. The Statement sets out the role and function of a guardian as follows, based on the experiences of member countries:

- to ensure that all decisions taken are in the child’s best interests;
- to ensure that the child has suitable care, accommodation, education, language support and health care provision;
- to ensure that the child has suitable legal representation to deal with his/her immigration status or asylum claim;
- to consult with and advise the child;
- to contribute to a durable solution in the child’s best interests;
- to provide a link between the child and various organisations who may provide services to the child;
- to advocate on the child’s behalf where necessary; and
- to explore the possibility of family tracing and reunification with the child.

Save the Children response to the current Government position

15. In response to a recent Parliamentary question, speaking on behalf of the Government, Lord West of Spithead stated that:

“We are not considering creating a system of legal guardianship for unaccompanied asylum-seeking children. The role of such a person is unclear and we consider that the children already receive sufficient assistance from the local authority social workers assigned to their care. The children are also referred to the Refugee Council Children’s Panel, which provides additional advice and signposts the individuals to appropriate services. Legal assistance is of course available to assist with asylum applications.”⁵⁰

16. Save the Children believes that the role of the guardian is clear, as set out above by the Separated Children in Europe Programme. The local authority is not adequately resourced to fulfil the effective functions of a guardian as set out by UNHCR⁵¹ and the UNCRC. The UNCRC guidance states that, “agencies or individuals whose interest could potentially be in conflict with those of the child’s should not be eligible for guardianship.”⁵² The Refugee Children’s Consortium (RCC) believes that local authority children’s services are such an agency. For example, recent research from RCC member the Immigration

⁴⁶ Article 19 (1).

⁴⁷ Article 19 (4).

⁴⁸ <http://www.ohchr.org/english/bodies/crc/comments.htm> articles 18 (2) and 20 (1) paragraph 33.

⁴⁹ Separated Children in Europe Programme, *Statement of Good Practice* 2004.

⁵⁰ House of Lords Hansard, 14 November 2007, Col No. XXX. Our emphasis in bold.

⁵¹ UNHCR, *Guidelines on Policies and Procedures in dealing with Unaccompanied Children Seeking Asylum*, Geneva, February 1997, p 7.

⁵² <http://www.ohchr.org/english/bodies/crc/comments.htm> articles 18 (2) and 20 (1) paragraph 33.

Law Practitioners' Association (ILPA) highlights the potential conflict of interest for local authorities in carrying out age determinations of young people, because of the resource implications of determining that someone is a child.⁵³

17. The Refugee Council's Children's Panel is often quoted as providing a guardianship role for unaccompanied children in the UK. In its consultation on the EU Procedures Directive, the Home Office stated that its obligations to "take measures as soon as is possible to ensure that a representative represents and/or assists an unaccompanied minor with respect to the examination of the application"⁵⁴ is met through the Children's Panel. This has been refuted by the Refugee Council:

"The Refugee Council would like to make it clear that the statement made in the last sentence of paragraph 66 of the Implementation Paper is inaccurate: the Children's Panel of the Refugee Council does not provide legal representation. The BIA is also fully aware that although the Children's Panel is able to help a large number of unaccompanied children to access legal representation this is by no means guaranteed for all children seeking asylum on their own".⁵⁵

18. The role of the Panel is not a statutory one although it is funded by the Home Office. There is no obligation on children's services to work together with the Panel of Advisers or *vice versa*. It has no mandate to report, make recommendations or ascertain the feelings of a child. It does not act as an "appropriate adult", litigation friend or court welfare officer. Valuable NGO agencies such as the Refugee Council Children's Panel are no substitute for statutory guardianship.

We urge the Committee to recommend that:

- Every separated child who arrives in the UK and is subject to immigration control should be appointed a guardian who has powers to represent the child's best interest.
- The Department for Children Schools and Families and relevant departments in Scotland and Wales to consider, in conjunction with Better Outcomes: The way forward, the piloting of a system of guardian for unaccompanied children. Save the Children is happy to work with DCSF and the Home Office, as well as the relevant departments in Scotland and Wales to develop a model of guardianship for separated children.

May 2008

Memorandum submitted by Sally Brown, Pro-Vice-Chancellor Assessment, Learning and Teaching, Inder Hunjan, Access and Community Development Manager and Katrina Kennedy Widening Participation project manager, Leeds Metropolitan University

Some comments from Leeds Metropolitan University about how we work with children leaving foster care to study at Leeds Met.

THE NEXT STEP PROJECT—WORKING WITH LOOKED AFTER CHILDREN

Since September 2006 the Get Ahead Team at Leeds Metropolitan University have expanded their work with young people in public care. The "Next Step" programme support young people in care enabling them to participate in Higher Education activities, in order to create opportunities for the future. The project is run in partnership with Education Leeds and Leeds Social Services.

It is agreed that while children in public care are no more or less able than the general population, their educational success is extremely low. Pupils in public care are 13 times more likely than other pupils to be excluded from school. Key stage tests show poor results for younger children in care, and Government figures show that only 43% of children leaving care in England aged 16 or over had at least one GCSE or GNVQ. Only 6% were achieving five good GCSEs, compared with around half of all young people, and only 1% go on to university.

The failure to perform well in education is linked to the lack of stability in the young peoples' lives and the tendency to be moved frequently between homes and schools. Research has shown that this severely undermines confidence and self-motivation which impacts negatively on attainment and progression with education.

The "Get Ahead" widening participation team at Leeds Met have devised the following programme of events to address these issues and make a positive impact in the lives of these young people. The programme of events includes:

⁵³ Crawley, H, 2007, *When is a Child not a Child?* ILPA.

⁵⁴ Article 17 (1) (a) of Council Directive 2005/85/EC of 1 December 2005, laying down minimum standards on procedures in Member States for granting and withdrawing refugee status.

⁵⁵ Refugee Council Response to UK Implementation of Council Directive 2005/85/EC of 1 December 2005, laying down minimum standards on procedures in Member States for granting and withdrawing refugee status.

Mentoring

Student Ambassadors from the University mentored young people from years 10 and 11 every Tuesday afternoon at South Leeds Learning Centre. Participants work with the same student mentors each week which provides them with a stable contact, often lacking within their lives. Sessions include activities such as:

- Help with GCSE coursework and revision.
- Group work and positive identity.
- Revision techniques and past papers.
- A rap workshop.

Saturday Study Skills

The aim was to encourage a positive attitude to study through fun and interactive workshops.

The study skills sessions aim to foster a positive attitude to study through sessions on revision techniques, mind mapping, time management, effective note taking, writing essays and completing coursework.

Sessions facilitated by staff from the Get Ahead team assisted by a team of student ambassadors. Teachers from specific subjects were also invited to give extra input on their subject specialism.

Among our ambassadors is a young man who first encountered Leeds met through one of our summer schools, then came to study as an undergraduate, then undertook a Masters degree with us. He is currently helping to make a video about “Looked after” children entering higher education for use with schools and in our own Freshers festival.

To encourage participation in the events the activities were designed to be interactive and fun.

To complement the sessions and encourage team work and group bonding each session concluded with a social event which included an evening meal.

Family Day

Family days, which are currently held each half term, this introduced young people and carers to a university environment.

The days are made up of fun and interactive activities which encourage young people to view the facilities at the university and work together.

The days also provided an opportunity to inform carers about progression into Higher Education.

Easter Revision Programme

Each year the Get Ahead team facilitate an Easter Revision Programme entitled “Reaching for A*”. This is a three-day GCSE revision programme, which helps Year 11 pupils prepare for their forthcoming exams. Advanced skills teachers assisted by student tutors provide the classes which cover the core subjects of Maths, English and Science. The young people on the programme were sign posted to this activity.

Residential events

The Higher Education Summer School is part of the established programme of Get Ahead events. It brings together young people from across the Yorkshire region to enjoy a wide range of events and activities designed to give a taster of university life.

The Summer School forms part of the government Aimhigher initiative which aims to increase the motivation, aspiration and attainment of young people who are judged to have high ability but whose background is such that they might not consider applying for Higher Education.

Participants from “The Next Step” initiative will be invited to the HE Summer School as part of their ongoing aspiration raising programme.

The events will concluded with the opportunity to attend a one day event in the Dales countryside attending the Learning to Listen school.

A celebratory certificate ceremony for both the mentors and mentees has been arranged by Education Leeds and Leeds Social Services at the Novotel in Leeds for Friday 6 July.

May 2008

Memorandum submitted by the National Centre for Excellence in Residential Child Care (NCERCC)

INTRODUCTION TO NCERCC

NCERCC is a major collaborative initiative to improve standards of practice and outcomes for children and young people in residential childcare in England.

NCERCC is a principal point of reference and facilitates dialogue across the whole residential sector of England. NCERCC works collaboratively with key stakeholders: providers, practitioners, commissioners, researchers, regulators, children and young people are involved in its work.

Feedback from users indicates that NCERCC is fulfilling its key objective of impacting significantly on the sector and thus on the life chances of children and young people in residential care.

NCERCC provides

Up-to-date information on significant policy, research and practice developments:

- Opportunities to exchange and promote good practice.
- The means to highlight issues critical to the well-being and life chances of children in residential child care.
- Access to practical tools and materials for service and practice improvement.

Website: www.ncb.org.uk/ncercc

SOURCES OF EVIDENCE

FOUNDATION DOCUMENT 1

1. WHAT WORKS IN RESIDENTIAL CHILD CARE?

http://www.ncb.org.uk/Page.asp?originx_3878zp_281027214486h24p_2007534826u

What works in Residential Child Care, a summary of decades of research, address the two prominent themes in the literature: what makes a difference for residential child care practice and what makes a difference for placements.

What works for Residential Child Care practice?

These fundamentals that need to be present in Residential Child Care practice and thus form the basis for workforce development and regulation.

- Culture—perform best with concordant societal, formal and belief goals, strong positive staff cultures and strong positive children’s cultures or at least that did not undermine the work of the home.
- Homes which meet the personal, social, health and educational needs were much more likely to be safe places for children.
- Theories for practice—a clear theory or philosophy is essential.
- Clarity of purpose—this should be found in the Statement of Purpose and define the primary task—What are we here for? What are we doing?
- Leadership—clear and coherent leadership is fundamental.
- Relationships—between staff and children—the hallmark is feeling cared for with understanding, sympathetic, comforting, consistent and individual attention.
- Relationships between children—peer relationships are a core component needing positive, successful skill and understanding of formal and informal group work from adults.
- Relationships with family members—working with the family “in mind”—not necessarily direct work but always aiming to strengthening connections.
- Countering institutionalisation—daily life is built from an active attempt to produce systems that best match children’s wants and needs.
- Therapeutic support—the “therapeutic” in daily life and by access to specialist services—“Therapy”.
- Staff involvement—where staff feel empowered

What works for Residential Child Care placements?

There are better outcomes when needs are matched to placement.

There are three groups of needs but as every child needs a unique way of having their needs met so there is no one thing we can say is Residential Child Care. Any local, regional or national strategy for Residential Child Care will need to ensure that all three tiers of intensity are available so that matching of needs to placements can occur. It is concerning that Price Waterhouse Coopers in their study of Children's Homes and Fostering <http://www.dfes.gov.uk/research/data/uploadfiles/RW74.pdf>.

none of the highlighted local authorities had conducted the necessary audits of need and placement activity that would underpin a placements strategy. NCERCC knows of few local authorities who have conducted such audits but those who have are ensuring that their strategy will ensure access to all three tiers.

(a) Children with relatively simple or straightforward needs

These children need either short-term or relatively "ordinary" substitute care.

Why are they a child in care?

Their families may be stable and supportive but there has been a crisis or difficulty and they need short term, days or weeks, of support.

What do they need?

Good quality daily care and support.

How will they behave?

There can be a reasonable expectation that the child will return home and resume their usual lifestyle.

Where will they be placed?

Usually fostering, but there are many children who have preference for residential child care or are unsuited for fostering and so can go to a short break or short stay mainstream children's home.

What is a short break children's home?

Short breaks are often part of a wider package of care, which can involve health and education services and other agencies and are for children with learning disabilities and allow carers and families to "take a break". The children will have permanent and substantial physical and /or learning disabilities but will not be very challenging in their behaviour or require expert nursing care.

Short stay mainstream children's homes

Short stay mainstream children's homes provide time-limited care for children. These homes may serve different purposes; a child may need looking after because of unplanned or unforeseen events; or they may be waiting for a long-term place to become open; or it may be for assessment.

(b) Children or families with deep rooted, complex or chronic needs with a long history of disability, difficulty or disruption, including abuse or neglect

These children require more than simply a substitute family care.

Why are they a child in care?

There may be longer times when these children need stabilising, from weeks and months to years. They may have been a child in care before.

What do they need?

They need individualised care in a safe and containing environment, provided by grown ups who are consistently thoughtful about each child's care. There will be clear boundaries and limits with some negotiated flexibility.

How will they behave?

Their behaviour may be unsafe, self-harming or unpredictable and need to be managed in order to stabilise their lives.

Where will they be placed?

Long term mainstream children's homes

These homes provide care for a child for a substantial period of time, possibly until the child reaches adulthood. Most homes provide children with a key worker who will work with a child to ensure that their needs are being met in line with their Care Plan. This will include how a child's emotional, educational, social and health needs will be met. There will also be consideration given to the contact a child will have with their family and friends. These homes tend to provide care for groups of children and a key task for workers within the home is balancing the needs of each individual child with the needs of the group.

Children's homes for children with disabilities

Some children with disabilities have complex needs resulting from disability rather than a lack of parenting capacity. They require specialised long-term care that can provide care, education and health needs often in one place.

Residential Special Schools

Residential Special Schools provide an enriched educational experience but also address children's disability, and/or social, emotional psychological and behavioural needs. Residential Special Schools can be children's homes too if young people live there more than just term time. There will be specialist staffing and provision.

(c) Children with extensive, complex and enduring needs compounded by very difficult behaviour who require more specialised and intensive resources

These children with "high cost: low incidence needs" require particular care and specialist settings. The children have serious psychological needs and behavioural problems that can overshadow other goals.

Why are they a child in care?

Their needs may have been obvious from an early age and be the result of physical or sexual abuse. They may be involved with Youth Justice or mental health teams.

What do they need?

Intensive support and treatment with care, education and health all on one site and directed to creating a change in the child's and families circumstances.

How will they behave?

They will find it hard to sit still, often easily be verbally and physically aggressive, unpredictable, irrational, or unable to reason and show little concern for others. They can be out of touch with their emotions and show little or no sense of guilt or apology.

Where will they be placed?

These children need a place with a therapeutic community, an adolescent mental health unit, a small "intensive care" residential setting, secure unit or occasionally a place that is just for them on their own but still residential child care.

What is a Therapeutic Community?

Within a clear set of boundaries concerning time, place and roles there will be very close relationships between children and grown ups with frequent sharing of information and open resolution of problems, tensions and conflicts. Daily life will be purposeful tasks—therapeutic, domestic, organisational, educational—and there will be a shared commitment to the goal of learning from the experience of living and/ or working together

What is an adolescent psychiatric unit?

The focus here is on health and they are often close to or part of hospitals. The staff are mostly nurses and doctors, but there are social workers and teachers too. Young people will have needs such as a psychiatric illness, eating disorder, suffering from post-traumatic stress, or complex conditions that may include learning difficulties and behavioural problems. Some have experienced abuse or have difficult family and social circumstances.

What is a secure children's home?

Secure Children's Homes are specialist residential resources offering a high quality of care, education, assessment and therapeutic work. These are the only children's homes allowed to lock doors to prevent children leaving. Such restriction of liberty is a serious matter and entry is only by having a legal order from a Court made to protect the child or the community.

What is a one-bedded children's home?

Some homes are specifically registered and designed to have just one child living in them. For some children, living with a group of other children is not the best way in which to meet their needs. They need to have the opportunity to have the specialist support that residential child care can provide, but without the complexities that group living might bring. Their placement will follow an assessment and be meeting a specific treatment or care need. A key difference between foster care and a one bedded home is that a team of staff are employed to work with the child in the children's home. The staff members do not live on site and go home at the end of their shift.

FOUNDATION DOCUMENT 2

Excellence in Residential Child Care

http://www.ncb.org.uk/Page.asp?originx_5945eq_86679079225686b29o_2008481625c

The seminar was an opportunity to map out a vision for residential child care, create a picture of what excellent residential care would look like and to identify which developments would need to be actively supported to deliver excellence for all young people.

This report should be read as a companion to the report summarising the discussions that took place in the Autumn 2007 Children's Residential Network regional meetings, which is being published at the same time. http://www.ncb.org.uk/ncercc/ncercc/%20news/ncercc_crn_full_report.pdf

In this way NCERCC aims to provide a view of the sector as it is seen currently and the future developments needed.

These two documents taken together are intended to provide a foundation for discussions deriving from Care Matters and the Children and Young Persons Bill. They have implications for workforce development.

The high level invited participants to the seminar identified that there were four priority areas that need to be focussed on in order to achieve Excellence in Residential Child Care. These were:

- Clear Strategy for Care.
- Ensuring Stability of Placement.
- Good Career structure/qualifications (What should qualifications include?).
- Funding Follows Child.

Clear Strategy for Care

It is imperative that all involved recognise the value of Residential Child Care. In order for the strategy to be successful there would need to be a national approach to Residential Child Care, and this requires support across all political parties.

In addition to those responsible for Residential Child Care policy, practice and provision, there needs to be commitment from local neighbourhoods, communities, families and children and young people.

A financial commitment from budget holders demonstrating the value placed on Residential Child Care is essential. The strategy may be unsuccessful if there is limited capacity and resources to commission and to provide good Residential Child Care services. There is a concern that venture capitalists may have a dominant and adverse effect on the development of a strategy for care.

The strategy would need to be based on research identifying needs and potential provision. The outcome of this auditing should inform a ten-year plan with clear expectations and subsequently informing the flexibility and additional capacity required. The commissioning process should follow the format identified in Care Matters.

Staff would need to be well trained and there would need to be consideration into how to ensure that "good" care staff are recruited.

Ensuring Stability of Placements

Placement stability was identified as imperative for excellence in Residential Child Care. In order for this to be achieved for children and young people, there needs to be a thorough assessment of the placement needs of the individual. Placements must be planned and subsequently there must be choice in the available placements so that these needs can be met.

There was recognition that a change in decision maker or commissioner may have an effect on the success of the strategy. All those involved and all structures need to be in congruence in order for placements to achieve stability. It is the meeting of needs which should define commissioning and funding.

Good Career Structure/qualifications (What should Qualifications Include?)

There needs to be a thorough training in the theory and practice underpinning Residential Child Care and a recognised qualification. This qualification must be professional not vocational, recognising Residential Child Care as having its own theoretical framework and distinct child care practice.

There must be reflective leadership and management and they must also have a training path. National Occupational Standards need to be linked with curriculum knowledge and activity.

The profession needs to have national pay scales to reflect experience and qualifications. Research tells us that qualified professionals are motivated to remain in Residential Child Care.

In order for this to be successful, specific organisations must be on board and in support of the strategy. It would need to be supported by Government, providers, CWDC and Academic Bodies. It will require explicit attention to developing an increased positive perception of the status of Residential Child Care workers.

There were fears that certain things may get in the way of achieving this aim. Funds would be needed to implement this development. A commitment to implementing and sustaining a strategy is imperative and a major concern was those who would need to fund this priority may panic at the cost implications. Alternatively, rather than recognise that Residential Child Care meets the needs and wishes of many young people and needs supporting to deliver outcomes, money may be redirected into other services such as fostering or to bolstering existing training NVQ packages.

Without a strategy this could not succeed. It could not be left to market forces. The inability of the sector meeting the National Minimum Standards target has proven the need for national training delivery accessible to all personnel

Funding Follows Child

There must be a Governmental commitment to legislation and funding strategies (including Health Services), which endorse Residential Child Care as a positive choice. Agencies need to co-operate with each other and learn from each other: cooperation not competition. There needs to be access to funding for Looked After Children. Trained staff need to be able to assess needs using evidence based evaluations and there needs to be subsequent professional analysis.

The cultural view of Residential Child Care must shift. If Residential Child Care is perceived as the last resort the changes identified in the seminar will not be successful.

FURTHER EVIDENCE RELATING TO THE TERMS OF REFERENCE OF THE SELECT COMMITTEE

1. CARE PLACEMENTS

The Impact of Market Forces on the operation and capacity of the residential child care sector

Full report <http://www.vcsengage.org.uk/PDF/NCERCC%20Full%20Report.pdf>

This report sets out the findings of quantitative and qualitative research into the impact of market forces on the operation and capacity of the residential child care sector. A further survey has recently been completed by the Independent Children's Homes Association that shows a continuing concern regarding the resilience of the Residential Child Care sector.

This research provides an insight into the current situation of Residential Child Care provision. The views of voluntary, local authority and independent providers, and of those commissioning their services, were collected via two questionnaires and examined. The full findings are reproduced in Appendix One of this evidence document.

These findings are set in the context provided by a literature review of recent overviews of commissioning, and the residential child care sector; and by a survey of current developments in the participation of young people in their care and welfare planning within residential care facilities.

Current government thinking is to promote the use of "contestability" as a concept and practice for all services, including the residential child care sector. It states that there should be a distinction between purchasers and providers in public services; and that the service should be open to providers to have an opportunity to compete for public contracts. Following on from the Gershon report concerning public sector efficiency commissioners of all children's services are required to ensure that—over and above a child centred focus—the best value for money is obtained in terms of both quality and price.

Responses to the questionnaire clearly support the observation that, whilst it would be misleading to reduce "contestability" to the single idea of competition, current commissioning arrangements focus more keenly on price than any other factor. The specific effects of this upon the voluntary sector are given in the report; and the effects are compared with those for the local authority and independent sectors.

Concern is expressed by providers from all the sectors that this focus should equally be on practice. The research shows that providers are highly concerned about recent developments in the commissioning of residential child care. Their concern relates to the current definition and operation of commissioning and the ways in which it has the potential to adversely affect provision and practice.

Providers report that they perceive an imbalance of stress on costs over practice as the operating factors in deciding placement. In order to continue to prosper providers have to have regard for how they think the market for services is changing, rather than thinking about how they can operate more effectively as a sector.

This research reports provides an insight into the position of the voluntary sector as, of all the three sectors—local authority, independent and voluntary—it is experiencing the most severe effects of the current commissioning arrangements. The data shows that about half of respondents within the voluntary sector are experiencing a downturn in levels of occupancy and a decrease in turnover and, of these, 50% have identified their current position to be poor. The research identifies various reasons for this.

Two factors that can be emphasised are full cost recovery and the use of funds. Both are factors not present in the independent or local authority sectors. Some proposals for the voluntary sector to address their situation, notwithstanding these hurdles, are proposed at local, regional and national level.

The research includes a view of the effects of these factors on daily life. This is explored from a young person's view in the section "Participation and consultation in residential child care in England". From the research undertaken, it was clear that the sector of placement was not an influential factor in the level of participation of young people in their plans and the delivery of their care and welfare.

The voluntary sector was neither better nor worse than other sectors in this respect. All sectors have much to do to improve the participation of young people and proposals are included in that section of the report. Indeed, there is potential for the voluntary sector to take a distinct lead on developing this aspect of residential child care; and thereby to achieve some redress from the current decline in placements as the value of participation is identified by commissioners.

Both commissioners and providers report a need to establish a joint understanding of the work of both commissioning and residential child care. Providers and commissioners share a common goal but are not as yet engaged in common work concerning the quality and reliability of care nor in spelling out what the important component parts of that care are, beyond the legislative requirements that care should be safe.

It is clear that there is a widely accepted need for the development of sound partnerships that are built on best practice and do not expose either side of the relationship to undue risk, especially at the expense of the care offered to a young person. Through providing local, regional and national coordination, the voluntary sector can be proactive in developing a strategy that all sectors and commissioners can use. With commissioners and providers jointly working to recognise and acknowledge the future role for the residential child care sector in general and the voluntary sector in particular in the years ahead, and with each agreeing to contribute to making it happen, much needed thinking time would be spent on the content and the substance of the services rather than on negotiating the best financial deal.

2. SOCIAL PEDAGOGY

Introducing Social Pedagogy Into Residential Child Care in England

http://www.ncb.org.uk/ncerc/ncerc%20practice%20documents/introducing_sp_into_rcc_in_england_feb08.pdf

Discussions about the potential of social pedagogic ideas, especially in Residential Child Care have until recently been confined to academic circles and a growing number of practice settings.

The White Paper *Care Matters* included a proposal for piloting projects to examine the effectiveness of Social Pedagogy in Residential Child Care explaining that the pilots were to focus on adapting social pedagogical approaches, as practiced in Residential Child Care settings in continental Europe, with a view to significantly improving outcomes for children in public care.

This report is an evaluation of a project commissioned in advance of *Care Matters* by the Social Education Trust (SET) in September 2006 and managed by the National Centre for Excellence in Residential Child Care (NCERCC). The project was and is the first research study into the implementation of Social Pedagogy into England. It aimed to develop knowledge of the theories behind social pedagogic approaches, build the confidence of Residential Child Care workers and discover possible ways of translating social pedagogic approaches into meaningful practices in English Residential Child Care settings.

Nine Residential Child Care settings participated in a programme of practice development training facilitated by Social Pedagogue consultants from Germany and Denmark. The overall outcome of this pilot project, as seen through the eyes of the facilitators and participants, was highly positive.

The key aims and objectives of facilitating a better understanding of the relevance and possible translation of social pedagogic approaches into the English Residential Child Care context and increasing staff confidence in relating to the ideas and translating them into their every day practice in this project, have been met.

At the beginning of the project almost half of the participants had none or very limited knowledge of social pedagogic approaches, according to the responses to an initial baseline questionnaire. The main expectations of the participants were to gain more insight into Social Pedagogy, how it could be transferred into their current practices, and what new inspirations the project could bring to their practice. Almost 60% of the participants described themselves and their work colleagues as being positively receptive towards practicing pedagogically while about 40% described themselves as being neutral or less than positively receptive.

By the end of the project, over two thirds of the participants stated that they now had a more solid understanding of the essence of Social Pedagogy. For some they regained, for others renewed, the importance of having authentic, appreciative relationships when working with young people in Residential Child Care settings. A third of the participant's affirmed that they had already taken on many aspects of a social pedagogic approach in their current practice. Participants spoke of experiencing their dreams and motivations being rekindled in choosing to work with young people in residential settings.

Almost 70% of the participants were able to connect to, translate and use aspects of the themes in Social Pedagogy that they were introduced to, immediately in their everyday practice.

Participants report the biggest impact of this project was either a reconfirmation or gaining of new perspectives on how to meet the needs of young people in Residential Child Care without needing to discard the knowledge and experience they had already built up. On the contrary they felt that they could refine and develop their existing knowledge, skills and teamwork, by consciously embracing and implementing a more social pedagogic approach in their everyday practice.

As one participant put it “over the years, ‘the head’ for example, staff policies, risk assessments, children coming in as a last resort, has dominated how I perceive and work with the young people. I have rediscovered ‘the heart’ and can see working with these young people with a renewed perspective”.

Participants felt that the most problematic barrier to taking on a social pedagogic approach was how young people in Residential Child Care and those who chose to work with these young people are perceived in the wider English society, where coming into Residential Child Care is frequently seen as the last resort. In comparison, much of continental Europe perceives Residential Child Care as the best option for meeting some young people’s needs for safety and development opportunities.

The participants reported that other barriers such as risk assessments, strict regulations in relation to safeguarding procedures, and fear of false allegations made by young people, put limitations on being able to completely translate social pedagogic relationships into current practice. Even with a commitment to child-centred working, participants felt that changing the culture within Residential Child Care will be in a context of facing increasing challenging and complex behaviour from young people.

Participants welcomed the appreciative, holistic child/centred approach Social Pedagogy offers and felt that the possibility of creating real changes for the young people in Residential Child Care for the better in England was achievable.

3. WORKFORCE

3(a) *Training and Qualifications in the Residential Child Care Sector*

Full report available from CWDC

The project focuses specifically on Workforce Development within Residential Child Care (RCC) and examines: whether there is evidence that there is a lack of available and accessible training, what steps can be taken to enable employers to meet National Minimum Standards. This research was undertaken by the Social Care Association and NCERCC.

National Minimum Standard for Children’s Homes 29.5:

“A minimum ratio of 80% of all care staff have completed their level 3 in the Caring for Children and Young People NVQ by January 2005. Staff may hold other qualifications that require similar competencies, and these may be courses developed locally which are accredited. New staff engaged from January 2004 need to hold the Caring for Children and Young People NVQ or another qualification which matches the competencies or begin working towards them within three months of joining the home”

The need for a trained workforce has been a recommendation made in many reports regarding Residential Child Care. The inclusion of NVQ III into the National Minimum Standards as the stated accreditation and with targets set for percentages of the workforce in each setting has been a strategy for addressing this continuing need. The CSCI 2007 annual report on the state of social care shows that 70% of staff in children’s homes and 80% in Residential Special Schools meet the required Standard which must be borne in mind is a minimum. This result follows the same route as previous attempts to professionalise the service, for example, the 1992 Residential Child Care Initiative did not lead to a net increase of qualified leaders in the workforce, with many transferring to fieldwork practice on qualification.

There have been additional concerns that the NVQ, though establishing the competence of a worker, may not have been sufficient to meet the needs of young people. This study shows concern regarding the relevance of training to the task, the needs of their staff and unit. There is a perceived mismatch between the complexity of the work and the content and structure of the available training for this staff group. Although training targets are being pursued across the sector, there are concerns they do not provide an adequate training for purpose as currently structured and delivered. Other UK countries have a wider expectation of training and qualification.

The project aimed to identify the numbers in the work force, numbers qualified, turnover rates and clarify where roles overlap with other Sector Skills Councils; to establish training capacity, availability of assessors and verifiers, sources of training and effectiveness of qualified workers; to identify the qualifications which are due for 2008, by seeking the information from staff and managers; to obtain views about future needs for training for Residential Child Care; and to map current qualifications and identified gaps, establish examples of excellence and recommendations for improvement and for qualification development.

This would enable the project to give an overview of the current situation that could be used to build up a detailed picture on which a training strategy could be based.

The study elicited a response rate significantly higher than those responding to similar consultations/requests for information from government agencies. It covered more than 20% of registered residential places for children and young people and an estimated 4.5% of all staff working in this sector. Base line data has been established on which future information can build a more detailed and comprehensive picture.

Although the percentages meeting National Minimum Standards were close to the stated target, the study shows that in reality outcomes are not as secure. Whilst more than a quarter reported no difficulties in accessing training, almost a further quarter highlighted the difficulty of a lack of availability of assessors and verifiers. This is thought to be a significant deficit in capacity and may warrant further scrutiny as will the differences found between social and educational settings.

For some the key impediment was the price of training with smaller proportions reported general access as an issue and the locality of educational institutions or assessment centres. Often in addition were the problems associated with finding staff cover for training and the cost this entailed.

A significant minority knew little concerning how to access information regarding availability of accreditation/assessment, a situation made less clear still given the finding that provision is patchy across the country. The study shows that by no means is there universal and equal access. The need for a more unified, coherent approach that delivers easily accessed information about courses and availability is emphasised by respondents in this study. In-house training was recognised as beneficial in terms of budget and access. Quality assurance is achieved through a national on-line under-pinning knowledge resource, which is seen as helpful. The back-up provided by a regional training, support and consultancy service allied to the regional commissioning of placements would be welcome.

The study notes a lot of training activity towards qualification. The sector is busy about the task of ensuring staff have suitable qualifications and are competent to practise. With a turnover estimated at a high of 26% in the sector, qualification performance may be only 7% net each year. This situation seems exacerbated by the numbers of part time staff.

Responsibilities for ensuring that agency staff are kept up to date do not seem to be effective. The aspiration for the NVQ award to be portable even though development is yet to be achieved and will need to be for this group of workers.

The situation may well persist until all social care staff as well as social workers must be registered with the General Social Care Council. These registration arrangements will need to be in place to ensure that requirements for updating knowledge and skill are met.

Counter to general perception, none of the respondents to the questionnaires indicated they had difficulty in replacing staff that have left. Moreover, the data shows that in the sample over the last year more have been employed than the number leaving. NCERCC considers this finding demands further research given that the Children's Workforce Strategy found the issue of turnover is an impediment to access to training.

This is given added valency when understanding a new recruit works at only 60% of their productive potential when first appointed, only reaching 100% after a year in post. In addition to the disruption to care and the financial costs, managers also find rates higher than around 15% unmanageable, meaning that turnover presents a multi-faceted burden. Given that rates as high as 26% have been recorded for residential care staff and that turnover rates in general are around 10 to 15%, managers are clearly facing difficult challenges.

The key findings from this project are:

- The key task for the future is to match the talent of staff with the complex requirements of contemporary Residential Child Care and to ensure that the training provided is capable of preparing people adequately for this task.
- There is a need for a fundamental redesign and delivery of professional training courses focussed on Residential Child Care. The proposed review by CWDC of the structure of qualifications, due to take place by 2008, along with the development of regional commissioning structures, provides an opportunity to redesign professional courses to build on current good practice and achievement that meet the requirements of Residential Child Care in the 21st Century.
- Any revised training programmes should consist of a combination of core modules supplemented by specialist subjects that will provide the Residential Child Care workforce with a range of specialist skills which can be deployed in the different fields of operation and are transferable as they grow and develop.

3(b) *Fit for the Future?*

Residential child care in the United Kingdom

http://www.ncb.org.uk/ncercc/ncercc%20practice%20documents/ncercc_fitforthefuture_nov06.pdf

This four-nation study, concerned with recruitment, morale, and retention, suggested some future directions for maintaining and improving the morale and job satisfaction of staff across the residential child care sector. An adapted version of the conclusions and agendas for future action are included here.

A major theme is the similarity in findings for the studies across all four nations. It was crucially important that each of the research teams set out to gather information that enables the commonalities and differences in residential child care to be identified especially noteworthy given some of the structural differences in the development of the residential child care sector, differences that have been growing in recent years.

Structural factors are reflected in the pattern of unit ownership, statutory, voluntary and independent, and other major differences such as different levels of qualification. In this aspect Northern Ireland stands out with its very large proportion of staff holding a recognised social work qualification. There are other differences; Scotland, for example, retains a much higher proportion of residential schools in the child care sector.

The results showed few differences between the range of child care settings in terms of morale and job satisfaction and the issues that were raised by the residential child care staff who participated in the research.

In highlighting the high levels of morale and job satisfaction among residential child care workers and their managers the report acknowledges that there is no cause for complacency. Teamwork features as a prominent factor that affects staff experiences of their job. Support from colleagues as well as managers was very important for these workers' sense of job satisfaction. More importantly these factors together contribute towards the quality of care that children and young people receive in a range of residential settings, and are therefore critical determinants of the outcomes of the residential care experience.

Based on a cohort of nearly 1,200 residential child care workers and their managers, the research highlights the commitment of the sector to provide good-quality care and to produce the best outcomes for the children and young people who live in a residential setting. Well-motivated staff with high levels of morale and job satisfaction are more likely to create high-quality care and best outcomes. This research identifies what residential child care staff consider the most important factors leading to high levels of motivation, morale and job satisfaction. There are no particular surprises in the factors they identify and the ratings given to their relative importance. The findings of this research confirm many of the findings from previous studies. In this sense they confirm what is already known but provide more contemporary evidence of continuing importance.

What motivates residential child care staff most is being able to take a pride in their job. It is therefore very important to them that the young residents make progress both while they are living in residential settings and after they leave. While the number of children living in residential settings has reduced significantly over the past 15 years since, for example, the Utting (1991) and Skinner (1992) reports, and with there being no growing evidence of single children living in designated residential settings, it remains the case that residential child care continues to be defined as group care. Previous research evidence (Whittaker, Archer and Hicks 1998) demonstrates the crucial importance of teamwork in group care settings. The current research affirms the continuing centrality of teamwork as a key determinant of both motivation and staff morale. Residential staff who contributed to this research were clear that effective teamwork remains dependent on the level of support available to the team, both individually and collectively. Effective teamwork is also linked to quality of leadership available to a team, particularly the contributions of unit managers and other senior staff who have responsibility for providing immediate support and guidance.

These findings pose the question as to how best to develop both effective teamwork and leadership in residential child care settings. This research attempted to identify what relationship might exist, for example, between morale and job satisfaction, teamwork and leadership, and qualifications and training. The findings suggest that while residential staff do not see qualifications in themselves as important contributors to morale, they do see training as very important. This finding is consistent with previous research by Sinclair and Gibbs (1998) showing that the extent to which training can develop effective teamwork and leadership is a crucial link, which will be returned to below. This research does suggest that investment in training by employers can be perceived as a reflection of the extent to which residential child care is valued. Knowing that the work is valued is one of the top three determinants of morale identified across the four nations. While it remains difficult to be more than tentative about the relationship between these factors, this research highlights the continuing importance of:

- teamwork and leadership (both now work strands for NCERCC); and
- qualifications and training (both now work strands for NCERCC).

In each of the four studies, residential staff were consistent in their emphasis on the crucial importance of teamwork both to staff morale and to the quality of care provided to young residents. This research identified what residential child care staff considered as the key factors in effective teamwork. Consistent approaches to working with young people that were flexible enough to meet individual need were seen as the core of effective teamwork. Staff emphasised the importance of stable membership of a team seeking to maintain consistency in their approach.

This reflects concerns about recruitment and retention in the sector, particularly in relation to staff turnover. Concerns were also expressed about the impact of sickness and absenteeism and the need to use agency staff to cover the shifts of absent staff, in relation to problems of maintaining consistency. The key question centres around who is defined as a team member, because effective teams are based on consistent and stable relationships. This is reflected in the importance attributed to communication and information-sharing as critical factors in effective teamwork. Across the four nations, staff tended to place greater emphasis on the importance of “informal” systems such as discussion between staff while working together

on shift and in handovers. Nine out of 10 staff on average found formal team meetings helpful, or very helpful in ensuring effective communication within their staff teams. This reflects the fact that regular team meetings have become a significant feature of residential child care practice.

Kahan (1994) reminds us that staff learning depends on existing practice in their workplace and their opportunities for organised and systematic training. She also emphasises that the whole staff team must be committed to good-quality care and that all working practices should be directed towards that goal. She calls this the “competent workplace” (Kahan 1994: p256). But how is this to be achieved? The evidence from this research indicates that regular team meetings and handover meetings at the end of each shift contribute towards effective teamwork. Again this is consistent with earlier Department of Health funded research (1998), which emphasises the crucial importance of teamwork in delivering good outcomes for young residents.

Messages from Research concludes that effective teamwork reflects positive staff cultures in children’s homes and that these cultures require “regular attention” (Department of Health 1998: p32). There is little clear evidence about how people learn to work together and become an effective team. We may well know more about what happens to outcomes for children when teams are ineffective than about the components or ingredients of effective teamwork. There is some consensus that establishing clear objectives for each children’s home is likely to generate a healthy culture. Agreement between staff, described as “congruence”, about what are seen as helpful responses by staff in looking after children, does not articulate the processes that are effective in arriving at these agreements. Training can facilitate learning to work together as a team (Crimmins 1997; Walton 1994).

The research demonstrates clear links between the importance of the teamwork and high levels of morale and job satisfaction that are more likely to lead to good outcomes for looked after children. This indicates that it is imperative to invest in developing effective teams as a normal aspect of supporting residential child care workers in their practice.

This research suggests that residential staff are able to share work problems with colleagues and, for example, are able to effectively debrief after critical incidents involving violent or aggressive behaviour. It is also evident that the majority of staff feel able to approach their managers with work problems. Informal supervision and individual supervision were also seen as helpful.

However, the evidence in this research of the availability of regular supervision indicates that provision remains patchy and inconsistent across the sector. This must represent a cause for concern. Formal supervision remains an important element of support for staff and provides opportunities for the exercise of effective leadership as well as staff development. The role of formal supervision continues to be debated within residential child care. This research indicates that we may need to know more about the full range of support systems available to staff working in residential child care settings in order to effectively evaluate the potential and importance of formal supervision. Since the research this has been attended to by NCERRC developing specific supervision practice development materials.

The government recognises that people want well-designed jobs with appropriate support, development and respect. The Department for Education and Skills (2005a) has developed a tool-kit for managers, which aims to “establish a shared set of skills, knowledge and behaviours towards which managers from any sector and across a range of settings can work”.

Campbell (2005) sees effective management and inspiring leadership as essential to bringing about new arrangements in children’s services, especially in the management of multi-agency teams. He suggests (p1) that all managers “need to breathe life into workforce development”. Managers are seen as “Children’s Champions”, leading change as well as developing their teams. Again the issue of effective management and leadership is linked to the delivery of better outcomes for children. There is recognition that poor leadership produces high staff turnover, which is expensive and demoralising.

Previous research (Hills and others 1998) evaluated the impact of the Residential Child Care Initiative (RCCI) designed to implement the Utting (1991) recommendation that all managers of children’s homes and their deputies should be qualified to DipSW standard. The research found that managers who participated and achieved professional qualification experienced greater self-confidence. While participation did not enhance their basic competences, the managers experienced a sense of enhanced status and authority, particularly from a better understanding of theory to back up their work. There was also some evidence of a more positive view of training and a willingness to pass their learning on to colleagues (Department of Health 1998). This evidence suggests that leadership is learnt, and that investment in the professional development of managers of children’s homes will enable them to be more effective leaders.

The quality of leadership may provide an explanation for the higher levels of staff morale and job satisfaction in Northern Ireland identified in the four nations study. It is not the possession of qualifications in themselves that is the determining factor. The enhancement of knowledge and the expectations of what constitutes the role and task of managers and supervisors in children’s homes, which comes from the learning processes involved in acquiring qualification, may lead them to be more effective in supporting and leading staff. They may also develop a more positive attitude towards professional education and training based on their own experiences. This then becomes part of a team culture that encourages and supports all staff to engage in professional education and training.

The NCERCC conference 2008 will launch practice development material addressing management and leadership and these will complement others regarding teamwork and groupwork.

Residential child care staff recognise that effective outcomes for children are dependent on more than their individual and collective input. They recognise the importance of being actively involved in the external world of each child they look after, particularly with respect to their families and social networks. Some dissatisfaction was expressed by staff who participated in this research in relation to the quality of contact with other professionals and the extent to which they are seen as part of wider child care “teams”. This raises some concern about the capacity of residential child care staff to effectively contribute to the interdisciplinary, interprofessional and multi-agency practice contexts required by the modernising agendas. The question of developing teams that are fit for purpose will be picked up below in looking at training and qualifications.

Evidence from this research contributes towards the continuing debate about the relationship between qualification and training. Residential child care staff have a clear understanding of their preferences on a spectrum of training from “in-house” to that offered more formally in educational institutions. In each of the four national cohorts, more than two-thirds of residential child care staff rated training as a very important factor in promoting high levels of staff morale. By comparison, less than one-third rated qualifications in themselves as important. The research evidence is that the highest level of staff morale is recorded in Northern Ireland, which also has the highest percentage of staff holding a recognised professional qualification in social work. The latter reflects a clear and explicit commitment to a fully qualified workforce in *Children Matter* (Social Services Inspectorate 1998), which linked high levels of relevant qualifications to better outcomes for children. The puzzle is that this link between qualifications and outcomes for children and the political commitment that follows is by no means unique to Northern Ireland. It was a key recommendation of both the Utting (1991) and Skinner (1992) reports, and was reiterated in Utting (1997). It is also at the core of contemporary commitments to workforce development, which will be evaluated more closely in looking at current moves towards the development of a children’s workforce.

With the possible exception of Northern Ireland, this research confirms that levels of qualification of residential child care workers, as opposed to their managers, continues to fall short of benchmarks established for example in England and Wales by the Utting report (1991). A benchmark of 80% of residential child care workers who have been awarded the NVQ 3 in Caring for Children and Young People is enshrined in the National Minimum Standards for residential child care in England. A similar standard exists in each of the other nations in this study. NVQ 3, or its equivalent, remains the basic qualification for the registration of residential child care workers with the English General Social Care Council. Therefore, the acquisition of formal qualifications remains at least one key indicator of the claim to professional status by any occupational group. In consequence, there continues to be a problem in reconciling the positive perception of training among residential child care staff demonstrated in this research with a comparable enthusiasm and commitment to the acquisition of relevant qualifications.

Respondents to this research raise a range of concerns about the relevance of the existing qualifications framework, namely the NVQ 3 and the professional qualification in social work. Equally, concerns are raised about the relevance of existing training programmes, both to the residential child care task and to meeting the needs of young residents. Questions are raised about the quality of existing training and this research provides some evidence of demands for training to be more specifically tailored to the residential child care environment.

Apart from the availability and relevance of training, lack of motivation and confidence among residential child care workers is cited as a barrier to participation in training programmes. These changes will, however, require significant commitment on the part of residential child care workers, their supervisors and managers to meet the challenges of the new agendas. One of the challenges of registration, for example, is the expectation that a social care worker must take responsibility for maintaining and improving their knowledge and skills (General Social Care Council 2002). This reiterates an earlier observation by Kahan (1994, p259):

Staff who have chosen to work in child care should expect to augment their knowledge and understanding by undertaking some individual study. This may intrude to some extent in to their own time, but this is the nature of working in a way which aspires to the professional. (Kahan 1994, p259)

The Residential Forum (1998) emphasises that residential child care workers should take part in training provided by employers, and that personal time needs to be invested in professional development as a commitment to lifelong learning. There also appear to be some expectations that individual staff should contribute towards the costs of their education and training with a target of meeting 15% of the cost of their own qualifications by 2005 (Campbell 2005). Kahan (1994) acknowledges that these are particularly tough expectations for residential workers already struggling, for example, with the demands of shift working.

Additionally, the very nature of the residential child care task, which requires that staff are available across 24 hours of each day, is seen as inhibiting effective training. The availability of resources to provide staff replacement costs is identified as a major obstruction. There was, however, little indication of existing commitment to training staff in the workplace as recommended by De Silva (2000) as a strategy for overcoming some of the obstructions identified above.

Workforce issues including the recruitment and retention of staff were identified. Shift work and the rota seem to be inevitable causes for concern. Problems with maintaining a full staff team through turnover in team membership and absenteeism were reflected in concerns about dependence on agency or bank staff and the potential for inconsistent staffing impacting adversely on the quality of care and outcomes for young residents. Staff were also concerned about additional stress associated with looking after children and young people with challenging behaviour, particularly when this included aggressive and violent behaviour towards staff and residents. There was a recognition across the four nations that these difficulties were compounded in the absence of staff who were experienced, trained and qualified, capable of working consistently with colleagues in a group care setting.

While recruitment is seen as a particular difficulty, often dependent on local labour market circumstances such as the demand for women's labour, this research provides a number of positive indicators of the relative stability of a core workforce across the four nations. There was little sense that staff continue to work in residential child care because of an absence of alternative employment. While concerns were expressed by both workers and their managers about the perceived low status of the sector, more than eight out of 10 respondents in this research were happy to tell others that they work in residential child care. The nearly seven out of 10 respondents who affirmed that they intended to remain in post over the coming year reinforces this finding. The Welsh researchers suggest that this is something of a paradox between the public perception of residential child care and the realities of working in the sector as indicated by many of the responses in this research.

While many of the factors, such as shift working, will continue to be seen as relatively unattractive, the length of service of a significant proportion of the sample in this research, coupled with their views and opinions, suggests that there is a relatively stable workforce committed to longer-term employment in the sector. This is consistent with the findings of Berridge and Brodie (1998: p126) who found a "core of residential stalwarts surrounded by a wider group who have been in post for only a short time".

However, the evidence also indicates an ageing staff profile, raising the question of how to attract new staff into work in children's homes. While this research does not underestimate the actual and potential difficulties of recruitment and retention, it is important to highlight the existence of a solid foundation of committed residential child care staff, which should form the base for future developments in the sector.

One key factor that repeats itself throughout this research is the commitment by residential child care staff to provide the best possible care for children and young people. "Residents' progress" is among the top-ranking factors that motivate residential staff.

However, this research also demonstrates that the behaviour of young people, particularly when it is aggressive or violent, negatively affects levels of morale. This is being addressed in forthcoming e-learning materials being produced by SCIE and NCERCC.

One factor, which compounds the problems of managing difficult behaviour, is a perception on the part of residential staff that children and young people continue to be admitted to the care system in accordance with the availability of beds. Therefore the volume of unplanned and emergency admissions to residential child care settings across the four nations remains a major cause for concern. Other documents are referred to in this evidence that address his matter.

While residential staff remain concerned about the disruptive potential of both violent and aggressive behaviour and unplanned and emergency placements, they remain committed to making effective helping relationships with young people. This commitment is reflected in the expectation of residential staff across the four nations to be more involved in therapeutic work with children and young people. The evidence from this research may again be paradoxical in this context, and this may relate to unclear or contradictory expectations that are unresolved in the ways in which the residential role and task is interpreted by teams of workers in different settings. Both Ward (2003) and Smith (2005) emphasise the potential for therapeutic work in all activities involving children and young people. Smith (2005: p2) emphasises the "conscious use of everyday opportunities" to engage meaningfully in the lives of children and young people. Collective failure to make use of therapeutic activities is nowhere more evident than in the educational outcomes of the majority of children and young people who are looked after by the state.

This report consistently expresses concern that across the four nations the importance attached to supporting children's education by residential child care staff is lower than expected. What is of even greater concern is that staff who report that they are not currently involved in helping the children they look after to attain educationally do not think they ought to be any more involved. This issue is receiving attention from NCERCC and forthcoming practice materials will address the methods of supporting learning.

Yet the research demonstrates that residential child care staff are committed to meeting the needs of the children they look after. They must turn this broad commitment into professional activities that demonstrate their ability and willingness to meet the challenges of 21st century agendas, including the collective ability to meet the expectations of membership of any wider children's workforce. A commitment to holistic working requires helping children make the most of their talents and potential. We recognise that a significant proportion of children arrive into children's homes with existing multiple and complex deficits

(Department of Health 1998). It might be that the first thing we are required to do is to assess what assets the child brings and to focus on building them up from a position of their strengths. It is imperative therefore that residential child care workers have an effective understanding, for example, of child development in order to ensure that they are capable of meeting complex needs. Through the work of NCERCC this matter has been addressed in the revisions of the National Occupational Standards that underpin the IQF and QCF being developed by CWDC.

APPENDIX ONE

FINDINGS—THE IMPACT OF MARKET FORCES ON THE OPERATION AND CAPACITY OF THE RESIDENTIAL CHILD CARE SECTOR

Full report <http://www.vcsengage.org.uk/PDF/NCERCC%20Full%20Report.pdf>

There were sufficient responses from each sector to ensure the sample was useful for research purposes, providing a broad representation of the sector. As much data came to the researchers after the deadline for returns as before it. This additional information can either be added to an extended analysis or provide a comparative sample.

PROVIDERS OVERALL

There were, in total, 76 responses from providers and 20 from commissioners.

Providers were asked for their factual position in the market-place and for their perception of how work in the residential child care sector is changing and their response to any changes. Providers' opinions were also sought to account for why changes are taking place in the residential child care sector.

FACTUAL POSITION

Taking all the providers together, the total number of settings responding to the research were 295; and the maximum number of placements was 1,937. The sectors' response rates to the questionnaire were: voluntary, 16%; local authority, 39%; and independent, 45%. Children's homes were represented by 68% of responses and residential special schools by 32%.

REPORTED CHANGES

The overall view pointed to a small downturn in occupancy over the last two years.

Currently, the average level of occupancy is 79%; and 38% of respondents state that their current percentage level of occupancy is less than it has been over the last two years. For some (13%), there has been an increase in the level of occupancy; whilst 33% have experienced the same levels.

When assessing business in terms of turnover, the majority (59%) of providers are maintaining their level of turnover, whilst 26% report a decrease. A higher turnover is reported by 15% of respondents.

A total of 53% of providers state that they are getting sufficient referrals, against 47% who say they are not.

As a consequence of the changes identified, 21% of providers judged their current position in the market-place to be poor. For 10%, their assessment of the situation is that it is "getting worse" whilst 11% state that they are "at risk"; 40% referred to their situation as "improving" and 39% as "strong".

RESPONSE TO CHANGES

Providers identified the changes they were making as a response to external factors.

Of the six changes, a "change in staffing" and "increased spending" were the most frequently cited (24% and 22% respectively). Other changes made were a "change in facilities" (16%) and a change in pricing (15%). "Decreased spending" and a "change in property" accounted for 12% and 11% respectively.

It is not clear, from these qualitative statements, whether the changes are being made in order to address the changes in rates of occupancy, referrals or other criteria identified; or whether these changes were stimulated by other considerations.

PROVIDERS' OPINIONS TO ACCOUNT FOR CHANGES IN THE RESIDENTIAL CHILD CARE SECTOR

Providers selected those factors that they think commissioners take into account when considering placing a child with their organisation.

The strongest factors were "quality of outcomes" (18%); "fee levels" (18%); and "previous experience of dealing with a provider" (18%).

The "provision of registered education and care" was identified by 14% of respondents as being a factor in influencing the commissioning process.

In overall terms, 35% of respondents identified the “increasing complexity” of the residential sector as a major factor or trend influencing residential child care.

There was also a strong response to other suggested factors and a substantial proportion (24%) referred to “the impact of the Filkin letter”; 22% to “smaller/individual settings/packages” and 19% to “shorter-term placements”. The question “Is price any more of a motivator now than in the previous two years?” elicited agreement from 78% of respondents: with 43% strongly agreeing and 35% agreeing. Those disagreeing made up 11% of respondents. This level of agreement is the highest margin drawn out by the research in this report.

SUMMARY

- The data shows a decrease in occupancy and referral levels, with some providers (21%) assessing their current position to be poor.
- Taking the figures as a whole, the picture is mixed. Some providers are experiencing increased use of residential child care while others are experiencing a small but distinct decline.
- The figures indicate grounds for uncertainty within the sector as to the likely use of residential child care in the future. If these trends were to continue, the sector would decline steadily and the situation become serious in a few years.

THE VOLUNTARY SECTOR

Factual position

The voluntary sector within residential child care returned 12 (16%) of the questionnaires. The respondents operate within four children’s homes and ten residential special schools.

Taking the voluntary providers together, the number of settings responding to the research were 16 (with an average of four); and the maximum number of placements was 471 (with an average of 39).

Reported changes

Currently, the average level of occupancy is 79%; and 58% of respondents (compared to 38% in the overall trend) state that their current percentage level of occupancy is less than it has been over the last two years. For some (8%), there has been an increase in the level of occupancy; whilst 33% (the same as for the overall trend) have experienced the same levels.

When assessing business in terms of turnover, 38% of providers are maintaining their level of turnover (as against 59% for the overall trend); whilst 54% report a decrease in turnover (as against 26% for the overall trend). A higher turnover is reported by 8% of respondents.

Alongside the reported decrease in occupancy levels, 31% of providers state that they are getting sufficient referrals (as against 53% for the overall trend); and 69% say they are not (as against 47% for the overall trend).

As a consequence of the changes identified, half of the voluntary providers judged their current position in the market-place to be poor. A quarter of this group assessed their situation to be “getting worse”; whilst another quarter stated that they are “at risk”. In contrast, 42% referred to their situation as “improving”; and 8% as “strong” (as against 39% for the overall trend).

Response to changes

Providers identified the changes they were making most frequently in response to external factors as: a “change in staffing”, “increased spending” and a “change in facilities” (24%, which is the same as for the overall trend, 21% and 21% respectively).

Other changes made were a “change in property” (12%); “decreased spending” (12%, which is the same as for the overall trend); and a “change in pricing” (9%).

Providers’ opinions to account for changes in the residential child care sector

Providers selected those factors that they think commissioners take into account when considering placing a child with their organisation.

The strongest factors were “fee levels” (26%) and “previous experience of dealing with a provider” (19%).

The “provision of registered education and care” was identified by 15% of respondents as being a factor influencing the commissioning process and “quality of outcomes” by 11%.

“Other” was cited by 22% of respondents.

The voluntary sector showed a similar trend to that found by providers overall, in that 37% of respondents identified the “increasing complexity” of the residential child care sector as a major factor or trend influencing residential child care.

There was also a strong response to other suggested factors and a substantial proportion (26%) referred to “smaller/individual settings/packages”. Twentyone per cent responded to “shorter-term placements” and 16% to “the impact of the Filkin letter”.

The question “Is price any more of a motivator now than in the previous two years?” elicited agreement from 83% of respondents (as against 78% for the overall trend); with 50% strongly agreeing and 33% agreeing.

Summary

- The data shows that about half the respondents within the voluntary sector are experiencing a downturn in levels of occupancy and a decrease in turnover, and of these 50% have identified their current position to be poor.
- As with the overall trend, there is a strong identification of fee levels in accounting for placement decisions.

THE LOCAL AUTHORITY SECTOR

Factual position

The local authority sector within residential child care returned 30 (39%) of the questionnaires. The respondents operate within 29 children’s homes and one residential special school.

Taking the local authority providers together, the number of settings responding to the research were 57 (with an average of three) and the maximum number of placements is 361 (with an average of 14).

Reported changes

Currently, the average level of occupancy is 87%; and 17% of respondents state that their current percentage level of occupancy is less than it has been over the last two years. For some (17%), there has been an increase in the level of occupancy; whilst 50% have experienced the same levels.

When assessing activity in terms of turnover, the majority (73%) of providers are maintaining the same levels, whilst 15% report a decrease in turnover. A higher turnover is reported by 12%.

Of the local authority providers, 92% state that they are getting sufficient referrals, as against 8% who say they are not. This is markedly higher than for the voluntary and independent sectors.

In contrast to the position within the voluntary sector, only 4% judge their current position to be “getting worse” and none are “at risk”. A third, 33%, referred to their situation as “improving” and 63% as “strong”.

Response to changes

Providers identified the changes they were making most frequently making in response to external factors as: a “change in staffing” and “increased spending” (38% and 32% respectively).

Other changes made were a “change in facilities” (16%); a “change in property” (8%); and a “change in pricing” and “decreased spending” (3% each).

Providers’ opinions to account for changes in the residential child care sector

Providers selected those factors that they think commissioners take into account when considering placing a child with their organisation.

The strongest factors were “available bed space” (25%) and “quality of outcomes” (23%); with “previous experience of dealing with a provider” identified by 13% and “provision of registered education and care” by 9%.

“Fee levels” were identified by 9% as being a factor in influencing the commissioning process, the lowest amongst all sectors.

In overall terms, 43% of respondents identified the “increasing complexity” of the residential child care sector as a major factor or trend influencing residential child care.

There was also a strong response to other suggested factors and a substantial proportion (26%) referred to “shorter-term placements”. Twenty-one per cent referred to “smaller/individual settings/packages” and 10% to “The impact of the Filkin letter”.

The question “Is price any more of a motivator now than in the previous two years?” elicited agreement from 67% of respondents; with 21% strongly agreeing and 46% agreeing. Those disagreeing made up 18% of respondents. So cost has been placed significantly lower down the list of important factors by this sector than others have done.

Summary

- The data shows that the local authority sector is more confident generally and identifies itself as being in a strong current position.

THE INDEPENDENT SECTOR

Factual position

The independent sector within residential child care returned 34 (45%) of the questionnaires. The respondents operate within 27 children’s homes and 17 residential special schools.

Taking the independent providers together, the number of settings responding to the research were 222 (with an average of 11) and the maximum number of placements was 1,105 (with an average of 33).

Reported changes

Currently, the average level of occupancy is 73% (the lowest amongst all sectors); with 50% of respondents (compared to 38% in the overall trend) stating that their current percentage level of occupancy is less than it has been for the last two years. For some (12%), there has been an increase in the level of occupancy whilst 18% have experienced the same levels (as against the overall trend of 33%).

When assessing business in terms of turnover, 55% of providers are holding (similar to 59% for the overall trend); whilst 24% report a decrease in turnover (similar to 26% for the overall trend). A higher turnover is reported by 21% report (the highest reporting this of all sectors).

Alongside the reported decrease in occupancy levels, 32% of providers state that they are getting sufficient referrals (as against 53% for the overall trend); and 68% say they are not (similar to the voluntary sector and against 47% for the overall trend).

As a consequence of the changes identified by providers, 24% judged their current position in the market-place to be poor. For 9%, their assessment of the situation is that it is “getting worse”, while 15% state that they are “at risk”. In contrast, 45% referred to their situation as “improving” and 30% as “strong” (as against 39% for the overall trend).

Response to changes

Providers identified the changes they were making most frequently in response to external factors as: a “change in pricing” and a “change in staffing” (23% and 18% respectively). “Increased spending” and “decreased spending” both accounted for 17%.

Other changes made were a “change in facilities” (14%) and a “change in property” (12%).

Providers’ opinions to account for changes in the residential child care sector

Providers selected those factors that they think commissioners take into account when considering placing a child with their organisation.

The strongest factors were “fee levels” (23%) and “previous experience of dealing with a provider” (22%).

The “provision of registered education and care” and “quality of outcomes” were both identified by 17% of respondents as being a factor in influencing the commissioning process.

“Other” was cited by 9%.

In overall terms, 36% of respondents identified “the impact of the Filkin letter” as a major factor or trend influencing residential child care. This was the highest of all sectors.

There was also a strong response to other suggested factors and a substantial proportion (29%) referred to “increasing complexity”; with 21% responding to “smaller/individual settings/packages”; and 14% to “shorter-term placements”.

The question “Is price any more of a motivator now than in the previous two years?” elicited agreement from 84% of respondents (almost the same as for the voluntary sector and against 78% for the overall trend) with 6% disagreeing.

Summary

- The data shows that half the respondents from within the independent sector are experiencing a downturn in levels of occupancy, with 24% reporting a decrease in turnover and 21% an increase.
- As with the voluntary sector, there is a strong identification of fee levels in accounting for placement decisions.

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