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Committee

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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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Conclusions and recommendations

Building a care system founded on good relationships

1. We believe that the greatest gains in reforming our care system are to be made in identifying and removing whatever barriers are obstructing the development of good personal relationships, and putting in place all possible means of supporting such relationships where they occur. (Paragraph 29)

Relationships between children's services and families

2. It is imperative that constructive relationships between children's services and the family are established at the outset, maintained while the child is in care, and continued when they return home. (Paragraph 31)
3. In the wake of Lord Laming's review of safeguarding, we hope that the important contribution made by universal and preventative services to keeping children safe will be reaffirmed. Unfortunately, even the best child protection systems will not be capable of eradicating child murder, but we are convinced that better early intervention is vital in reducing the likelihood of child misery and ensuring children's wellbeing. (Paragraph 35)
4. Focusing the efforts of social workers on child protection cases is, we believe, a practical response to resource constraints and the prevailing public view of the profession, rather than the ideal situation. This focus fails to realise the potential of social work to effect positive change in families, and means that the stakes of interactions are too high. We urge the Social Work Taskforce to consider ways in which social workers can be freed up to work with families before problems become acute. Specifically, we look forward to their conclusions about the extent to which administrative tasks prevent social workers spending time with families. (Paragraph 40)

Relationships between social workers and looked-after children

5. A new impetus is needed for children's social work recruitment, particularly in the light of diminishing public confidence in the profession. We are pleased to note that the Government has, in the Children's Workforce Development Strategy published in December 2008, decided to involve the Training and Development Agency in this task, and we will maintain a keen interest in how effectively it performs. (Paragraph 43)
6. The piloting of Newly Qualified Social Worker Status is welcome, and the success of this initiative should at least partly be judged by its effect on vacancy rates. (Paragraph 45)
7. We recommend that the Government consider, through the Social Work Taskforce or otherwise, the practicalities and possible benefits of guidance specifying optimum caseloads for children's social workers. (Paragraph 47)

8. While we welcome the opportunity for innovation, it is not clear to us that the Remodelling Social Work pilots have been designed to address directly the wishes of children in care about their relationship with their social worker. We seek reassurance that evaluation of the pilot programmes will provide robust evidence of ways to achieve these specific aims. (Paragraph 49)
9. We recommend that other examples of innovative local authority practice which aim to improve children's relationships with social workers be considered and evaluated alongside the Children's Workforce Development Council's Remodelling Social Work programme. (Paragraph 50)
10. We ask the Government to examine carefully whether independent practices might lead to greater compartmentalisation of social work tasks, rather than the continuity we believe is desirable. We urge the Government to ensure that the views of children and young people are given particular prominence in the evaluation of the pilots. (Paragraph 56)
11. Independent Social Work Practices seem to offer the potential to address many of the long-standing problems in the relationships between looked-after children and their social workers, and we welcome the piloting process. However, if independent practices are found to create insurmountable problems, or are not deemed workable by all local authorities, other ways will still have to be found to change the structures of social work to promote better relationships. The Government must not delay in investigating other solutions that can be adopted by all local authorities. (Paragraph 57)

Relationships between the child and their carer

12. Foster care approval processes should be reviewed to ensure that they are capable of identifying and assessing the most important personal qualities. Important as training is, fostering agencies must require that those who look after children possess the personal qualities needed to deliver genuinely warm and secure family life. (Paragraph 60)
13. We ask the Government to enforce rigorously the requirement for foster placement agreements. (Paragraph 66)
14. *Care Matters* adopts too narrow a view of 'support' for foster carers, concentrating mainly on developing their own training and skills. Important as this is, foster carers should also be able to expect a detailed specification of the practical and financial support that will be provided to them and their families to maintain placements and help children develop, including the education and health services that will be available. (Paragraph 67)
15. We recommend that the Government strengthen its guidance about planning for long-term foster care, and include in this guidance the financial and other support that should be available to help maintain long-term placements. (Paragraph 68)
16. We are pleased to note the prominence being given in *Care Matters* and in the Public Law Outline to family and friends care as an option of first resort. An increase in these placements will be neither possible nor desirable, however, without more

consistent and equitable services and support for family and friends carers. The specifications of support for foster carers recommended elsewhere in this Report should include these carers, taking into account the distinctive task and context of family and friends care. (Paragraph 73)

17. We recommend that the Government's promised new framework for family and friends care take full account of the very many children who are supported in this way outside the legal boundaries of the care system, while having needs comparable to those within it. We ask the Government to give careful consideration to ways in which those carers and children might be supported more thoroughly and consistently, including through the benefits system, without bringing children formally into care solely as a trigger for support. (Paragraph 74)
18. Local authorities need more persuasion and reassurance to delegate responsibility for everyday decisions to carers who know a child well, so that their life in care can be 'normalised' as much as possible. Guidance should encourage a presumption in favour of delegation, and care plan reviews should be used as an opportunity to consider whether more responsibility should be delegated to the carer of the child concerned. Specifically, the Government should reconsider the process for allocating Personal Education Allowances to encourage greater involvement of foster carers. (Paragraph 80)

The importance of placement supply

19. We recommend that the Government assess at a national level the supply of placements that will be needed to make the Care Matters reforms a reality. The problem of how to ensure sufficient placements cannot be solved merely by imposing a new duty on local authorities; the Government must do more to enable them to meet it without making any compromises on quality. (Paragraph 88)

Foster care

20. While local circumstances and the many different types of foster care will always require some variation, we cannot expect more people to consider fostering as a potential career without greater clarity about the financial terms that are on offer. We recommend that a national framework for fee payments be developed, and that it include stipulations about 52-week payments or retainers when foster carers do not have placements. (Paragraph 93)
21. We recommend that the Government reconsider its opposition to a national registration scheme for foster carers. We believe that such a scheme would be a useful tool to improve quality and take-up of training, and to cement the status of foster carers in the teams of professionals caring for a child. (Paragraph 94)
22. We consider it unacceptable that foster carers are not afforded the same considerations as other professionals in the children's workforce when an allegation is made against them. We ask the Government to stipulate that carers continue to receive fee and allowance payments while an allegation against them is being investigated. (Paragraph 95)

Residential care

23. We welcome the Government's investment in programmes that aim to improve the capacity of foster placements to benefit the most challenging young people. We hope that this will allow residential care to be considered on its merits rather than as a last resort for children who have been especially difficult to place elsewhere. (Paragraph 97)
24. We recommend that the Government commission research on the flexible use of residential care as part of a planned package of care, and that it consider the resource and structural implications of enabling such uses. (Paragraph 100)
25. We recommend that the Government show its commitment to addressing underperformance against the current National Minimum Standards for staff qualifications by making the Level 3 NVQ mandatory at the soonest practicable opportunity, and by analysing the reasons for the persistent failure of the sector to meet this standard. In the long term, a more coherent and ambitious strategy for the residential care workforce must be a priority, above and beyond the set of professional standards promised by the 2020 Children's Workforce Strategy. (Paragraph 104)
26. The social pedagogy pilot programme is very welcome. We urge the Government to think broadly and creatively about the possible future applications of the social pedagogy approach in the care system rather than looking to import wholesale a separate new profession. (Paragraph 108)
27. While the emphasis the English care system places on family environments is right, the potential of the residential sector to offer high quality, stable placements for a minority of young people is too often dismissed. With enforcement of higher standards, greater investment in skills, and a reconsideration of the theoretical basis for residential care, we believe that it could make a significant contribution to good quality placement choice for young people. (Paragraph 110)

Local authority commissioning

28. We seek reassurances that cost constraints are not compromising children's access to the most appropriate placement for them, and that children's views are given particular consideration when 'value for money' decisions are made about providers. (Paragraph 111)
29. We are concerned that spot purchasing of placements on a large scale would indicate a failure of needs analysis and planned commissioning. We recommend that the DCSF's Commissioning Support programme explicitly addresses good practice in planning for the future needs of the in care population. (Paragraph 112)

Consistency and compliance in local authority practice

30. The quality of experience that children have in care seems to be governed by luck to an utterly unacceptable degree. When implementing the *Care Matters* reforms, we

urge the Government to place the highest priority on ensuring that every child gets *everything* they are entitled to. (Paragraph 116)

Size of the care population and decisions about entry to care

31. We are convinced that for some children, in some circumstances, care should be seen as the best available option rather than a last resort. (Paragraph 122)
32. While some differences in care populations are inevitable, we are concerned by the huge variations in the rates of children in care across the country. Not only is this situation unfair on children and families, it seems to betray a lack of common understanding about the place of care in services for vulnerable children. The Government's commitment to investigate the causes of such variation is welcome, but a greater priority must be placed on reaching a national consensus on the rationale behind decision-making about entry to and exit from care. (Paragraph 123)
33. We are pleased that the Government has set aside any notion of a 'target' number of children in care, but urge that there should instead be an unrelenting focus, through research, guidance and performance monitoring, on ensuring the quality and promptness of decision-making about individual children. (Paragraph 124)
34. We recommend that the Government keep under close review the potential relationship between the transfer of care proceedings costs to local authorities and the number of care proceedings that are issued, with a view to reverting to the previous system if it can be shown that children in care are being left at risk as a result of the changes. (Paragraph 128)
35. While the intention of integrating budgets for children's services was laudable, we are concerned that one effect is that child protection, children in care and family support work are in competition for shares of the available resources. We are particularly concerned that those authorities which are managing a historically large care population will not be able to invest greater resources in family support without an unacceptable reduction in the quality of services for looked-after children. We recommend that the Government ensures that such services become universally available at agreed minimum levels. (Paragraph 133)

Local authorities' accountability to children in care

36. We welcome the introduction of Children in Care Pledges and Councils, and we hope that they will better enable children to hold local authorities to account for the disparities in the care they provide and to challenge poor practice. (Paragraph 134)
37. The Government must spell out how local authorities will be held accountable for robust development of their Children in Care Councils and Pledges, and the impact these measures have on improving practice. It is not clear at present what the consequences will be for a corporate parent that fails to keep its promises to children, nor what action a child will be able to take if those promises are broken. Pledges must be detailed enough to be meaningful to young people, and we urge the Government to encourage local authorities to show ambition in their undertakings. (Paragraph 137)

38. Councils and Pledges must not become the sole means of consulting with or involving children in policy and services. Local authorities should also be judged on the quality of their mainstream children's participation and children's rights work, and how effectively they involve looked-after children in it. (Paragraph 138)
39. We are persuaded by the evidence received for this inquiry that these two distinct roles of Independent Reviewing Officer and independent advocate should in fact co-exist, and that the degree of inconsistency in the way local authorities are discharging their care duties makes it even more important that children have every possible opportunity to make their views count. Advocacy services should be routinely available for all looked-after children whenever decisions about their care are being made, not just when they wish to make a complaint. (Paragraph 143)
40. We recommend that the duty on local authorities to ascertain and give consideration to children's views when decisions about their care are made should be strengthened by a requirement for Independent Reviewing Officers to record those views when care plans are reviewed. (Paragraph 144)

Extending the scope and rigour of corporate parenting

41. We are concerned that the scope of corporate parenthood as usually understood leaves bodies other than schools and children's services too much leeway in the priority they give to looked-after children. If corporate parenting is to emulate family life, it must not be compartmentalised, nor truncated at age 18. We recommend that all Children's Trusts take responsibility for multi-agency corporate parenting training, to include managers within adult health and social care services, and officers and members of district councils where relevant. (Paragraph 148)

Health and wellbeing of children in care

42. Looked-after children must have a higher profile in NHS performance frameworks. Children in care need 'champions' in senior strategic positions in the health service, and corporate parenting training should be mandatory for relevant senior NHS officers and board members with relevant responsibilities. (Paragraph 156)
43. By comparison with its policies for the education of children in care—virtual school heads, designated teachers, priority in admissions and mandatory performance indicators—the Government has seemed timid in specifying what looked-after children should be able to expect from health services. The Government should seek to specify a range of good practice, in particular the roles of designated doctors and nurses, as a matter of urgency. (Paragraph 161)
44. Children and young people in care should have guaranteed access to Child and Adolescent Mental Health Services, and resources must be provided to ensure that this is achievable. Urgent action must be taken to address the shortage of therapeutic services for children in care. We recommend that the Government should assess how specialist mental health teams for children in care can be put in place and sustained in all areas. (Paragraph 167)

45. The Government's support for a holistic view of the wellbeing of children in care is very welcome, but it sits oddly with the withdrawal of national funding for the Healthy Care Programme, which appears to embody this principle. We recommend that the Government monitor the impact of the end of national funding for Healthy Care Partnerships on local collaborative working and the priority that looked-after children are given in services. (Paragraph 169)

Leaving care

46. We welcome the Government's assertion that it should become exceptional for a young person to leave care before they turn 18, and hope that it will precipitate a culture change in local authorities. We recommend, however, that the Government show more ambition by making a commitment to narrowing the gap between the average age of leaving care and the age of independence for other young people. Remaining in care in some form until at least age 21 should become routine. (Paragraph 173)
47. We welcome the Right2BCared4 and Staying Put pilots, and urge the Government to make their benefits available to all young people in care—including those in residential placements—at the earliest possible opportunity. (Paragraph 175)
48. The success of efforts to ensure that young people stay in care for longer will depend on factors the Government has not yet fully addressed, such as supply of foster placements, support to prevent placement breakdowns, and the effectiveness of Independent Reviewing Officers and review processes. Local authorities must be given all necessary assistance to achieve these changes. (Paragraph 177)
49. The Right2BCared4 and Staying Put pilots should be used to explore how more flexibility can be built into the process of leaving care, so that young people who find they are not yet ready for independence are able, and encouraged, to revert to a higher level of support. (Paragraph 178)
50. The vulnerability of care leavers to sexual exploitation is a matter of great concern to us. We urge the Government to analyse any ways in which features of the care system itself expose young people to greater danger, and take urgent steps to protect care leavers from this sort of exploitation. (Paragraph 179)
51. We recommend that national standards for leaving care services should be developed with local authorities so that these services can be objectively assessed. The standards should include a greater degree of consistency and transparency in the financial support available to care leavers and the criteria on which it is determined. Each authority should include details of what it will provide in its Pledge. (Paragraph 184)
52. We are concerned that the benefits of specific support to enable young people with disabilities to move on from care, as distinct from the care services related to their disability, have not been recognised in the *Care Matters* programme. Equal access to all features of effective leaving care support must be guaranteed to care leavers with disabilities. (Paragraph 185)
53. The duty to provide a Personal Adviser should be extended to all care leavers until age 25, not just those who have education or training plans. The terms on which this

provision has been extended risk excluding some of the most vulnerable young people from continuing support. The role of the Personal Adviser should include facilitating access to health and social care services when needed. We recommend that the Government explore ways of ensuring that care leavers have full and proper access to health, social care and education services, commensurate with their needs, until they are 25 years old. (Paragraph 187)

54. We seek reassurance from the Government that funding will be made available to local authorities that experience particular difficulties in finding suitable accommodation for care leavers due to local housing shortages. We recommend that the Government extend the new ‘sufficient placements’ duty to include supported and independent accommodation for those leaving care. (Paragraph 190)
55. A quality assurance framework for care leavers’ accommodation should be developed so that housing options can be assessed against nationally agreed standards; it should not be left up to a young person to say that the accommodation they are offered is unsuitable. No care leaver should be placed in bed and breakfast accommodation, and the availability of suitable accommodation must be considered a prerequisite for a move to independent living. (Paragraph 191)
56. There should be a presumption against declaring any care leaver intentionally homeless. Every children’s services authority should be required to adopt a joint working protocol with the relevant housing departments or authorities, to ensure that care leavers are given every possible support in maintaining tenancies. Key managers within housing departments should be included in corporate parenting training. (Paragraph 193)

Preventing involvement in the criminal justice system

57. To some extent, we recognise that general improvements in the care system—stable placements that are properly supported, help to achieve at school, and a gradual transition to independence—will help to prevent looked-after children offending. However, opportunities have been missed to take further specific steps to address this. We ask the Government to revisit the Youth Crime Action Plan to address explicitly the state’s responsibility as corporate parent for the disproportionate criminalisation of young people in care. (Paragraph 197)

Looked-after children in custody

58. We recommend that children accommodated under voluntary agreements should retain their looked-after status when entering custody; we consider that this would be a greater safeguard of the continuity of each young person’s care than the new requirement to continue visiting children. We are concerned that even children on care orders may not be receiving the services they are entitled to when in custody, and we seek reassurance that inspection will be an adequate tool for enforcing the new visiting requirements when it has apparently failed to enforce existing requirements. (Paragraph 202)
59. We recommend that the Government identify and implement a mechanism for automatically triggering a needs assessment by the relevant children’s services

authority when a child comes into contact with the criminal justice system. (Paragraph 203)

- 60. We recommend that the lead responsibility of children's services for looked-after children in the youth justice system be re-asserted, so that extremely vulnerable children are not denied the support they need by being excluded from mainstream services when they come into contact with Youth Offending Teams. (Paragraph 204)
- 61. We ask the Government to guarantee future funding for social workers posts in Youth Offending Institutions. (Paragraph 205)

Unaccompanied asylum-seeking children

- 62. We recommend that the Department for Children, Schools and Families assume formal joint responsibility with the Home Office for unaccompanied asylum-seeking children. (Paragraph 208)
- 63. Clear guidance must be given to local authorities that all of the provisions of *Care Matters*, and the principles of good care planning, apply equally and without exception to unaccompanied asylum-seeking children. We are particularly anxious that the Government resolve the contradiction between the importance that *Care Matters* places on continuity of care for looked-after children older than 16, and the expectation that young asylum-seekers will leave their foster placements at that age. (Paragraph 209)
- 64. We support the idea of appointing guardians for unaccompanied asylum-seeking children, to ensure that they are properly supported through the asylum process, and that swift access to services such as education is arranged on their behalf. We are concerned about the particular vulnerability of this group of children to trafficking, and would like the role of guardian to include a remit to ensure that children do not go missing. (Paragraph 210)

The performance framework for the care system

- 65. We fear that the increased emphasis on self-assessment and light-touch, "proportionate" inspections in schools and children's services as a whole is exerting an inappropriate influence on the inspection of children's social care. In particular, it may lead to unwise over-reliance on the National Indicator Set as a barometer of authorities' ability to keep children safe. There is potential for quarterly updates of performance profiles to engender false confidence, and this practice seems to be at odds with the Chief Inspector's reassurance that on-the-ground investigation will be a prerequisite for passing judgement on services. We recommend that ways of promoting more frequent, informal contact between inspectors and local authorities be explored, such as designating a named inspector for each authority who would make regular visits. (Paragraph 215)
- 66. We consider that the evidence on which performance assessments are based should be retained by Ofsted for at least three years after publication. (Paragraph 216)

67. We recommend that the Government reassess how the new inspection regime for children's services can be made a more effective vehicle for spreading good practice, perhaps through the inclusion of a peer review element, or whether a different mechanism is needed. Ofsted must also improve the representation of officers with extensive social work experience in its senior leadership positions. (Paragraph 217)
68. There is at present too much emphasis on measuring processes in the care system and not enough on assessing its quality. The quality of decision-making and the quality of relationships are difficult things to measure, but they are fundamental to the success of the care system. To help address this problem, children's satisfaction with the care they receive—independently sought and expressed—should feature prominently in performance indicators and assessments of the care system both locally and nationally. (Paragraph 222)

The annual 'stocktake'

69. We look forward to examining the first of the annual ministerial 'Stocktakes' of the care system, and we welcome the focus and priority this process promises to place on how well the whole state is performing as a corporate parent. We recommend that children's views and their satisfaction with the care system should form a crucial part of the evidence used in the Stocktake. In order that Government as a whole can be held to account for its performance, the Stocktake must involve the Home Office and Ministry of Justice as well as the Department of Health and Department for Communities and Local Government. (Paragraph 223)
70. The present performance framework is insufficiently flexible to allow the progress children make in care to be captured. The Stocktake should promote a comprehensive view of outcomes for young people who have been in care (up to age 25). (Paragraph 224)
71. We consider that lack of data about some sections of the care population, and care leavers, compromises the corporate parenting task. The Stocktake should be used as an opportunity to fill some of the gaps in data relating to looked-after children; specifically, the lack of information about the circumstances and outcomes of unaccompanied asylum-seeking children, and about looked-after children in the criminal justice system. (Paragraph 226)
72. We are pleased that data on children missing from care will be included in the Stocktake, and we look forward to seeing evidence of improved performance in this area. (Paragraph 227)

Summary

For those children who come into care, it will always be a distant second best to growing up happily and safely in their own family. Time in care is generally seen by professionals and the wider public as something to be avoided at all costs. Despite the dedication and perseverance of social workers and carers, the outcomes and experiences of young people who have been ‘looked after’ remain poor. Far from compensating for their often extremely difficult pre-care experiences, certain features of the care system itself in fact make it harder for young people to succeed: they are moved frequently and often suddenly, miss too much schooling, and are left to fend for themselves at too early an age.

The Government has acknowledged many of these problems and has sought to be comprehensive in its response. The *Care Matters* White Paper and the legislation that followed it (the Children and Young Persons Act 2008) have on the whole received a positive reception from children’s services authorities, voluntary sector organisations and children themselves. We welcome the priority the Government has put on improving outcomes for looked-after children, and we do not doubt its commitment to achieving this. However, success will not flow automatically from new legislation or guidance. Previous programmes of substantial reform and investment have left outcomes for looked-after children still lagging unacceptably far behind those for other children. Inconsistency in practice and underperformance against current standards show that there are significant underlying challenges to implementation of the new raft of measures, challenges which we fear the Government has not done enough to address. We also believe that *Care Matters* represents a missed opportunity for certain sections of the care population. It is not clear that unaccompanied asylum-seeking children, and looked-after children who enter custody, will benefit equally from the new initiatives and the principles informing them.

Relationships

Stable, reliable bonds with key individuals are fundamental to children’s security and development. In all circumstances, the care system should be supportive of rather than obstructive of good relationships. Children too rarely have the sort of relationship with their social worker that they want. High staff turnover, heavy workloads and an administrative burden all militate against relationships flourishing. Vacancy rates remain high and new recruits lack support. Social workers feel disempowered and when more experienced may seek moves away from frontline work. The same factors impinge on social workers’ capacity to forge constructive relationships with families before problems escalate to the point where a care order might be sought.

Continuity in relationships with foster carers depends on preventing placement breakdowns and building long-term placements into care plans; the prospect of a placement breakdown should be treated with as much concern as the prospect of a child being removed from their birth family in the first place. The quality of support foster carers receive in terms of planned respite, input from other agencies, and access to advice at times of crisis is crucial to this. We believe that there is no justification for the vast inequities of payment and conditions in the foster care sector at present. Carers—including kinship carers—must be able to have a fair and transparent expectation of the support they will

receive, wherever in the country and for whomever they foster. Stronger leadership at national government level, and a greater willingness to specify the support that carers and their families should be entitled to, would strengthen the efforts of local agencies to recruit foster carers.

Placements

These recruitment efforts are vital to increasing the supply of placements, which affects children's prospects for choice, individualisation and stability. Placements are already in short supply, their quality is not consistent, and parts of the *Care Matters* reform programme, such as post-18 fostering, will put even greater pressure on their availability. The Government has placed a new duty on local authorities to ensure a sufficient supply of placements locally, but has not paid enough attention to strengthening local authorities' hands in achieving it.

There should be no "cheap options" in the care system. From time to time in the evidence we took there surfaced a suspicion that decisions taken by local authorities are motivated in some circumstances by costs, and that children do not get all they are entitled to because of pressure on councils' resources. We do not share this suspicion of local authorities' motives, but we are concerned that it can exist. Any option for highly vulnerable children with complex needs—whether family support, long term foster care, kinship care, or supported independence—will only be successful with intensive support and substantial resourcing.

The performance framework

Improvement in the care system must be underpinned by a performance framework that emphasises the most important things: quality of decision-making, of relationships, and of children's experiences of care. We believe that quality assessment and children's satisfaction are undervalued by the current performance regime. Processes and outcomes are both important, but if what we are primarily concerned about is how happy children are in care, then the Government must be prepared to be innovative in finding new ways to assess quality of care. Pilots of new initiatives such as social pedagogy or independent social work practices promise innovative ways of tackling some of the deficiencies in the care system, but it will ultimately be much more important to ensure that the basics of the system are implemented consistently and enforced rigorously. We seek reassurance that the inspection regime will be a sufficient and effective tool to achieve this. It is not clear what sanctions are available against authorities which fail in their duty as parents, nor what incentives are in place to encourage them to fulfil this duty.

The workforce

Three themes run through our conclusions. The first is the importance of the workforce; implementation of well-intentioned initiatives and guidance depends ultimately on the skills and capacity of staff and carers who deal with children day to day. An effective care system can only be achieved by recruiting enough of the right people, giving them access to the right training, paying them enough, backing them up with practical support, and placing them in structures that allow them to build relationships with children and

influence things on the child's behalf. While the Government is seeking to address aspects of this through, for example, the Social Work Taskforce and Social Work Practices pilots, other aspects, such as delegation to foster carers, have been relatively neglected. Residential care in particular requires much greater focus on the level and type of staff qualifications so that the full potential of that type of care might be realised.

Corporate parenting

The second theme is how local authorities can come to approximate more closely the care of birth parents. Many of the things we wish would happen in the care system would follow naturally if the system and those who work within it were minded, and enabled, to act more like parents. Bureaucracy, misdirected aversion to risk, lack of autonomy and restricted resources limit the capacity of corporate parents to normalise children's experience of growing up in care. The Government's willingness to act as a "pushy parent" in ensuring that looked-after children have priority access to schools is welcome, but should not be restricted to the sphere of education; health services and housing are just as important, as are adult services when the young person is moving towards independence. A local authority that was truly acting like a parent would not contemplate allowing a vulnerable young person to strike out unsupported on their own even at age 18, much less if they were going to live, as many do, in substandard accommodation. Where the corporate parent bears some responsibility for things going wrong—such as when children in care become involved in criminal activity—it must be held to account and involved in putting things right every bit as much as the state expects of other parents. Good parenting entails making decisions that are based on the particular needs of each child, and so performance frameworks should be adjusted to focus on the quality and promptness of decision-making about individual children: making the right decision at the right time.

The voice of the child

Thirdly, there is the importance of the voice of the child. Only by setting more store by children's satisfaction with their care will we get closer to finding out how "cared about" they really feel, how stable and secure their lives seem, and whether they have both opportunities and the support and encouragement needed to take them. Initiatives that seek to give children—collectively and individually—more say about their care must be specific, robust and enforceable. The variation currently apparent in services leads us to believe that more independent support is needed for children to express their views and have them listened to.

The purpose of the care system

Large variations in care populations around the country seem to indicate that there is no consensus about the role of care in services for vulnerable children. We are convinced that in some respects the potential of the care system to make a positive difference to children's lives is dismissed too readily, but we are also concerned by how widely the quality of children's experiences in care varies, and how uneven are the experiences families have of support services prior to care. Children's services must have the tools to spot trouble in families at an early stage, and must be able to have confidence that the interventions at

their disposal are of a high quality and will make a positive difference to families. We would like to envisage a care system that is seen not as a sanction against failing parents, nor as a catastrophe for children's future prospects, but as a way of supporting families that are under stress and not functioning well.

This shift in perception is only desirable if care is an integral part of a continuum of effective family support services, not an alternative to it. It is only justifiable if we are able to reassure parents that their child, when in care, will have stability and personalised attention rather than a life ruled by uncertainty and bureaucracy, will have access to all the health and therapeutic care that they need to enjoy life and develop into independent adults, will be protected from rather than exposed to risk of offending, and will not feel abandoned by children's services when they reach 16, or 18, or if they go into custody. There are some children in care who have all of this, and many more who have some of it, thanks to dedicated, compassionate carers and diligent local authorities. The question the Government must do more to answer is, how can we make sure that all looked-after children get all that they are entitled to expect from their time in care?

1 Introduction

1. In October 2006 the Government launched a long period of consultation and policy development about looked-after children with the publication of the Green Paper *Care Matters: Transforming the lives of children and young people in care*.¹ Several aspects of the Green Paper were considered in detail by a series of working groups, and the revised proposals were then contained in the White Paper, *Care Matters: Time for change* published in June 2007.² The Children and Young Persons Bill was introduced to provide for the changes which required primary legislation, and received Royal Assent in November 2008.

2. This Committee came into being following the creation of the Department for Children, Schools and Families in June 2007. We felt it was important for us to consider from the outset the full range of the Department's responsibilities for children and young people, and we decided to focus on some of the most vulnerable among this section of the population: children who are in the care of the state because they cannot live safely with their own parents. The *Care Matters* Green and White Papers provided ample evidence of the need for urgent improvement in services for children in care. We wanted to understand the reasons for the apparently poor performance of the care system in England, to consider whether the Government's extensive proposals for reform were soundly based and likely to succeed, and to find out whether the *Care Matters* programme would go far enough in its ambitions for looked-after children.

3. We issued a call for written evidence on 18 December 2007. We asked for evidence in two stages. The first stage was an examination of the provisions of the Children and Young Persons Bill, in order that we might assist the House in its consideration of the legislation. We took oral evidence from Kevin Brennan MP, then Parliamentary Under-Secretary of State for Children, Young People and Families, and published our Report on the Bill on 20 March 2008.³ The Report set out our thoughts on selected aspects of the draft legislation, including social work practices, support for post-16 education and training, post-18 fostering, and representation of children's views.

4. The second, more extensive phase of our deliberations was an examination of provision for looked-after children in the context of the whole *Care Matters* programme. We invited written evidence on the topics addressed in the White Paper: corporate parenting, family support, care placements, education, health and wellbeing, transition to adulthood, and the role of the practitioner. This inquiry has allowed us not only to broaden our knowledge and vision, but to re-visit in greater detail some of the issues we commented on in the report on the Children and Young Persons Bill.

5. We received nearly 40 written memoranda on these broader topics. Witnesses from a wide range of organisations came to give us oral evidence; they are listed at the back of the

1 DfES, *Care Matters: Transforming the lives of children and young people in care*, Cm 6932, October 2006 (Green Paper)

2 DfES, *Care Matters: Time for change*, Cm 7137, June 2007 (White Paper)

3 Children, Schools and Families Committee, First Report of Session 2007–08, *Children and Young Persons Bill [Lords]*, HC 359

report. We conducted visits to Copenhagen, Hampshire County Council and the London Borough of Merton, and would like to record our thanks to those who hosted us and helped us deepen our understanding of the care system as a result. We are particularly grateful to the parents, foster carers and young people who gave up their time to meet with us informally under the auspices of the NCH Phoenix Project, the Fostering Network and A National Voice respectively. Their insights and experiences have been invaluable. We would also like to extend our thanks to our Specialist Adviser, Dame Gillian Pugh, for her help throughout the inquiry.⁴

6. The inquiry's oral evidence sessions took place from March to December 2008. Inevitably during that time the context continued to evolve, not least through the passage of the Children and Young Persons Bill and a change of ministerial personnel. Implementation of the *Care Matters* programme began in earnest, and some specific initiatives such as the 2020 Children and Young People's Workforce Strategy were launched. We have taken account of these developments in drawing our conclusions.

7. The development that had the most profound impact on our thinking was the news that emerged in November 2008 about the circumstances of the death of Baby P. The details of this appalling tragedy underlined the seriousness of our task in weighing up the merits of the child care system and the effectiveness of family support services. We extended the inquiry to take further oral evidence in the light of these events, and, although many of the lessons of that particular case relate to child protection practice rather than the looked-after system, we were as a result able to reflect more deeply on issues such as the entry point to care and the role of social workers. It is a sobering thought that a lack of confidence in the state's ability to be a good parent may contribute to professionals' reluctance to remove children from their parents' care. Our ambition must be to ensure that the care system can command the confidence of professionals, families, the general public and most of all, children themselves.

8. "Children in care" describes children who are looked after by a local authority under Part 3 of the Children Act 1989. We are aware that, strictly speaking, the expression "in care" should only be used in respect of a child who is subject to a care order made under section 31 or section 38 of that Act. "Looked-after children" is the collective term for children who are the subject of care orders, those voluntarily accommodated by a local authority under section 20, and children in certain other specific circumstances. We have, however, followed the *Care Matters* White Paper in using the term "children in care" to include all children being looked after by a local authority, whether on a voluntary basis or under a care order. Hence throughout this report we use "looked-after children" and "children in care" interchangeably.

9. It has not been possible for us to comment on every issue that has been raised with us either informally or in evidence. We have decided to concentrate on particular themes, but this should not be taken to imply that we do not consider others to be important. We are particularly aware that we have only lightly touched on services for disabled children in

4 Dame Gillian Pugh is Chair of NCB (National Children's Bureau), a Board member of the Training and Development Agency for Schools, a member of the Children's Workforce Development Council, a member of the DCSF/LGA 'Narrowing the Gap' project, and an adviser to various sections of the Department for Children, Schools and Families.

care, use of adoption as a route out of care, and the importance of facilitating safe returns for children to their own family home. That education does not feature as a major theme is testament to the high degree of consensus in favour of the range of educational measures in *Care Matters*. We will maintain a keen interest in how these measures are implemented and the impact they have.

2 The care system in England

10. At any one time around 60,000 children are looked after by local authorities in England, representing roughly 0.5% of all children.⁵ Children enter care for many different reasons. 62% of the current care population came into care because of abuse or neglect; others due to family “dysfunction” or “acute stress”, absent parenting, a parental illness or disability, or “socially unacceptable behaviour”. Four per cent are looked after because of their own disability, and just under six per cent are unaccompanied asylum-seekers.

11. The Children Act 1989 provided two main routes through which children could become looked after: care orders and voluntary accommodation. A care order is a court order made under section 31 of the 1989 Act which places a child compulsorily in the care of a designated local authority. The court may only make a care order if it is satisfied that the child is suffering, or is likely to suffer, significant harm attributable to the care given or likely to be given to the child, or to the child being beyond parental control. The local authority assumes parental responsibility, shared with the birth parents, for that child. Under section 20 of the 1989 Act, children can come into the care of a local authority by a voluntary agreement. Parental responsibility remains with the parents or primary carer, and parents may remove their children from such accommodation at any time, without notice. At 31st March 2008, 63% of looked-after children were on interim or full care orders, and 30% were voluntarily accommodated. Most of the remainder were placed for adoption.

12. The number of children in care has fallen significantly over the past 30 years, reaching a low in the mid-1990s. Numbers then rose modestly to 2004, since when they have fallen very slightly. Surprisingly, fewer children are now entering care than in 1994, when the care population was at its lowest, but they are staying longer.⁶ This is strongly associated with the greater proportion who are in care under section 31 care orders rather than section 20 voluntary agreements.⁷ However, these proportions vary widely between local authorities.⁸ As many as 85,000 children will spend some time in care over the course of a year, with many entering and leaving the system very rapidly; only 13% stay in the care system for five years or more.⁹ Many children will have more than one spell in care.

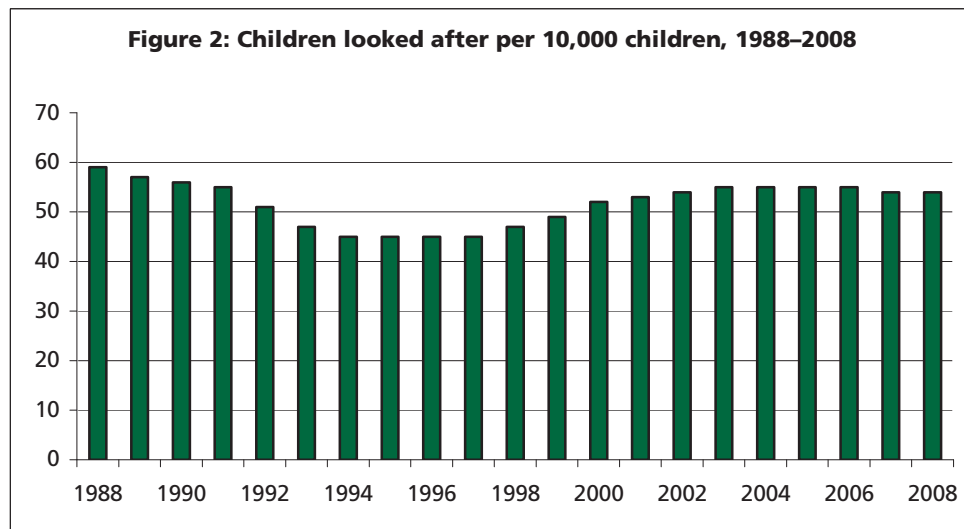
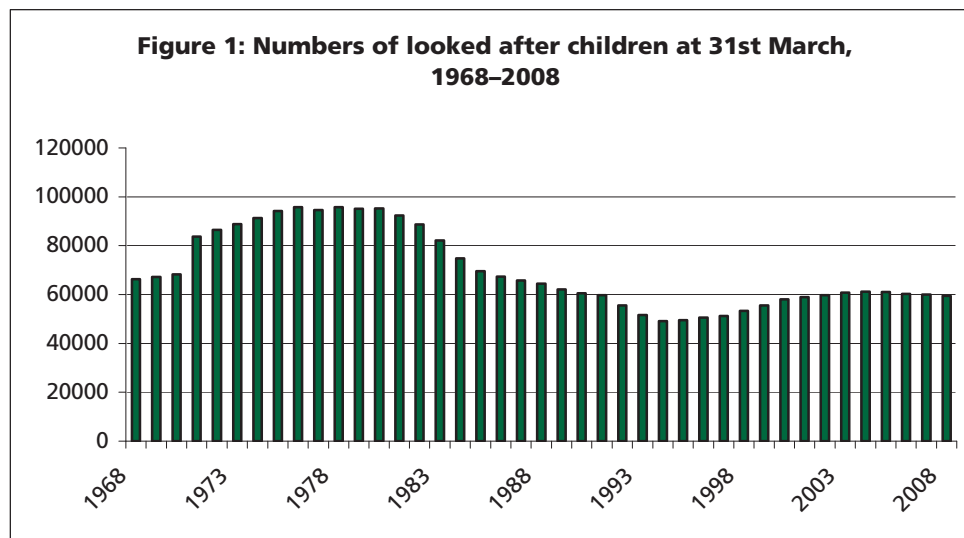
5 The figure as at 31 March 2008 was 59,500. DCSF, *Statistical First Release 23*, September 2008

6 Martin Narey, *Beyond Care Matters: Future of the care population working group report* (DfES June 2007), p 9; *Care Matters* Green Paper, para 1.18

7 *Beyond Care Matters*, para 19

8 *Ibid.*, para 21

9 *Care Matters* Green Paper, para 1.23



Source: Health Committee, *Second Report of Session 1997–98, Children looked after by local authorities, HC 319-I*; DH, *Children Looked After by LAs, year ending 31 March 1998*; DCSF, *Statistical First Release 40, November 2004*; DCSF, *Statistical First Release 23, September 2008*.

13. Despite falling numbers of children in care, the rising unit costs of placements has led to a substantial increase in expenditure.¹⁰ Total gross expenditure on children in care in 2007–08 was £2.19 billion, 51% of which was spent on fostering services and 41% on children's homes. The average cost per looked-after child per week across all placements was £774. For children in residential homes the average was £2,428, and for foster care £489.¹¹ 71% of looked-after children are cared for in foster placements, living with an individual in their family home.¹² Foster carers must be approved by fostering services registered with Ofsted; these can be local authorities, or voluntary or private sector agencies. There are currently 276 independent and 140 local authority fostering agencies.¹³ 14% are placed in residential care, principally in Ofsted-registered children's homes. Ofsted inspect fostering services and children's homes against National Minimum Standards,

10 *Beyond Care Matters*, para 28; *Care Matters Green Paper*, para 1.13

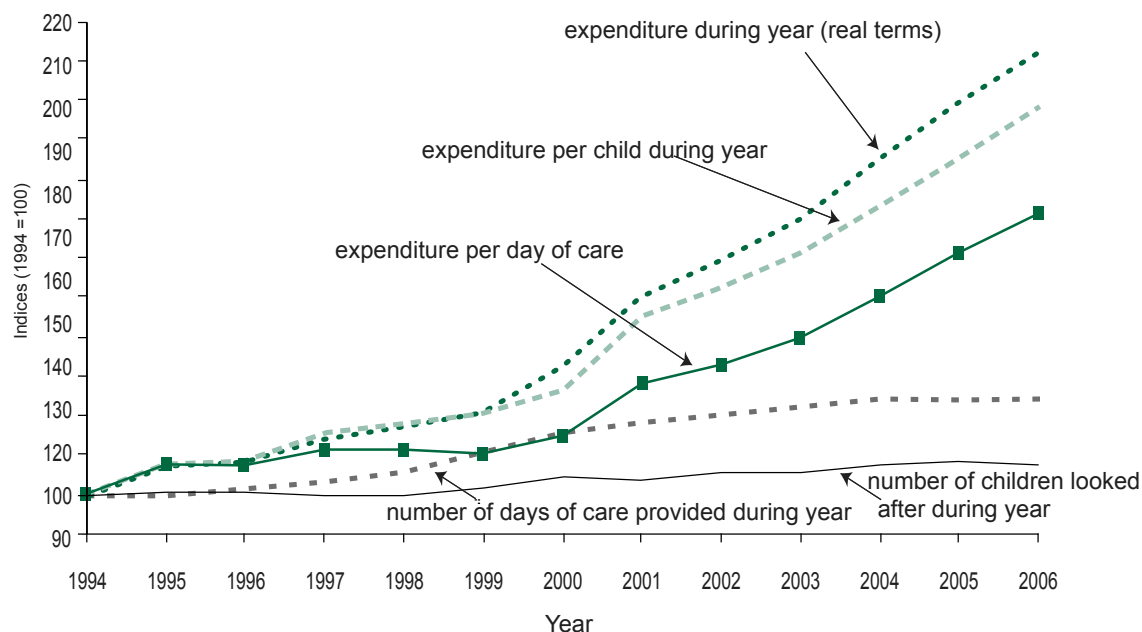
11 NHS Information Centre, *Personal Social Services Expenditure and Unit Costs England 2007–08*, February 2009

12 DCSF, *Statistical First Release 23*, September 2008

13 Ev 311 [Ofsted]

introduced under the Care Standards Act 2000. In 2006, only around a quarter of children's homes were meeting 90% or more of the Standards; one in four fostering services were failing to meet the standard on providing suitable carers.¹⁴

Figure 3: Expenditure on looked-after children, numbers of children looked after and number of days of care provided, years ending 31 March



Source: *Beyond Care Matters: Future of the care population working group* (DfES 2007)

14. Each child in the care system should have a “care plan” setting out their needs and the services required to meet them. A care plan should be drawn up before the child becomes looked after, or in the case of emergency entry to care, within 14 days. It includes a health plan and personal education plan, and informs the decision about the most appropriate placement for the child. Statutory reviews of care plans should take place at least every six months, chaired by social workers with no involvement in the case (Independent Reviewing Officers).

Historical development of the care system

15. The historical development of the child care system in England has been influenced by shifts of emphasis in ideas about the purpose of the system, often precipitated by scandals and their impact on public opinion.¹⁵ Prior to the Second World War, provision for children who could not live with their parents had principally evolved from workhouses under the 1834 Poor Law. The death of a child, Dennis O’Neill, beaten and starved to death in 1945 in a foster home subject only to cursory inspection, prompted a wholesale review. The Curtis Report, published in 1946, set out the basic form of the present care system and the principles underlying it, including the ideal of bringing up each child in a way resembling as closely as possible ordinary family life. The Children Act 1948 established children’s departments in every local authority to oversee children’s care as a result. Since

14 *Care Matters* Green Paper, paras 1.36-7

15 Sonia Jackson, “Looking after children away from home, past and present”, in Chase, Simon and Jackson (eds.), *In care and after: a positive perspective* (Abingdon, 2006)

then, the balance of policy has tipped back and forth between attempts to improve the care system and attempts to keep children out of it.¹⁶ The latter included the 1963 Children and Young Persons Act, which for the first time authorised local authorities to spend money in order to avoid the need to receive children into care, and the 1975 Children Act which introduced measures to make it easier for children to be adopted.

16. Our predecessors, the Social Services Select Committee, published an influential report on the subject of children in care in 1984.¹⁷ They criticised the care system for its failure to plan effectively for children, disregard of parents' rights, neglect of children's education, and the poor outcomes of care leavers. The Committee concluded that the system needed to be rebalanced to allow for more family support alongside out-of-home care and adoption. Their recommendation that a Child Care committee be established was accepted, and the work produced by that group led to the Children Act 1989. This profoundly important piece of legislation rationalised a large body of regulation concerning children in care. It sought to put the emphasis back on care as a service to parents rather than a punishment for inadequacy (hence voluntary "accommodation"), emphasised parents' rights and the least possible use of coercion, and introduced the category of "children in need", for whom local authorities were now required to provide services.¹⁸ The 1989 Act also affirmed the right of children to be consulted on matters which concern them. An associated development was the "Looked-After Children system", a planning and recording system rolled out through the early 1990s better to assess and promote good outcomes for children in care.

17. In practice, the good intentions of the Children Act 1989 were subject to the resource constraints under which local authorities operated, and child protection work increasingly dominated children's social services to the detriment of family support and active intervention with children in care.¹⁹ A number of child abuse scandals in residential homes in England and Wales came to light in the 1990s, and were investigated in reports by Sir William Utting (1997) and Sir Ronald Waterhouse (2000). Concerns raised by these reports led again to a greater emphasis on adoption as a route out of care, in a review commissioned by the then Prime Minister, Tony Blair.²⁰ The initiative led to the introduction of the Adoption and Children Act 2002.

18. In 1998 the Department of Health launched the *Quality Protects* programme to support councils in transforming the management and delivery of children's social services. The programme led to the development of a number of key indicators of excessive movement between placements, and set outcome targets for all aspects of looked-after children's lives. It was backed by additional spending of £885 million over five years.²¹ *Quality Protects* introduced the concept of "corporate parenting". The principle is that the local authority as a whole is the corporate parent of children in care, and thus has a legal and moral duty to

16 Jackson, 'Looking after children', p16

17 Social Services Committee, Second Report of Session 1983–84, *Children in care*, HC 360

18 Jackson, 'Looking after children', p19

19 *Ibid.*, p 20; Q 57 [Professor Tunstill]

20 *Care Matters* Green Paper, para 1.11

21 *Ibid.*, para 1.10

provide the kind of support that any good parents would provide for their own children. This was to include enhancing children's quality of life as well as simply keeping them safe.

19. The Care Standards Act 2000 supported the introduction of National Minimum Standards for child care provision, and the Children (Leaving Care) Act 2000 extended local authority responsibilities towards former looked-after children.²² A new initiative, *Choice Protects*, was launched in March 2002 to improve outcomes for looked-after children through better placement stability, matching and choice. This programme was motivated partly by recognition that the emphasis on adoption had in some local authorities been achieved at the expense of improving standards and choice in foster and residential placements.²³ In 2003, a Social Exclusion Unit report on the education of children in care highlighted the factors behind this group of children's markedly poor educational performance; the Children Act 2004 would impose a duty on local authorities to promote the education of children in care.²⁴

20. The 2003 Green Paper *Every Child Matters* widened the policy focus to all children, not just those in care, stressing the need for multi-agency collaboration and early intervention. The changes precipitated by *Every Child Matters* included the bringing together of responsibility for education and children's social services in the same government department for the first time since the 1940s, and the formation of children's services departments in local authorities with the same responsibilities. Lead Members and Directors of Children's Services became responsible for corporate parenting locally. Our predecessor Committee examined some of the issues relating to the *Every Child Matters* agenda—a number of which remain highly relevant to the present inquiry—in 2005.²⁵

Current issues and *Care Matters*

21. Some improvements in the situation of children in or leaving care have been achieved since the 1990s; there have been increases in the proportion of care leavers in education and employment at age 19, for example, and far more care leavers now remain in touch with their local authority.²⁶ However, despite the large deployment of expertise and resources by the *Quality Protects* and *Choice Protects* initiatives, outcomes for children in care remain poor. In 2007, 13% of looked-after children who sat their GCSEs obtained at least 5 at grades A* to C, compared with 62% of all children. Attainment at Key Stages 1, 2 and 3 is also substantially lower for looked-after children, and they are seven times more likely to be permanently excluded from school. At the end of Year 11, 66% of children in care remained in full-time education compared to 80% of all school-leavers. Looked-after children aged 10 or over are more than twice as likely as other children to be cautioned or convicted for an offence. In the long term, those who have been in care are over-

22 See para 180 below.

23 June Thoburn, *Children in public out-of-home care: 21 years of policy* (Action for Children, 2008), p 4

24 Social Exclusion Unit, *A Better Education for Children in Care*, September 2003

25 Education and Skills Committee, Ninth Report of Session 2004–05, *Every Child Matters*, HC 40-I

26 *Care Matters* Green Paper, para 1.11; the proportion of care leavers in education and employment at the age of 19 rose from 46% in 2002 to 59% in 2005, and over the same period the proportion remaining in touch with their local authority rose from 75% to 89%.

represented among teenage parents, drug users and prisoners.²⁷ Outcomes are poor even when compared to other children with roughly comparable backgrounds and problems.²⁸

22. It was in recognition of this apparent lack of progress in outcomes, and continued evidence of chronic instability in looked-after children's lives, that the Government's Green Paper *Care Matters* was published in 2006. The Green Paper stated:

Quite simply, it is now clear that this help [the *Quality Protects* programme] has not been sufficient. The life chances of all children have improved but those of children in care have not improved at the same rate. The result is that children in care are now at greater risk of being left behind than was the case a few years ago—the gap has actually grown. This is neither acceptable nor inevitable and we are determined through the proposals in this Green Paper to first halt the trend and secondly to reverse it. Addressing every aspect of these children's lives and every public service they encounter, the Green Paper aims to transform both the way in which the care system works for children and the quality of experience they and others on the edge of entering or leaving care actually receive. And in doing this, we are determined to put the voice of the child in care at the centre both of our reforms and of day-to-day practice.²⁹

23. The premise of the *Care Matters* programme was that the corporate parent's aspirations for children in care should be exactly the same as any parent's aspirations for their own child. Poor outcomes for looked-after children are partly explicable by their extremely challenging and disadvantaged circumstances prior to coming into care, but the Government stated that "it is inexcusable and shameful that the care system seems all too often to reinforce this early disadvantage, rather than helping children to successfully overcome it." Time in care, however short, should make a positive difference to a child's life.³⁰

24. In our report on the Children and Young Persons Bill, we referred to the progression from Green Paper to White Paper and to legislation as "an exemplary way for policy to be developed and implemented", and we congratulated the Government for a "thorough and serious consultative process".³¹ Although we have heard much evidence that suggests the principles on which *Care Matters* is based need to be followed through with greater rigour and ambition, we stand by our assessment of the Government's process for arriving at its reform programme.

25. *Care Matters* acknowledges the majority of the problems that we have highlighted in our evidence. We do not doubt the Government's commitment to tackling these problems. What we have sought to concentrate on is where we believe that the excellent aspirations of the reform programme have not been rigorously carried through, where underlying causes

27 *Care Matters* Green Paper, para 1.16

28 *Ibid.*, para 1.14

29 *Ibid.*, Foreword

30 *Ibid.*, para 1.3

31 Children, Schools and Families Committee, First Report of Session 2007–08, *Children and Young Persons Bill [Lords]*, HC 359, para 1

of problems have not been addressed, or where opportunities for some sections of the care population have been missed.

26. We firmly believe that care should be seen as a potential solution for children and families in certain very difficult circumstances. It is, however, dispiriting to consider just how intractable serious deficiencies in the care system have been. The preoccupations of the Curtis Report included lack of stability, a shortage of good quality foster homes, and the low expectations that society had for children growing up in care. More than 60 years later, we still hear of children who go through multiple placements each year, children being slotted in to placements wherever a bed happens to be available, and teachers whose expectations for children's achievement far underestimate the child's own hopes.³² That is not to deny that significant advances have of course been made; the care system today rests on a much more solid foundation, achieved by steady progress in legislation and in understanding of children. We must remember that there are children who experience the modern care system who are able to thrive because of it. However, we would be unwise to underestimate the challenges we continue to face in providing our most vulnerable children and young people with care in a stable and loving environment.

32 See paras 61 and 84 below; Q 17 [Martin Narey].

3 Building a care system founded on good relationships

27. Throughout our inquiry, one theme emerged as particularly dominant: the importance for children in care of stable, reliable, nurturing relationships with those who care for them and manage their care.³³ The failure of the care system to replicate or compensate for the stable relationships that most children have with their parents is one of its most serious and long-standing deficiencies. Even when all the right frameworks and structures are in place, it is the quality of relationships that will determine whether a child in care feels cared about on a day-to-day basis.³⁴ Chris Callender, Assistant Director (Legal) of the Howard League for Penal Reform, described the importance of a parental attitude to something as basic as care planning:

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. [...] If we are going to have to look after children, we really have to do so [...] as a parent, making parental decisions and in an emotionally appropriate way.³⁵

28. There is an obvious dissonance in the concept of the “corporate parent”: how can a large bureaucracy possibly act towards individual children in a way that simulates the personal care and attention of a mother or father?³⁶ Relationships are extremely difficult to influence directly, and it cannot simply be mandated from the centre that all children have access to someone they can trust, who listens to them and who manifestly cares about them.³⁷ The only way that the state can hope to achieve this is by empowering the individuals who are responsible for decisions, or present in a child’s life, on a daily basis.³⁸ Trusting in social workers, foster carers and residential workers to be the hands and heart of the corporate parent means doing everything possible to invest in their skills and support them in their roles.³⁹ It is not acceptable for people trying to do their best for young people to be in a situation of working “in spite of the system”—the system must be reformed in a way that enables and encourages those workers and carers who “go the extra mile”.⁴⁰

29. We believe that the greatest gains in reforming our care system are to be made in identifying and removing whatever barriers are obstructing the development of good personal relationships, and putting in place all possible means of supporting such relationships where they occur. *Care Matters* acknowledges the primacy of relationships

33 Q 192 [Dr Harris]

34 Q 484 [Caroline Abrahams]; Q 281 [John Hill]

35 Q 319

36 Q 281 [John Hill]

37 Q 123 [Professor Sinclair]; Q 53 [Dr Morgan]

38 Q 10 [Dr Morgan]

39 Q 124 [Professor Sinclair]

40 Ev 144

in children's lives in care, and proposes some measures which should help—but it is not clear that all potential levers are being exploited, nor all barriers addressed. A worrying thread runs through the evidence we received about the mismatch between roles and capacity in different parts of the workforce. Those members of the workforce with the most day-to-day contact with children, and therefore the greatest influence over their experience of care, seem in many respects to be those with least access to training, least experience, or least ability to act autonomously and influence decisions. Residential care workers have generally low levels of qualifications, social workers often move out of front-line work when they are experienced enough to become managers, and foster carers find that their personal relationship with the child is undervalued when local authorities make decisions about a child's care.

30. We wish to consider in detail the implications of this in three specific areas:

- relationships between children's services and families;
- relationships between social workers and looked-after children;
- relationships between the child in care and their carer.

This includes promoting stability, for the chronic lack of continuity in the lives of many looked-after children militates against the formation of lasting bonds. Later in the Report we consider some of the factors contributing to placement breakdowns, which cause huge upheaval in the lives of such vulnerable children.

Relationships between children's services and families

31. We have endeavoured to see care in the context of children and families social care as a whole, though our evidence has led us to focus on the particular role of social workers within those services. Good relationships between children's services and families are vital to the success of family support to manage risks that otherwise might result in an admission to care, and of support to parents during and after their child's time in care.⁴¹ Although we received little evidence on the subject, the majority of children who are looked after by the local authority will at some point return to live with their birth family, and we are particularly concerned by statistics showing that 46% of children are abused or neglected after returning home.⁴² **It is imperative that constructive relationships between children's services and the family are established at the outset, maintained while the child is in care, and continued when they return home.**

32. However, we have heard that fear and distrust of social services intervention jeopardises the effectiveness of services and people's willingness to seek or accept help.⁴³ Mary MacLeod, Chief Executive of the Family & Parenting Institute,⁴⁴ explained that families are often reluctant to use services that are labelled as the local authority's; the

41 Ev 28 [FPI]; Ev 200 [AIMS]

42 *Care Matters* White Paper, para 2.48

43 Q 613 [Professor Masson]

44 The Family & Parenting Institute (FPI) is a national centre of expertise, policy and research in families and the upbringing of children.

voluntary sector is seen as much more approachable. For example, she described services delivered by the Family Welfare Association for families with children on the edge of care as being less threatening, and we visited a similar service run by NCH.⁴⁵ Mary MacLeod told us that, “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.”⁴⁶ Parents’ campaigning groups told us that interactions between families and children’s services are, in too many cases, fraught with anxiety, confrontation and a perceived lack of respect.⁴⁷ Parents suspect agencies of being more interested in surveillance than support.⁴⁸ This is true of children as well as parents; Mary MacLeod told us that

[...]children are very frightened of what will happen if they ask for help. They are aware that a juggernaut could hit the family [...] 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.⁴⁹

33. We were reminded that any case in which child protection issues arise will occasion stress in families and difficult circumstances for social workers, which undoubtedly makes it hard to build trusting partnerships between services and parents.⁵⁰ The way in which social workers are deployed, and the balance of time they are able to spend on family support as opposed to child protection work affects relationships with families.⁵¹ Jane Tunstill, Visiting Professor of Social Work at King’s College, London, argued that, in the years since the adoption of the Children Act 1989, local authorities under resource constraints have put more emphasis on the “safeguarding” elements of the legislation at the expense of the “promoting welfare” elements.⁵² She told us that

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 [...] I shall be very sad if, in the foreseeable future, social work becomes equated with working only with families who are in tier four [child protection and other acute problems].⁵³

Kim Bromley-Derry, Vice President of the Association of Directors of Children’s Services (ADCS), told us that positive relationships with families are hampered because social workers are usually only involved with families in cases that meet high need thresholds, such as where there is a safeguarding concern: “we need a safeguarding system, but we need to spread our resources so that that interaction can be positive”.⁵⁴ He also saw a

45 Q 72

46 Q 72

47 Qq 380, 383 [Jean Robinson]; Q 389 [Trevor Jones]

48 Q 380 [Jean Robinson]

49 Q 72 [Mary MacLeod]

50 Q 431 [David Holmes]

51 Q 72 [Mary MacLeod]

52 Q 57; see also Q 58

53 Q 70

54 Q 432

mismatch between skills and tasks that needs to be addressed: “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”.⁵⁵

34. Other witnesses were not sure that it would be an effective use of resources to deploy social workers’ unique skills at lower tiers of need.⁵⁶ Steve Goodman, Deputy Director of Children & Young People’s Services at the London Borough of Hackney, told us that councils should focus social workers’ efforts on child protection, looked-after children and “edge of care” situations.⁵⁷ Pauline Newman, Manchester City Council’s Director of Children’s Services, argued that effective collaboration between agencies could help to reserve highly trained, reflective social work practitioners for the highest and most complex needs.⁵⁸ Other services, including those run by the voluntary sector and state-sector “universal” services such as schools and children’s centres, have vital roles to play in identifying and supporting vulnerable children, either forestalling the need for social workers’ interventions or working alongside them with chaotic and dysfunctional families.

35. “Family support” is part of the role of a wide range of professionals including speech therapists, mental health workers, health visitors, and almost anyone who comes into contact with families.⁵⁹ As policy has emphasised that safeguarding is everyone’s responsibility, not just that of social workers, so family support should be seen as a widely-shared task; preventative work is no less important to keeping children safe.⁶⁰ The fact that a significant, if small, proportion of children who become subject to care orders have not previously been known to social services emphasises how important it is that schools and children’s centres are truly universal, and are in contact with the most vulnerable.⁶¹ Adult social care and mental health services must also be involved in identifying where the problems experienced by a parent might affect the care they give to their children.⁶² **In the wake of Lord Laming’s review of safeguarding, we hope that the important contribution made by universal and preventative services to keeping children safe will be reaffirmed. Unfortunately, even the best child protection systems will not be capable of eradicating child murder, but we are convinced that better early intervention is vital in reducing the likelihood of child misery and ensuring children’s wellbeing.**

36. As well as thresholds for intervention, two other barriers to social workers building relationships with families were cited by witnesses. One is the frequent turnover of social workers, which also profoundly affects children in care; we shall deal with this in more detail in the next section.⁶³ The other major factor is how far a social worker is able to strike a balance between monitoring, recording and assessment, and interventions to improve a

55 Q 432

56 Q 232 [Jane Haywood]

57 Q 493

58 Q 462

59 Q 70 [Professor Tunstill]. For further discussion of family support services see para 129 ff. below.

60 Q 72 [Margaret Dillon]

61 Q 604 [Professor Masson]; Q 613 [Colin Green]; Q 63 [Professor Tunstill]

62 Qq 92–3 [Mary MacLeod]

63 Q 431 [Kim Bromley-Derry]

family's situation. This is a matter of both skills and capacity. Kim Bromley-Derry said of social workers that

[...]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.⁶⁴

37. Colin Green, the Association of Directors of Children's Services' spokesperson on safeguarding issues, concurred that there is too much monitoring activity, at the expense of evidence-based interventions that help to make life within their family better for a child.⁶⁵ We heard that social workers often do not have sufficient time to analyse the huge amounts of information they collect, and we were reminded that assessment should be informing rather than displacing intervention.⁶⁶ Witnesses to the inquiry were far from convinced that the correct balance between these elements has been struck in children and families social work.⁶⁷

38. Implementation of the Integrated Children's System (ICS) came in for particular criticism from some quarters for reducing the amount of time social workers have to spend on face-to-face contact with families.⁶⁸ ICS is a tool for gathering and recording the information needed for individual children's case management, though the term is commonly used also to refer to the computer system being used to implement it. Professor Jane Tunstill reported that ICS was "dominating" the lives of social workers, and recalled from research fieldwork that "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."⁶⁹ Steve Goodman criticised the system for generating paperwork that "does not help social workers [...] to think through the complexities of what they need to do to intervene in families."⁷⁰ Colin Green, however, argued that although the IT systems being used to implement ICS are "clunky" and flawed, the heart of the system answers a clear need for sophisticated recording of very complex cases.⁷¹ Steve Titcombe, Head of Children's Social Care at Rochdale Metropolitan Borough Council, pointed out that social workers "must be

64 Q 431

65 Q 611

66 Q 641 [Professor Masson]; Q 645 [Colin Green]

67 Q 206 [Celia Atherton]; Q 87 [Margaret Dillon]; Q 86 [Professor Tunstill]

68 Q 636 [Henrietta Heawood]

69 Q 86

70 Q 494

71 Q 635

sound in recording communications [...] it is not clerking, but part of the professional job.”⁷²

39. Several witnesses expressed the view that social workers’ training was not adequately preparing them for the task of working with children and families.⁷³ Steve Goodman told us:

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.⁷⁴

Witnesses were divided on the issue of whether the generic social work degree provides sufficiently specialised training for children’s social workers.⁷⁵ We note that the Government established in January 2009 a Social Work Taskforce to examine social work training among other issues, and we are minded to investigate this topic ourselves in a future inquiry. Social work is a highly-skilled profession which demands the intellectual capacity to apply research in understanding families. The extent to which social workers are equipped with those skills, and how far they are able to keep applying them throughout the available career paths, are matters of great interest to us which we intend to examine further.

40. We are convinced that most social workers want to do the best they can for children, and that this includes building a constructive relationship with families. They do this work in incredibly trying circumstances, and whenever child protection issues are raised it will inevitably be painful and stressful for parents. Ultimately, a social worker has legal responsibilities to children which must override consideration of parents’ wishes, but this should not be allowed to preclude families and children thinking of social workers as people who are there to help them rather than to punish them. **Focusing the efforts of social workers on child protection cases is, we believe, a practical response to resource constraints and the prevailing public view of the profession, rather than the ideal situation. This focus fails to realise the potential of social work to effect positive change in families, and means that the stakes of interactions are too high. We urge the Social Work Taskforce to consider ways in which social workers can be freed up to work with families before problems become acute. Specifically, we look forward to their**

72 Q 209

73 Ev 213 [ADCS]; Qq 400, 409 [Kim Bromley-Derry]; Q 218 [Celia Atherton]

74 Q 459

75 Ev 230 [GSCC]; Q 218 [Celia Atherton]; Q 409 [Kim Bromley-Derry]; Q 439 [Steve Goodman]

conclusions about the extent to which administrative tasks prevent social workers spending time with families.

Relationships between social workers and looked-after children

41. Both foster carers and young people have told us what an important influence a social worker is on a child's time in care; children value their support and particularly the opportunity to build a relationship with them when they can.⁷⁶ Unfortunately, many children do not get such an opportunity, either because of turnover in the workforce or a lack of time together. We heard from several quarters how important consistency of social workers is for looked-after children—and how rarely it is achieved.⁷⁷ Julian Le Grand, Richard Titmuss Professor of Social Policy at the London School of Economics, told us of children whose assigned social workers had changed so rapidly that they had not even had time to meet in person before another new worker was assigned, a scenario that was familiar to the young people in care that we met. Those few children in care who do have a consistent, friendly, supportive relationship with a social worker “threw into relief the plight of the others who did not have it.”⁷⁸

Recruitment and retention

42. The lack of continuity is at least partly attributable to severe and persistent problems with recruitment and workforce retention.⁷⁹ The proportion of vacancies in children and families social work has remained at around 9-11% for some years; average vacancy rates vary significantly between areas and are particularly high in London at 15%.⁸⁰ About two-thirds of local authorities report recruitment problems.⁸¹ High use of agency staffing in some local authorities (an average of 21% in London) can also hamper continuity of contact with children and families.⁸² Councillor Les Lawrence, Chair of the Local Government Association's Children & Young People's Board, saw the answer in an ambitious “workforce remodelling process” for children's social care, similar to that achieved in the teaching profession under the auspices of the Training and Development Agency, to improve the public's appreciation of the value of social work.⁸³ It is clear that negative press coverage influences public perceptions of the profession, a factor we are particularly mindful of in the light of reaction to the Baby P case in Haringey.⁸⁴

43. A new impetus is needed for children's social work recruitment, particularly in the light of diminishing public confidence in the profession. We are pleased to note that the Government has, in the Children's Workforce Development Strategy published in

76 Q 38 [Dr Morgan]; Annex: Record of informal meetings with foster carers and young people

77 Q10 [Dr Morgan]; Q 38 [Maxine Wrigley]; Q 128 [Kevin Williams]; Ev 83 [Care Matters Partnership]; Ev 142 [Foyer Federation]; Ev 318 [Ofsted]

78 Q 206 [Professor Le Grand]

79 Q 241 [Professor Le Grand]

80 Ev 214 [GSCC]

81 Q 216 [Jane Haywood]

82 Children's Workforce Development Council, *The State of the Children's Social Care Workforce 2008* (May 2008), p16

83 Q 462

84 Q 206 [Jane Haywood]

December 2008, decided to involve the Training and Development Agency in this task, and we will maintain a keen interest in how effectively it performs.

44. Retention may be an even greater problem nationally than recruitment.⁸⁵ Turnover of children’s social workers is typically 12% in any one year.⁸⁶ The General Social Care Council explained some of the contributory factors amongst those new to the job: recently-qualified social workers report that they lack support and supervision, and are allocated large and complex caseloads, including difficult child protection cases, very early in their career.⁸⁷ New social workers clearly need to be carefully supported if they are to survive their first few months on the front line. However, vacancy rates and high caseloads mean that departments’ best intentions about careful induction are often overridden by the urgency and pressure of work.⁸⁸ Furthermore, experienced staff may seek opportunities in specialist services and management posts that take them away from the front-line.⁸⁹ This not only depletes the front-line workforce, but reduces the number of experienced practitioners available to provide supervision.⁹⁰

45. The Children’s Workforce Development Council (CWDC) began in 2008 a pilot of “newly-qualified social worker status” (NQSW), which will ensure protected time for development, supervision and support of new recruits, in a similar vein to newly-qualified teacher status.⁹¹ CWDC Chief Executive Jane Haywood was optimistic that this would start to address the problem of social worker churn.⁹² Research in Practice welcomed the NQSW project but also drew attention to the importance of post-qualifying training and continuing professional development for children’s social workers—an aspect of training which is no longer linked to a local authority performance indicator.⁹³ **The piloting of Newly Qualified Social Worker Status is welcome, and the success of this initiative should at least partly be judged by its effect on vacancy rates.**

Characteristics of and barriers to good relationships

46. Regardless of the length of time an individual social worker remains responsible for a child’s care, there appears to be great scope for improving the frequency and quality of their interactions with looked-after children. Foster carers and young people have told us that too often children and carers are let down by missed appointments, inability to get hold of support outside office hours and poor communication.⁹⁴ We heard from witnesses

85 Q 207 [Jane Haywood]

86 Ev 214 [GSCC]

87 Ev 214

88 Q 209 [Celia Atherton]

89 Q 206 [Steve Titcombe]

90 Ev 230 [GSCC]

91 Q 208 [Jane Haywood]; The CWDC is a Sector Skills Council Body and workforce reform agency, responsible for improving workforce skills in areas including early years, foster care, children and families social work, and children’s homes managers.

92 Q 235

93 Ev 118; Research in Practice operates a network for voluntary and public sector organisations, focusing on using evidence and research to improve services for children and families.

94 See Annex

that there is a high degree of consensus among children in care about what they want from their relationship with their social workers:

- a) **Time to develop a relationship;** Maxine Wrigley, Chief Executive of A National Voice,⁹⁵ said that this is “the No.1 thing” that children say about social workers, because they feel that time with them is always rushed.⁹⁶ Young people told us that they appreciated it when workers spent time getting to know them better, but that some social workers seemed to be in touch with them only when something was going wrong.⁹⁷
- b) **Accessibility;** Young people told us that social workers often seem to be unavailable, or too busy to talk to them, and they do not get back to them promptly.⁹⁸ Children in care frequently express the desire to be able to contact someone other than their immediate carers “24/7”, and certainly outside normal working hours, as that is when problems often occur.⁹⁹ This does not necessarily have to be a social worker¹⁰⁰—but there has to be *someone*. It is also important that some contact with social workers can take place away from a child’s placement and carer, so that they can discuss things freely. About a quarter of looked-after children say that they are always with a carer when they see their social worker.¹⁰¹
- c) **Effectiveness;** Of great concern to children is the degree to which social workers have the authority to carry out a plan that has been agreed with the child “without it either unravelling or disappearing into some other process so that children do not know where they are”.¹⁰² Budget decisions being made at several removes from the front line are a particular concern.¹⁰³ Professor Julian Le Grand identified the place of social workers in the hierarchy of professionals working with children in care as obstructive to their effectiveness. He reported that social workers said to the *Care Matters* working group which he chaired:

They felt very much that they were at the bottom of the local authority heap [...] 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

95 A National Voice is a voluntary sector organisation run for, and by, young people who are, or have been, in care. It seeks to influence policy on the care system, raise awareness of the experiences of young people in care, and promote young people’s rights.

96 Q 38

97 See Annex

98 See Annex

99 Q 15 [Pam Hibbert]; Q 16 [Maxine Wrigley, Dr Morgan]

100 Q 232 [Jane Haywood]; Q 227 [Professor Le Grand]

101 Q 38 [Dr Morgan]

102 Q 38 [Dr Morgan]

103 Q 23 [Pam Hibbert, Dr Morgan]

most trained. What seemed to be happening was the takeover of professionalism by managerialism.¹⁰⁴

- d) **Good communication**; Almost a quarter of looked-after children surveyed by the Office of the Children’s Rights Director said that they were not usually kept informed by their social worker about what was happening to them.¹⁰⁵
- e) **Reliability**; Keeping appointments, and keeping promises.¹⁰⁶

47. Children and young people are well aware that when their relationship with their social worker is not all they would wish it to be, the reasons are often to do with heavy workloads and lack of administrative support.¹⁰⁷ Maxine Wrigley told us that “Young people have made comments about how tired [social workers] look and how many cases they have”.¹⁰⁸ **We recommend that the Government consider, through the Social Work Taskforce or otherwise, the practicalities and possible benefits of guidance specifying optimum caseloads for children’s social workers.**

Possible solutions: remodelling and restructuring

48. *Care Matters* contained a proposal for Remodelling Social Work Pilots within local authorities to test ideas for strengthening the current system. Nine of the intended 18 pilot projects commenced in September 2007, and they are due to run until 2011. The pilots are focusing on different aspects of the service. Steve Titcombe of Rochdale Metropolitan Borough Council told us that one aspect of their Remodelling project will look at how to increase the contact children in residential care have with their social workers.¹⁰⁹ Research in Practice wrote that they welcome the Remodelling pilots as a way of exploring new structures to improve continuity of care. However, they had concerns that it will be difficult to identify general trends across only 18 pilots which may be influenced by many other factors: “What may happen is that pockets of good practice emerge that cannot be attributed to any particular intervention.” They warned that a generous timetable is needed for the pilots and their evaluation.¹¹⁰

49. **While we welcome the opportunity for innovation, it is not clear to us that the Remodelling Social Work pilots have been designed to address directly the wishes of children in care about their relationship with their social worker. We seek reassurance that evaluation of the pilot programmes will provide robust evidence of ways to achieve these specific aims.**

50. The London Borough of Hackney told us about their Reclaiming Social Work programme, which is restructuring the front-line social work service into “social work

104 Q 206

105 Q 38 [Dr Morgan]

106 Q 38 [Dr Morgan]; Annex

107 Q 647 [Henrietta Heawood]

108 Q 38 [Maxine Wrigley]

109 Q 231

110 Ev 117

units”. The aims are to create more continuity for the child, to ensure that social workers can spend more time with children and families, to develop professional autonomy, and to reduce the possibility of “drift” in decision-making for individual children.¹¹¹ **We recommend that other examples of innovative local authority practice which aim to improve children’s relationships with social workers be considered and evaluated alongside the Children’s Workforce Development Council’s Remodelling Social Work programme.**

Social work practices

51. The *Care Matters* White Paper put forward a proposal for developing independent Social Work Practices: autonomous organisations, similar to GP practices, that would be commissioned by local authorities to fulfil the social work functions in respect of children in care, holding budgets for their care and being contractually accountable for their outcomes.¹¹² Provisions enabling the piloting of Social Work Practices are contained in Part 1 of the Children and Young Persons Act 2008.

52. Professor Julian Le Grand chaired the *Care Matters* working group which developed the Social Work Practices proposal. He explained to us how he sees them operating, and their potential benefits: practices would co-ordinate and integrate services for each child, closely tailoring services to their needs, and would offer greater continuity.¹¹³ He suggested that practices may be able to provide the 24-hour service wanted by young people.¹¹⁴ Only by piloting the measure will we see whether practices will be more free than local authority children’s services departments to organise their care in a way that helps build relationships.¹¹⁵ Professor Le Grand believed that there would also be benefits for the professionals involved, providing a more supportive environment for training and mentoring, and attractive career paths that would not neglect front-line practice.¹¹⁶ Additionally, there could be cost savings “from losing a lot of the managerial overhang within local authorities—you would not have that hierarchy”.¹¹⁷

53. We asked Professor Le Grand if greater innovation and variety in practice stemming from Social Work Practices poses a further danger to the consistency of the care system for children. He responded that he would consider variation to be one of the virtues of the idea, and that the checks and balances of the current system, such as Independent Reviewing Officers, would remain. Contracting for outcomes with local authorities “will ensure the right degree in maintaining both national consistency and accountability”.¹¹⁸

54. Maxine Wrigley reported the opinions of some young people in care about Social Work Practices:

111 Ev 235

112 *Care Matters* White Paper, paras 7.18 ff.

113 Qq 219, 225

114 Q 226

115 Q 220

116 Qq 210, Q 229

117 Q 230

118 Q 222

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 [...].¹¹⁹

Barnardo's and the Local Government Association expressed concerns that independent practices could dilute the accountability of the corporate parent, and distance care for looked-after children from other council services such as education and housing.¹²⁰ The Care Matters Partnership warned that the highest quality staff could be attracted to the practices, effectively lowering standards in local authority work.¹²¹

55. The working group chaired by Professor Le Grand recommended that at least nine pilot projects would be needed to test different models adequately.¹²² Six pilots have been announced.¹²³ Professor Jane Tunstill pointed out, with specific reference to Social Work Practices, that the methodological rigour of pilots is compromised if, through a desire to see something work and carry on, they are much better resourced than existing, mainstream services.¹²⁴ Celia Atherton, Director of Research in Practice, expressed scepticism about the value of the Social Work Practice pilot projects, given their short timescale (two years), and cautioned that significant improvement would depend on cultural rather than structural change.¹²⁵ We asked Professor Le Grand whether the pilots would be able within that timescale to demonstrate a verifiable impact on children's outcomes. He responded that the outcomes the Government would want to know about

[...]are so far in advance that no conceivable piloting process could test them. We felt that two years was probably an acceptable compromise [...] 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.¹²⁶

56. In our Report on the Children and Young Persons Bill, we concluded that it was vital that Social Work Practices be properly evaluated, and that they should not be rolled out unless they can be shown to improve continuity and stability for looked-after children. Evidence received for this inquiry has confirmed this view, and in that light we are concerned that fewer pilots are being undertaken than recommended by the Care Matters working group. **We ask the Government to examine carefully whether independent practices might lead to greater compartmentalisation of social work tasks, rather than the continuity we believe is desirable. We urge the Government to ensure that the views**

119 Q 24

120 Ev 2 [Barnardo's]; Ev 14 [Pam Hibbert]; Ev 233 [LGA];

121 Ev 81

122 Julian Le Grand, *Consistent Care Matters: exploring the potential of social work practices* (DfES 2007), Recommendation 10

123 DCSF, *2020 Children and Young People's Workforce Strategy*, December 2008, para 4.11

124 Q 75

125 Q 233; Q 206

126 Q 224

of children and young people are given particular prominence in the evaluation of the pilots.

57. **Independent Social Work Practices** seem to offer the potential to address many of the long-standing problems in the relationships between looked-after children and their social workers, and we welcome the piloting process. However, if independent practices are found to create insurmountable problems, or are not deemed workable by all local authorities, other ways will still have to be found to change the structures of social work to promote better relationships. The Government must not delay in investigating other solutions that can be adopted by all local authorities.

Relationships between the child and their carer

58. For most young people in care, their most important relationship on a day-to-day basis is with their foster family. We met a group of foster carers to discuss our inquiry and were impressed with their dedication, and with the compassion and kindness that evidently underlay their desire to provide a loving, nurturing home for children. Not all children in care are lucky enough to be placed with such good ambassadors for the profession, however. Some young people told us that they have been placed with carers who, despite rigorous approval procedures, have not been disposed to provide a truly caring environment for them. Children do not necessarily want foster carers to try to replace their birth parents, but we heard shocking stories of children in some foster homes being excluded from normal family life such as eating meals and watching TV together, and from special family occasions.¹²⁷ Experiences such as these lead children to become cynical about the reasons why people choose to foster, viewing many carers as motivated by financial reward.

59. Ian Sinclair, Professor Emeritus at the Social Policy Research Unit, University of York, described the traits needed to be a good foster carer: “[...]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.”¹²⁸ Barnardo’s argued that the most important qualities—warmth, patience, tolerance—are those that are difficult to measure and assess, and can be neglected during approval processes for carers.¹²⁹ Training may focus on child protection and processes at the expense of developing relationships.¹³⁰ Pam Hibbert, Assistant Director–Policy at children’s charity Barnardo’s, told us

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 the warmth,

127 Annex

128 Q 129

129 Ev 4; Q 47 [Pam Hibbert]

130 Q 44

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 [...].¹³¹

60. We are convinced that the large majority of foster carers enter the profession for the right reasons, motivated by kindness and a sincere desire to help vulnerable children. The tradition of foster care in England should be a source of pride, and its continued development as a valuable part of the children's workforce must be supported. However, it would be unwise to allow the gratitude owed to these carers to blind us to the bad experiences that some children in care have of everyday life in a foster home. **Foster care approval processes should be reviewed to ensure that they are capable of identifying and assessing the most important personal qualities. Important as training is, fostering agencies must require that those who look after children possess the personal qualities needed to deliver genuinely warm and secure family life.**

Preventing placement breakdowns

61. It was clear from talking to young people with experience of the care system that disruption, uncertainty and instability were constant features of their time in care. They described sudden, unplanned placement moves for which they had neither explanation nor preparation; one young woman said that she had simply been left outside a social services office on a Friday night by her carer; and a boy related coming back from school one day to find his bags packed and a cab waiting for him outside his now former foster home. One young woman told us that she had had four different placements in nine months, and her sister had been through 18 placements in the same time. Others said that complaining about unsuitable placements is not worth it when you feel you will be moved on at some point anyway; unfortunately, making the effort to fit in with a new family often does not seem worth it, either.¹³² The prospects for building lasting, constructive relationships in such circumstances are naturally bleak.

62. Each placement breakdown causes more disturbance for already unsettled children, which then makes the next placement even harder to maintain.¹³³ Preventing placement breakdowns and unplanned moves is fundamental to ensuring that children attain stability. In a later chapter we will look at the contribution of placement choice to stability. Here we will deal with another major factor: the support that can be put in place to prevent problems in placements escalating to the point where the child is moved, and to ensure that good relationships, where they occur, are reinforced rather than squandered.

63. The *Care Matters* White Paper acknowledges that “carer stress, and the need to respond to difficult behaviour account for a high proportion of placement breakdowns”, and that training and support must therefore be provided for foster carers. However, the White Paper largely defines “support” for carers in terms of initiatives to develop their own skills and abilities. For example, a national rollout of the *Fostering Changes* training programme is planned to equip carers with positive parenting techniques to manage

131 Q 44

132 See Annex

133 See Annex

difficult behaviour.¹³⁴ Initiatives to improve provision of training for foster carers are of course welcome. Carers cannot simply be expected to rely on “normal” parenting skills when caring for children whose responses are complicated by a history of ill-treatment, neglect or challenging behaviour.¹³⁵

64. The foster carers we spoke to agreed that placement breakdowns usually happen because of lack of support, but they did not speak in terms of training; they talked about practical help, respite placements and day-to-day contact with social workers and fostering agencies.¹³⁶ While some spoke well of the support they receive from their agency, others told us of really inadequate help in dealing with extremely challenging children, who can cause a great deal of physical damage to their surroundings as well as emotional distress. What appear to be trivial practical matters, such as making insurance claims for replacement, cleaning or repair of furnishings, can be draining and time-consuming to resolve, and carers gave the impression of having to fight for everything they receive from some fostering agencies.

65. Barnardo’s argued that there should be greater provision of “out of hours” support and intervention for both foster carers and residential workers, to prevent crises escalating and leading to placement breakdowns: “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.”¹³⁷ Children themselves make the same point, and worry about carers giving up fostering for lack of support or advice at a crucial time.¹³⁸ Short breaks or respite services can be effective, whether in a crisis or as part of a planned package of care, but not all fostering agencies offer these opportunities in an organised way.¹³⁹ The foster carers we met urged us to think in terms of “foster families” rather than just carers, pointing out that everyone in the household and the wider family can make a contribution to the experience of the child in care.¹⁴⁰ Those contributions, however, rarely attract recognition, support or training.¹⁴¹

66. During debates on the report stage of the Children and Young Persons Bill, the Government rejected an amendment that would have obliged fostering agencies to publish a charter of the support they provide for carers. The Government argued that this measure would be difficult and confusing to implement as foster carers have agreements both with their providers (which may or may not be a local authority) and with the local authority placing a child with them.¹⁴² One of the carers we met, however, estimated that nine out of ten placements are made without a foster placement agreement being put in place.¹⁴³ In the short term, it seems unwise to rely on such agreements to stipulate the support that will be

134 *Care Matters* White Paper, paras 3.28 ff.

135 Q 128 [Robert Tapsfield]

136 Annex; see also Q 128 [Kevin Williams].

137 Ev 4

138 Q 45 [Maxine Wrigley]

139 Ev 3 [Barnardo’s]; Ev 59 [Fostering Network]; Annex

140 Annex; see also Q 128 [Kevin Williams].

141 Annex; see also Ev 57 [Fostering Network].

142 HC Deb, 8 October 2008, col 361

143 Annex; Ev 56 [Fostering Network]

available. **We ask the Government to enforce rigorously the requirement for foster placement agreements.**

67. Foster carers do not only need skills; they also need confidence that someone is backing them up, particularly when children have very challenging behaviour or when placements reach a crisis point. The services that are available to children outside their placement can also make a decisive difference to whether a carer feels supported in looking after a child: whether therapeutic support is available for children who are traumatised by past abuse (an issue we will discuss further in Chapter six), or whether tutoring or activities and trips will be available. There is merit in the idea of ensuring that fostering agencies are clear about what practical help will be available to support placements—not only so that placements can be supported, but to assist carer recruitment and retention. ***Care Matters* adopts too narrow a view of ‘support’ for foster carers, concentrating mainly on developing their own training and skills. Important as this is, foster carers should also be able to expect a detailed specification of the practical and financial support that will be provided to them and their families to maintain placements and help children develop, including the education and health services that will be available.**

68. We heard evidence that long-term foster placements are neither adequately supported nor given enough consideration in planning as a potentially permanent option for children who will not be adopted.¹⁴⁴ Some fostering agencies pay lower allowances and fees to those who take on placements long-term, on the assumption that a stable placement needs less support when in fact it is the quality of support that makes such placements viable.¹⁴⁵ Robert Tapsfield, Chief Executive of the Fostering Network,¹⁴⁶ commented that “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.”¹⁴⁷ He argued that long-term foster care has too low a profile in national policy, and that the DCSF should do more to promote it as a desirable outcome alongside adoption and special guardianship.¹⁴⁸ Professor Ian Sinclair told us that breakdown of long-term placements can be accepted too readily:

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.¹⁴⁹

144 Ev 60 [Fostering Network]

145 Ev 60 [Fostering Network]; Q 138 [Kevin Williams]

146 The Fostering Network is a charity representing over 50,000 individual foster carers, all local authority fostering services, and many independent fostering agencies.

147 Q 138

148 Q 133

149 Q 130

We recommend that the Government strengthen its guidance about planning for long-term foster care, and include in this guidance the financial and other support that should be available to help maintain long-term placements.

Family and friends / kinship care

69. Children can be placed in the care of extended family members or others connected to the family both within and outside the care system. In the care system, placements with relatives or friends account for 11% of all placements.¹⁵⁰ In these cases the carer may be an approved foster carer, and the local authority has obligations to support them accordingly. *Care Matters* noted that there is variation across the country in the extent to which family and friends placements are used. It proposed to put in place a “gateway approach” to ensure that this type of placement is considered as an option at every stage of decision-making. Reforms to care proceedings through the Public Law Outline, introduced in April 2008, have also increased the profile of kinship care as an option for children. Kim Bromley-Derry, Vice President of the Association of Directors of Children’s Services, told us that this “will improve the level of consistency in its consideration”.¹⁵¹

70. While the prospect of an expansion in family and friends care was generally welcomed by those who gave us evidence, there was concern that local authorities might turn to it as a “cheap option” rather than necessarily the best option for the child, because of the lower levels of support offered to family and friends carers in many places.¹⁵² Some local authorities continue to pay lower allowances to kinship carers than to other foster carers, and other forms of support such as an allocated social worker may also be lacking.¹⁵³ Authorities that have made less use of kinship placements in the past will have to develop specialist services and support to manage an increase in this type of placement; family and friends care is in many ways a task distinct from mainstream foster care, and the motivations and circumstances of carers may be quite different.¹⁵⁴

71. Outside the care system, however, it is estimated that between 200,000 and 300,000 children may be cared for by family or friends; many of these arrangements start on a short-term basis to avoid the need to take the child into care.¹⁵⁵ Children are very much in favour of a greater emphasis on investigating the possibilities for family and friends care before they are taken into the care system.¹⁵⁶ While the needs and circumstances of a child in these cases may be identical to those of children within the system, the support on offer to carers is usually very much less if it exists at all.¹⁵⁷ This can even occur in cases where the arrangement has been made at the behest of children’s services.¹⁵⁸ Caroline Little, Co-Chair

150 DCSF, *Statistical First Release 23*, September 2008. Although some local authorities draw a distinction between ‘kinship care’ and ‘family and friends care’ according to whether or not they are within the care system, we follow common practice in using the terms interchangeably.

151 Q 420

152 Ev 3 [Barnardo’s]; Ev 81 [Care Matters Partnership]; Q 50 [Pam Hibbert]

153 Q 428 [Kim Bromley-Derry]; Ev 335 [Family Rights Group]

154 Q 168 [Robert Tapsfield]; Q 420 [Kim Bromley-Derry]

155 Ev 330 [Family Rights Group]

156 Q 50 [Dr Morgan]

157 Q 168 [Robert Tapsfield]; Ev 332 [Family Rights Group]

158 Ev 331–2 [Family Rights Group]

of the Association of Lawyers for Children, told us that children’s solicitors spend a great deal of time “fighting” within the court system to obtain the appropriate support for someone within the family who is willing to care for the child but is financially unable, or lacking suitable housing.¹⁵⁹ There is a risk that informal arrangements intended to forestall the need for care, if not adequately supported, may break down and result in the child going into care after all.¹⁶⁰ We were interested to hear of Hampshire County Council’s provision of means-tested allowances for kinship placements outside the care system, and we would like to see similar examples of practice surveyed to inform national policy.

72. The *Care Matters* White Paper announced “a new framework” for family and friends care. It acknowledged that current arrangements for financial and practical support are “not sufficiently robust”, and it set out the Government’s intention to ensure that all local authorities have transparent policies in relation to the support they offer to family and friends carers.¹⁶¹ Robert Tapsfield and David Holmes, Chief Executive of the British Association for Adoption and Fostering (BAAF), were not convinced that the Government’s stated proposals amounted to the promised “new framework”, rather than a platform for “developing local practice”, and the Family Rights Group expressed concern about the lack of detail.¹⁶² Robert Tapsfield suggested that kinship carers should have a right to be assessed for the services they may need, similar to that introduced by the Adoption and Children Act 2002 for adoptive parents.¹⁶³ The idea of a specified entitlement to funding and services also had a measure of support.¹⁶⁴

73. We are pleased to note the prominence being given in *Care Matters* and in the Public Law Outline to family and friends care as an option of first resort. An increase in these placements will be neither possible nor desirable, however, without more consistent and equitable services and support for family and friends carers. The specifications of support for foster carers recommended elsewhere in this Report should include these carers, taking into account the distinctive task and context of family and friends care.

74. We recommend that the Government’s promised new framework for family and friends care take full account of the very many children who are supported in this way outside the legal boundaries of the care system, while having needs comparable to those within it. We ask the Government to give careful consideration to ways in which those carers and children might be supported more thoroughly and consistently, including through the benefits system, without bringing children formally into care solely as a trigger for support.

159 Q 426

160 Ev 332 [Family Rights Group]

161 *Care Matters* White Paper, paras 2.34 ff.

162 Q 168 [Robert Tapsfield]; Q 420 [David Holmes]; Ev 330 [Family Rights Group]

163 Q 168; Ev 334 [Family Rights Group]

164 Q 427 [Caroline Little]; Q 428 [Kim Bromley-Derry]

Delegating decisions to foster carers

75. A foster carer described to us the experience of children being fostered: “This isn’t family life, it’s parenting by committee, and the young people resent us for it. If we’re going to be foster families, we have to be able to function as families.”¹⁶⁵ Dr Roger Morgan, Children’s Rights Director for England,¹⁶⁶ picked out as one of the issues that children would like to have a stronger emphasis in *Care Matters*, “the principle of trying to provide as normal a family-type experience as possible for children in care”.¹⁶⁷ Normalising the experience of children growing up in care is particularly important because children feel so acutely the stigma of being singled out as different in any way.¹⁶⁸

76. We heard evidence that a highly bureaucratic and risk-averse culture is denying children opportunities that others take for granted and fails to replicate good parenting.¹⁶⁹ There was, among the evidence we received, a great deal of support for the idea of normalising children’s experience of life in care as much as possible by increasing the capacity of foster carers to make everyday decisions about a child’s care.¹⁷⁰ Foster carers themselves feel that, having gone through stringent approval processes and often having undertaken extensive training, they should be able to exercise a greater degree of responsibility for a child’s care rather than having to wait for day-to-day decisions to be made by managers who may not even have met the child.¹⁷¹ These decisions can include purchasing clothes or other items, signing school consent forms for activities or trips, taking a child for a haircut, obtaining a passport, or giving permission for a child’s photograph to appear in a newspaper. It is not always clear—even to social workers—where responsibility for different types of decisions lies.¹⁷²

77. *Care Matters* does set out the principle that “children should, as far as possible, be granted the same permissions to take part in normal and acceptable age-appropriate activities as would reasonably be granted by the parents of their peers, and we would expect carers to behave as any other parent would in such situations.”¹⁷³ The Fostering Services Regulations stipulate that approval for school trips or overnight stays should be explicitly addressed in the foster placement agreement.¹⁷⁴ The Parliamentary Under-Secretary of State for Children, Young People and Families, the Baroness Morgan of Drefelin, told us:

[...]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 why we will be looking at amending the fostering service regulations to ensure that there is a review of the

165 See Annex

166 The Children’s Rights Director is a statutory post, hosted by Ofsted, whose function is to ascertain the views of children who are living away from home, receiving children’s social care services, or leaving care.

167 Q 14

168 See Annex

169 Q 23 [Pam Hibbert, Dr Morgan]; Q 39 [Maxine Wrigley]; Q 49 [Maxine Wrigley, Dr Morgan]; Q 166 [Kevin Williams]; Ev 56 [Fostering Network]; Ev 144 [Rainer]

170 Q 48 [Pam Hibbert]; Qq 133, 163, 167 [Robert Tapsfield]; Q 166 [Kevin Williams]

171 Ev 55 [Fostering Network]

172 Qq 17, 23 [Dr Morgan]; Q 39 [Dr Morgan, Pam Hibbert]

173 *Care Matters* White Paper, para 3.10

174 *The Fostering Services Regulations 2002*, Schedule 6

foster placement agreement at least annually, or sooner if there is a substantive change in the circumstances of the placement.¹⁷⁵

The Fostering Network told us, however, that 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 issues such as school trips.¹⁷⁶ Robert Tapsfield explained the importance of explicit government guidance on these issues:

The Government could issue guidance to push local authorities to delegate more authority to foster 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.¹⁷⁷

78. Several witnesses made the point that delegation to carers is dependent on context, specifically the skills and experience of the carer, and the nature of the placement.¹⁷⁸ Long-term placements in particular could be strengthened by greater delegation; the Fostering Network told us it is “wrongheaded” to require a carer who has known a child for five years or more to get permission from social services to enable them to participate in activities at school.¹⁷⁹ However, if a child is changing placements regularly, managers are entitled to feel less confident in delegating. Pauline Newman, Director of Children’s Services at Manchester City Council, reasoned that, “you can imagine the scenario when we get this wrong: we let them go, and they are abused.”¹⁸⁰ The ideal solution is to have a good understanding between the foster carer and the child’s social worker, but the Fostering Network reported that social workers do not universally recognise the expertise of carers as the practitioners with the greatest day-to-day involvement in children’s lives.¹⁸¹

79. The Government expects local authorities to provide £500 per year for each child in care who is at risk of not reaching the expected standards of attainment, a measure introduced in April 2008.¹⁸² These Personal Education Allowances can be used to pay for, for example, personal tuition, leisure activities, and trips and visits that will enrich their learning and development. Guidance states that it is for local authorities to decide how best

175 Q 518

176 Ev 56

177 Q 163

178 Q 166 [Kevin Williams]; Q 467 [Steve Goodman]

179 Ev 60

180 Q 471 [Pauline Newman]

181 Q 467 [Steve Goodman]; Ev 55 [Fostering Network]

182 *Care Matters* White Paper, paras 4.42 ff.

to use this funding.¹⁸³ The Fostering Network argued that foster carers should be more involved in the scheme, along the lines of the ‘Fostering Achievement’ programme in Northern Ireland, which gives responsibility for grants of £800—intended for much the same purposes as Personal Education Allowances—to foster carers. This model emphasises the role of foster carers in “supporting and pushing the education of the children in care, just as parents do for their own children.”¹⁸⁴

80. *Care Matters* sets out good intentions with respect to delegation of decision-making for children, but we are concerned that these intentions will run aground on the actions of individual, risk-averse managers. **Local authorities need more persuasion and reassurance to delegate responsibility for everyday decisions to carers who know a child well, so that their life in care can be ‘normalised’ as much as possible. Guidance should encourage a presumption in favour of delegation, and care plan reviews should be used as an opportunity to consider whether more responsibility should be delegated to the carer of the child concerned. Specifically, the Government should reconsider the process for allocating Personal Education Allowances to encourage greater involvement of foster carers.**

183 DCSF, *Personal Education Allowances: statutory guidance for local authorities*, May 2008, para 7

184 Q 163 [Robert Tapsfield]

4 Ensuring a sufficient supply of good quality placements

The importance of placement supply

81. Placements often break down because of lack of support. Others break down because they were not the appropriate placement for that child in the first place, or because the child's introduction to the placement was too abrupt and unsettling.¹⁸⁵ The Government's target for placement stability has not been met. At 31 March 2008, of children under 16 who had been looked after for more than 2.5 years, 67% had been living in the same placement for at least two years or were placed for adoption.¹⁸⁶ Despite recent incremental improvement, this is some way short of the target of 80% by 2008.¹⁸⁷ The Children's Rights Director, Dr Roger Morgan, told us that, "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".¹⁸⁸ Poor placement "matching" largely occurs because of a lack of choice.¹⁸⁹

82. The Government expressed a wish in the *Care Matters* Green Paper (not explicitly repeated in the White Paper) that all children in care be offered a choice of placements by their local authority, and be given details about the placements in advance.¹⁹⁰ This situation is far from being a reality for most looked-after children.¹⁹¹ In 2006, only 52% of local authority fostering services and 60% of independent fostering agencies were meeting the requirements for placement matching as set out in the National Minimum Standards.¹⁹² Roger Morgan reported that about half of children in care express concern that the matching of child to placement had not worked, that they had only one placement option, and that there was no back-up plan in place if it began not to work out.¹⁹³ He described how children feel about the process of finding them a placement:

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?'¹⁹⁴

185 Ev 4 [Barnardo's]; Q 44 [Dr Morgan, Maxine Wrigley]; Q 134 [Robert Tapsfield]

186 DCSF, *Statistical First Release 23*, September 2008

187 DCSF, 2004 Spending Review Public Service Agreement target 5

188 Q 10

189 Q 18 [Dr Morgan]; Ev 314 [Ofsted]

190 *Care Matters* Green Paper, para 4.10

191 Q 140 [Robert Tapsfield]

192 *Care Matters* Green Paper, para 4.25

193 Q 10

194 Q 44

83. Section 9 of the Children and Young Persons Act 2008 places a new general duty on local authorities to take steps to ensure sufficient accommodation that is appropriate for the needs of the children they look after within their local authority area, unless that is inconsistent with a child’s welfare. The principal aim of this measure is to reduce the number of inappropriate placements in accommodation outside the boundaries of the child’s local authority (“out-of-area” placements), which are notably more difficult to support adequately.¹⁹⁵

84. There are indications that it will be an extremely tall order for local authorities to fulfil this new duty, so far are we from the ideal situation at present. The proportion of children placed in out-of-area foster care has increased over the past five years.¹⁹⁶ Local authorities are worried that it will be difficult to meet the new requirements, especially if there is a very narrow interpretation of their “local area”.¹⁹⁷ We heard from both foster carers and young people that placements often appear to be made solely on the basis of wherever a bed happens to be available, sometimes with little regard for the most basic considerations of compatibility with either the carer or other children in the same placement.¹⁹⁸ Children report delays in being placed because of a shortage of carers, which is particularly acute in some parts of the country such as inner cities.¹⁹⁹ Ofsted told us that while processes to secure sufficient placements had improved in most areas, overall choice and quality in placements were still matters of concern. They noted that placement choice is particularly limited for children from minority ethnic groups, those in sibling groups, and children with complex needs.²⁰⁰

85. The exercise of choice and the ability to make good matches between children and placements require surplus and flexibility in the system.²⁰¹ Much more than one place per child is needed to achieve sufficiency. Professor Ian Sinclair explained that because of the number of factors on which social workers ideally try to match—ethnicity, age, the skills and location of the foster carer, number of children, and so on—it is “mathematically extraordinarily difficult to have enough vacancies”.²⁰²

86. Some of the changes in policy envisaged by *Care Matters* will only become a reality for children after a substantial increase in the selection of placements that are available at any one time. Greater use of “shared care” arrangements, which provide respite as a family support service, and arrangements to allow young people to stay with their foster carer past the age of 18, will place further demands on the supply of placements.²⁰³ Opportunities for children who come back into care after a period at home to return to the same foster carers, or for young people who take up university places to be able to live with their foster

195 *Care Matters* White Paper, paras 3.66 ff.

196 DCSF, *Statistical First Release 23*, September 2008

197 Q 495 [Pauline Newman]; Q 499 [Marion Davis]

198 Annex

199 Q 18 [Dr Morgan]

200 Ev 314 [Ofsted]

201 Q 499 [Marion Davis]

202 Q 142

203 Q 285 [Steve Hillman]; Q 505 [Steve Goodman]; Q 506 [Marion Davis]; Ev 233 [LGA]

carers during vacations—ideas suggested to us by foster carers—would depend on an ability to keep places open for them.

87. The Care Matters Partnership worried that any restriction on out-of-area placements would pressurise local authorities into accepting lower standards for carers in their own area.²⁰⁴ Pauline Newman told us that Manchester City Council’s efforts to enforce higher standards among their foster carers led to a reduction in the number of available places.²⁰⁵ The Children and Young Persons Act 2008 enables Ofsted to issue compliance notices to residential care providers who are failing to meet required standards; homes that do not take steps to remedy identified failings may have their registration cancelled, and the Chief Inspector can serve a notice preventing new admissions to establishments if necessary.²⁰⁶ The emphasis on eradicating substandard practice is of course welcome and necessary, but the fact that it is likely to further contract the supply of placements cannot be ignored.

88. Improvements in stability, choice and matching, and developments such as more post-18 fostering, depend on a much greater supply of placements. We are already starting from an inadequate base, and improving the quality of placements may in the short term further reduce the supply. **We recommend that the Government assess at a national level the supply of placements that will be needed to make the *Care Matters* reforms a reality. The problem of how to ensure sufficient placements cannot be solved merely by imposing a new duty on local authorities; the Government must do more to enable them to meet it without making any compromises on quality.**

Foster care

89. A national shortage of foster carers is the most obvious barrier to securing the necessary availability of placements.²⁰⁷ Foster care currently accounts for 71% of all placements, and family placements continue to be the preferred option for the large majority of looked-after children.²⁰⁸ The Fostering Network’s most recent estimate put the shortfall at 8,200 carers in England.²⁰⁹ Yet *Care Matters* has relatively little to say about recruitment of foster carers, which is a task performed by local authorities and independent fostering agencies themselves.²¹⁰ What the White Paper does say about training and skills development for carers is very welcome, but is unlikely in itself to effect a step change in recruitment.

90. Although it should not be regarded as a panacea, recruitment cannot be considered in isolation from the issue of payment for the work of fostering. The majority of carers do not go into foster care for financial reward, but the adequacy of payments is for many the deciding factor in whether they can afford to do it.²¹¹ There are two main types of payment

204 Ev 81; The Care Matters Partnership is a partnership between the Tavistock and Portman NHS Foundation Trust, the British Association for Adoption and Fostering, and Coram Families.

205 Q 465 [Pauline Newman]

206 Children and Young Persons Act 2008, Sections 26–9

207 Q 140 [Robert Tapsfield]

208 DCSF, *Statistical First Release 23*, September 2008; *Care Matters* White Paper, para 3.57

209 Ev 59

210 *Care Matters* White Paper, para 3.44

211 Q 144 [Robert Tapsfield]; Q 148 [Kevin Williams]; Ev 58–9 [Fostering Network]

to foster carers: allowances, which are intended to cover the costs incurred in caring for a child, and fees. In 2007 the Government introduced national minimum allowance levels; the Fostering Network told us that compliance has been “extremely patchy”.²¹² Fee payments, meanwhile, vary dramatically between different local authorities and other fostering agencies, with local authorities being free to develop systems that they deem appropriate to local needs and affordable within their budgets.²¹³

91. A survey by the Fostering Network in 2007 showed that, across the UK, 40% of foster carers do not receive any form of fee payment. Some carers are paid at a level that enables them to work full-time on fostering, while others are expected to do so without receiving commensurate remuneration. Only 11% of foster carers in England have full-time employment outside the home.²¹⁴ The Fostering Network argued that the severe shortage of foster carers can only be addressed by a fee payment system “equating with comparable employment in the children’s workforce”.²¹⁵ They pointed out that:

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.²¹⁶

Modern fostering, furthermore, entails a wide range of tasks and responsibilities beyond providing care to the child.²¹⁷ Kevin Williams, Chief Executive of TACT,²¹⁸ told us that a good level of remuneration is crucial to the ability of independent fostering agencies to attract new entrants to foster care, especially those with relevant experience from other areas of children’s services.²¹⁹

92. Although *Care Matters* set out the Government’s intention to ask agencies to publish their payment schemes, the Government has stated that it will not impose any standardisation of fees across the country.²²⁰ Robert Tapsfield, Chief Executive of the Fostering Network, argued that a degree of national standardisation in payments “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.”²²¹ The Fostering Network suggested that 52-week payment schemes would significantly aid recruitment and retention of carers; at present some fostering agencies pay retainers to carers when they do not have a child placed with them, but others do not.²²²

212 Ev 59

213 Ev 58 [Fostering Network]; Q 144 ff. [Robert Tapsfield]

214 Ev 58 [Fostering Network]

215 Ev 59

216 *Ibid.*

217 Ev 55 [Fostering Network]

218 TACT—The Adolescent & Children’s Trust—is a national charity working with children and young people involved in the care system, and a fostering and adoption agency.

219 Qq 140, 148 [Kevin Williams]

220 *Care Matters* White Paper, para 3.42

221 Q 145

222 Ev 59

93. We consider it unrealistic to expect a step change in foster care recruitment to take place without greater equity in fee payments, based on an amount that will allow people to dedicate themselves full-time to this important work when necessary. **While local circumstances and the many different types of foster care will always require some variation, we cannot expect more people to consider fostering as a potential career without greater clarity about the financial terms that are on offer. We recommend that a national framework for fee payments be developed, and that it include stipulations about 52-week payments or retainers when foster carers do not have placements.** We are aware that children and young people are firmly of the opinion that some carers are motivated only by the financial reward available.²²³ However, we consider that we should be able to trust in the approvals process to weed out such applicants; concern on this point should not prevent adequate and equitable reward being made to those who do this demanding work.

94. The *Care Matters* Green Paper set out proposals for “a mandatory national registration scheme for foster carers, putting them on a par with their colleagues in social work, residential care and other parts of the children’s workforce.”²²⁴ However, despite the strong endorsement of a working group chaired by Lord Laming, the White Paper did not contain this proposal.²²⁵ The Government rejected an amendment to the Children and Young Persons Bill which sought to make this provision, saying that it did not wish to impose on locally-recruited foster carers the same sort of conditions imposed on social workers by national registration.²²⁶ Witnesses told us that the status and profile of foster care would be enhanced by a national registration scheme for carers.²²⁷ Registration of other sections of the children’s workforce has been seen by the Government as a strategy for improving standards and giving reassurance to the public. Robert Tapsfield argued that 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.”²²⁸ It would have the practical benefit of enabling carers to transfer their accreditation between fostering services, rather than having to go through another approval process.²²⁹ Registration could also be used to guarantee a standard of pre-registration training, and to ensure that carers undertake regular training as a condition of their registration.²³⁰ **We recommend that the Government reconsider its opposition to a national registration scheme for foster carers. We believe that such a scheme would be a useful tool to improve quality and take-up of training, and to cement the status of foster carers in the teams of professionals caring for a child.**

95. Robert Tapsfield drew our attention to the situation of foster carers who have an allegation made against them, who, unlike teachers or social workers in similar

223 Annex

224 *Care Matters* Green Paper, para 4.34

225 Lord Laming, *Care Matters: placements working group report* (DfES 2007), para 89

226 HC Deb, 8 October 2008, col 362

227 Q 154 [Kevin Williams]

228 Q 154

229 Ev 57 [Fostering Network]

230 *Ibid.*; Q 128 [Kevin Williams]

circumstances, often face suspension with no fee or allowance until the case is resolved. The Fostering Network reported that around a third of all carers will face an allegation at some point in their fostering career, the vast majority of which turn out to be unfounded.²³¹ Despite government guidance that 80% of cases should be resolved within one month, research by the Fostering Network in 2006 indicated that half of investigations lasted three months, and 10% took more than a year.²³² Robert Tapsfield told us that, “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.”²³³ **We consider it unacceptable that foster carers are not afforded the same considerations as other professionals in the children’s workforce when an allegation is made against them. We ask the Government to stipulate that carers continue to receive fee and allowance payments while an allegation against them is being investigated.**

Residential care

96. Residential care accounts at present for only 14% of placements for looked-after children in England, the proportion having steadily decreased from 40% in the mid-1970s.²³⁴ This is low by comparison with other European Union countries; in Denmark and Germany over half of looked-after children are in residential care, in the Netherlands just under half, and in France just over a third.²³⁵ The long-standing policy preference in England for foster care can be attributed to a number of factors: persistent problems with the quality of residential care, instances of child abuse in homes, the high cost of these placements, and the influence of theories of attachment which favour foster care as being closer to a ‘normal’ upbringing.²³⁶ All of these factors have resulted in residential care being largely regarded as a placement of last resort for extremely challenging young people who are difficult to place in foster homes, and who have often experienced many breakdowns already.²³⁷ Residents consequently represent a particularly vulnerable and disadvantaged minority within the care population.²³⁸

97. As the number of places in residential care has contracted, there has been a decisive shift away from large institutions towards smaller homes with high ratios of staff to young people.²³⁹ At the same time, different models of fostering (such as “multi-dimensional

231 Children, Schools and Families Committee, First Report of Session 2007–08, *Children and Young Persons Bill [Lords]*, HC 359, Ev 45

232 Ev 58

233 Q 148

234 DCSF, *Statistical First Release 23*, September 2008; Health Committee, Second Report of Session 1997–98, *Children Looked After by Local Authorities*, HC 319-I, para 33

235 P. Petrie, J. Boddy, C. Cameron, V. Wigfall, A. Simon, *Working with children in care: European perspectives* (Open University Press 2006)

236 Petrie et al, *Working with children in care*, pp 12, 38; P. Petrie and A. Simon, ‘Residential care: lessons from Europe’, in Chase, Simon, Jackson (eds.), *In Care and After: a positive perspective* (Abingdon 2006), pp 119–120; Q 161 [Robert Tapsfield, Prof Sinclair, Kevin Williams]; Ev 314 [Ofsted]

237 Petrie et al, *Working with children in care*, p 92

238 Petrie and Simon, ‘Residential care’, p 120

239 Q 287 [John Hill]; Q 451 [Les Lawrence]

treatment foster care”)²⁴⁰ are being developed to cope with some of the most disturbed and challenged young people, who would previously have been catered for in children’s homes.²⁴¹ **We welcome the Government’s investment in programmes that aim to improve the capacity of foster placements to benefit the most challenging young people. We hope that this will allow residential care to be considered on its merits rather than as a last resort for children who have been especially difficult to place elsewhere.**

98. The proportion of the care population in residential care varies significantly between local authorities (from 4% to 28%), and councils adopt differing policies towards its place in their care system.²⁴² Steve Goodman, Hackney Council’s Deputy Director of Children & Young People’s Services, told us, “My personal view is that we should not have children in residential care. That should be the last option”.²⁴³ Director of Children’s Services Marion Davis explained that Warwickshire County Council decided to close all its own residential care over 20 years ago; over 90% of the county’s looked-after children are now in foster placements.²⁴⁴ On the other hand, as we saw on a visit to the county, Hampshire County Council has preserved its significant in-house provision and views it as a valuable component of their placement supply. Pauline Newman told us that Manchester City Council has recently opened six new, small children’s homes because “it was necessary not to put our eggs in one basket [...] My view is that you need a range and choice of places and situations.”²⁴⁵

99. While clearly endorsing foster care as the placement of choice for the majority, the *Care Matters* White Paper is nevertheless careful to support the use of residential care when it meets the needs of a particular child, or in conjunction with foster placements.²⁴⁶ Witnesses explained the importance of retaining the option of residential care as the placement of choice for a small number of children.²⁴⁷ Young people themselves have told us that some of them prefer the idea of living in a residential home to foster care;²⁴⁸ this may be because if they cannot live with their own family, they feel that they do not want another one, or because they are weary of repeated placement breakdowns in foster care.²⁴⁹ Mike Stein, Research Professor at the Social Policy Research Unit, University of York, told us that “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”.²⁵⁰

240 Multi-dimensional Treatment Foster Care caters for children and young people with very complex needs and challenging behaviour, combining high levels of supervision, parenting training, and access to a multi-disciplinary team. The DCSF has run pilot projects with local authorities for three different age groups.

241 Q 129 [Robert Tapsfield]

242 DCSF, *Statistical First Release 23*, September 2008

243 Q 464

244 Q 452

245 Q 465

246 *Care Matters* White Paper, para 3.57

247 Q 249–50 [David Crimmens]; Ev 26 [Barnardo’s]

248 Annex

249 Q 52 [Maxine Wrigley]; Q 251 [David Crimmens]

250 Q 287

100. It was suggested to us that it is unhelpful to think in terms of a dichotomy between family and residential placements.²⁵¹ Kevin Williams, Chief Executive of charity and fostering agency TACT, explained:

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 a transition [...] they may need to go back to residential care for periods, for support.²⁵²

We recommend that the Government commission research on the flexible use of residential care as part of a planned package of care, and that it consider the resource and structural implications of enabling such uses.

The residential care workforce

101. We visited Copenhagen to investigate some aspects of Denmark’s child care system, including why such a high proportion of its placements are in residential care in comparison to England. Research shows that confidence in residential care in Denmark appears to be well-founded; residents are considerably less likely to be out of education or employment, and are by some margin at less risk of teenage pregnancy or engagement in criminal activity than their counterparts in England.²⁵³ There is also a marked difference in the reported quality of life of children in institutions in Denmark; Petrie and others (2006) conclude from a number of indicators that residents have more opportunities to enjoy themselves, more involvement in decision-making, and a “cosier”, more “home-like” environment.²⁵⁴ They also tend to stay in one placement for longer.²⁵⁵ These comparisons are not straightforward; the considerably more challenging nature of the residential care population in England and the use of homes as a last resort lead us to expect poorer outcomes and a more difficult experience for these young people.²⁵⁶ Pat Petrie, Professor of Education at the Thomas Coram Research Unit, told us, however, that it is the characteristics of staff rather than the characteristics of the residents that in fact account for the greatest differences.²⁵⁷

102. Two aspects of the workforce were particularly striking to us: firstly the level of qualifications, and secondly the type of training. Almost all residential care staff in Denmark—and indeed the majority of staff who work directly with children in any setting—are qualified as “social pedagogues” through a three-and-a-half year degree-level course. Social pedagogy has no direct professional equivalent in the UK, though it is a common approach in France, Germany and elsewhere. It was described to us as “education

251 Q 250 [David Crimmens]

252 Q 129

253 Petrie et al, *Working with children in care*, chapter 6

254 Petrie et al, *Working with children in care*, pp 35 ff.

255 Petrie and Simon, ‘Residential care’, p 122

256 Q 162 [Professor Sinclair]; Q 287 [Professor Stein]

257 Q 276

in its broadest sense”; the discipline focuses on child development, group dynamics, creative play activities, and the importance of building a relationship with a child.²⁵⁸

103. In England, the 2005 National Minimum Standards for residential care specify that at least 80% of staff should have a Level 3 NVQ in caring for children and young people, a qualification that usually takes around 18 months to complete and is substantially work-based. This standard, low though it is, has proved difficult to meet; 36% of staff still have no qualification at all.²⁵⁹ The low level of staff qualifications is a matter of huge concern, especially given the extremely vulnerable nature of children in residential care in England.²⁶⁰ In reference to the recommendations of Sir William Utting about residential workers’ qualifications made in 1991, David Crimmens of the School of Health and Social Care at the University of Lincoln, commented, “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.”²⁶¹ Jane Haywood, Chief Executive of the Children’s Workforce Development Council, told us that, without fully trained and skilled workers, residential care is tantamount to “warehousing” children.²⁶² Better training could improve workers’ capacity to participate in decision-making for individual children alongside social workers and teachers, and their ability to prevent incidents escalating to the stage of involving the police.²⁶³ We heard a measure of support for the suggestion that the Level 3 NVQ become a mandatory minimum for all residential workers, perhaps enforced through registration with the General Social Care Council.²⁶⁴

104. We recommend that the Government show its commitment to addressing underperformance against the current National Minimum Standards for staff qualifications by making the Level 3 NVQ mandatory at the soonest practicable opportunity, and by analysing the reasons for the persistent failure of the sector to meet this standard. In the long term, a more coherent and ambitious strategy for the residential care workforce must be a priority, above and beyond the set of professional standards promised by the 2020 Children’s Workforce Strategy.

105. The distinctive social pedagogical approach influences the ways in which staff in Denmark interact with children. Staff in Denmark speak in terms of emotional support in scenarios where staff in England will talk about procedures.²⁶⁵ David Crimmens told us that Danish pedagogues taking part in a research project in England were “appalled by how manager-dependent many of the residential workers were”.²⁶⁶ Professor Pat Petrie described the confidence pedagogues have in their own skills and authority; one consequence appears to be a higher success rate in getting the children in their care to

258 Qq 247, 268, 276 [Professor Petrie]; Q 267 [David Crimmens]

259 Ev 26 [Barnardo’s]; see also Ev 318 [Ofsted].

260 Ev 213 [ADCS]

261 Q 247

262 Q 250

263 Q 319 [Bob Ashford, Chris Callender]; Q 262 [David Crimmens]

264 Q 257 [David Crimmens, Jane Haywood]; Ev 216 [GSCC]

265 Q 252 [Professor Petrie]

266 Q 262

attend school.²⁶⁷ The approach and skills base of staff in Danish homes underpins their optimistic view of residential care; workers in Denmark told us that they aimed to make residential settings places where young people can see that they were helped to turn their lives around and where they were able to have good experiences and new opportunities.²⁶⁸ In contrast to the typically low status of residential work in England, in Denmark residential care is seen as “a plum job”.²⁶⁹

106. One aspect of practice which particularly struck us during our visit to Copenhagen was the universal expectation of frequent contact between children in residential care and their birth families. In one home, for example, all the children’s parents were invited to dinner once a month. We are aware that this could be a reflection of the less challenging circumstances of the average resident in a Danish home compared to an English home. Nevertheless, the continued importance of parents to children appeared to be a fundamental tenet of care that staff felt a responsibility to uphold. Social pedagogic training emphasises the importance of working with the family as well as the child to a much greater extent than is expected in English settings.²⁷⁰

107. David Crimmens suggested that social pedagogy could supply “something that has been missing from residential care for a long time: [...] a cohesive philosophy and understanding of what we are trying to do when we look after other people’s children in a residential context.”²⁷¹ Professor Ian Sinclair concurred that residential care needs to have “a clear value base” to be successful; in England “the theory of residential care [...] 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.”²⁷² Pedagogic practice could even be extended to foster care and to family support work.²⁷³

108. *Care Matters* contained a proposal to trial social pedagogy in residential care settings in England. We received enthusiastic endorsement of this proposal from local government representatives.²⁷⁴ Jane Haywood, however, sounded a note of caution: a new approach to children’s care cannot simply be imported to the UK context. The relationship of pedagogues to other roles in the care system would need careful consideration.²⁷⁵ **The social pedagogy pilot programme is very welcome. We urge the Government to think broadly and creatively about the possible future applications of the social pedagogy approach in the care system rather than looking to import wholesale a separate new profession.**

267 Q 274

268 Petrie et al, *Working with children in care*, p 97

269 Q 248 [Professor Petrie]; Ev 451 [Les Lawrence]

270 Petrie and Simon, ‘Residential care’, p 124

271 Q 275

272 Q 162; see also Ev 341 [NCERCC].

273 Qq 256, 267 [Professor Petrie]; Q 267 [David Crimmens]; Ev 233 [LGA]

274 Ev 213 [ADCS]; Ev 233 [LGA]; see also Ev 346–7 [NCERCC].

275 Q 268

109. Professor Sinclair told us that residential care “has major potential and some way of unlocking it needs to be found.”²⁷⁶ We agree. Although convinced that foster care is the preferable placement for the large majority of children in care, we are concerned that the currently small capacity of the residential sector, and the concentration of the most vulnerable young people within it, risks making such care untenable and undesirable even for young people for whom it may be in theory the best option. There is undoubtedly good practice in the sector in England, and we have seen in Denmark that it is not inevitable that residential care produces poor outcomes. We have no reason or desire to cast any doubt on the dedication and professionalism of the residential workforce in England, but it is also abundantly clear that a higher level of qualifications and a different way of thinking about care could make residential care a more acceptable option for the young people who would benefit from it most.

110. While the emphasis the English care system places on family environments is right, the potential of the residential sector to offer high quality, stable placements for a minority of young people is too often dismissed. With enforcement of higher standards, greater investment in skills, and a reconsideration of the theoretical basis for residential care, we believe that it could make a significant contribution to good quality placement choice for young people.

Local authority commissioning

111. There is some concern that costs and commissioning processes are preventing children having access to the widest range of placements. Kevin Williams, Chief Executive of TACT, claimed that young people are often placed ‘in-house’, that is in a local authority’s own provision, even when more suitable provision may be available elsewhere; inappropriate placement makes breakdown more likely.²⁷⁷ We heard from Kevin Williams and Robert Tapsfield of the Fostering Network that local authority managers are unwilling to commission from the independent sector because of costs and “ideological reluctance”.²⁷⁸ Kevin Williams told us he was concerned that commissioning is dictated by price rather than outcomes or overall value, and that this will eventually squeeze small, high-quality providers out of the market.²⁷⁹ The New Economics Foundation argued that commissioning decisions made on the basis of price disincentivise the development of niche provision (largely private or voluntary sector) that is very effective over the longer term, and may thus deprive some children of the most effective type of placement for them.²⁸⁰ **We seek reassurances that cost constraints are not compromising children’s access to the most appropriate placement for them, and that children’s views are given particular consideration when ‘value for money’ decisions are made about providers.**

112. Robert Tapsfield argued that the ability to make good placements matches is also hampered by the practice of spot-purchasing, when placements are procured in an ad hoc manner as the need arises, rather than through planned commissioning of independent

276 Q 162

277 Q 140

278 Qq 138, 141 [Kevin Williams], Q143 [Robert Tapsfield]

279 Q 123

280 Ev 322 ff.; see also Ev 345 [NCERCC].

sector placements according to anticipated demand.²⁸¹ **We are concerned that spot purchasing of placements on a large scale would indicate a failure of needs analysis and planned commissioning. We recommend that the DCSF's Commissioning Support programme explicitly addresses good practice in planning for the future needs of the in care population.**

5 Consistency and compliance in local authority practice

113. The Children’s Rights Director, Dr Roger Morgan, told us that the major concern of children themselves about *Care Matters* 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 [...] but they are sceptical about whether their experience will consistently reflect the intentions.”²⁸² This scepticism is born of children’s experience of the current system, and unfortunately reflects the picture that we have also received throughout this inquiry. Several witnesses emphasised that the legislative and policy frameworks in place for the care system are fundamentally sound.²⁸³ However, variations in implementation, practice and policy between the 150 local authorities are so great that Maxine Wrigley, Chief Executive of A National Voice, remarked there are almost “150 care systems”.²⁸⁴ Even different teams and workers within the same authority can take very different approaches.²⁸⁵ Examples are offered throughout this report. Young people themselves told us that they think this variation is unfair; one asked us, “Why can’t all boroughs be the same?”²⁸⁶

114. There is ample evidence that existing legislation, guidance and standards are far from universally adhered to.²⁸⁷ Ofsted told us that one in ten children receive an inadequate quality of care because of variable implementation; nearly a quarter of local authorities are performing below the acceptable level with regard to timeliness of statutory reviews, for example.²⁸⁸ A quarter of children in care report having no input into their care plans, and just under half say they do not feel their plans are being fully kept to.²⁸⁹ The disrupted experience of many looked-after children reflects this failure to agree and implement plans; one child’s assessment of his time in care was that “Changes in my life happen suddenly and without warning.”²⁹⁰

115. Pauline Newman, Manchester City Council’s Director of Children’s Services, explained how some of the variation can be accounted for:

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.²⁹¹

282 Q 4

283 Q 278 [Martin Hazlehurst]

284 Q 32

285 Q 34 [Dr Morgan]

286 Annex

287 Ev 314, 315, 317 [Ofsted]

288 Ev 312, 315

289 Q 8 [Dr Morgan]

290 Q 38 [Dr Morgan]

291 Q 466

Witnesses differed on how they felt inconsistency in practice could be addressed, and in fact whether it was necessary to do so; Kevin Williams of TACT argued that most local variations are in response to differences in need.²⁹² Robert Tapsfield of the Fostering Network pointed out that the inspection regime and the adoption of National Minimum Standards for care providers have enforced a degree of standardisation in the quality of care, while admitting that “that is not to say that it is working in all places at all times”.²⁹³ Cllr Les Lawrence, Chair of the Local Government Association’s Children & Young People’s Board, told us that it would be helpful for the Government to set a “floor target”, a statement of the minimum expectations of the services local authorities should be providing for children in care.²⁹⁴ Caroline Abrahams, the LGA’s Programme Director for Children & Young People, agreed that this might be useful, but warned that change cannot always be mandated from the centre: “the strong preference expressed by staff in children’s services, particularly Directors of Children’s Services and senior managers, is that they should learn from one another.”²⁹⁵ However, Professor Julian Le Grand argued that “In every public service, good practice is going on in one or two places, but it is never adopted more widely. [...] 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.”²⁹⁶

116. It has in some ways been difficult for us to reach general conclusions about the care system. We have met dedicated, caring, professional foster carers, residential workers and social workers, and heard about the difference they can make to young people’s lives. We have also heard from young people about how badly they can be let down when the adults in their lives do not seem to be dedicated, caring or professional. We have heard about excellent leaving care support, and education initiatives that have helped children achieve and feel valued. We have also seen statistics about the high proportion of young people who end up in unsafe accommodation when they leave care, or whose educational progress has been held back by low expectations. **The quality of experience that children have in care seems to be governed by luck to an utterly unacceptable degree. When implementing the *Care Matters* reforms, we urge the Government to place the highest priority on ensuring that every child gets everything they are entitled to.**

Size of the care population, and decisions about entry to care

117. Local variation is seen at perhaps its most extreme in the vastly differing sizes of the care population in different local authorities. In 2008, 20 out of every 10,000 children in Wokingham were in care; in Manchester, it was 151 out of every 10,000 children.²⁹⁷ The numbers of children in care are influenced by many different factors and policies.²⁹⁸ Professor Ian Sinclair told us that local authorities

292 Q 128

293 Q 126

294 Q 454

295 Q 491

296 Q 221

297 DCSF, *Statistical First Release 23*, September 2008

298 Martin Narey, *Beyond Care Matters: future of the care population working group report* (DfES 2007), para 15; I. Sinclair, C. Baker, J. Lee, I. Gibbs, *The Pursuit of Permanence: a study of the English child care system* (London 2007), p 112

[...]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 [in the characteristics and movement of the care population] that cannot be explained by differences in the kinds of children that authorities have.²⁹⁹

Steve Goodman of the London Borough of Hackney explained that, while he believed all children’s services departments set out with the aim of keeping children with their families, “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.”³⁰⁰ It is not only *current* policies that influence the numbers of children in care; decisions taken even two decades ago about investment in family support, or in residential care, for example, will still be having an effect on young people in the care system today.³⁰¹ Managing exits from care is possibly an even greater influence on the size of the care population than managing entries.

118. In the *Care Matters* Green Paper, the Government stated its belief that the desirable outcome of changes in policy would be a smaller and younger care population.³⁰² Analysis by a *Care Matters* working group influenced a change of approach—which we welcome—and the Government set aside any notion of an “ideal” number of children in care in the White Paper.³⁰³ Instead a commitment has been made to work with Government Offices in the regions to look at “the reasons behind differential rates of care, and the decision-making mechanism for identifying whether a child meets the criteria for care or accommodation.”³⁰⁴ Witnesses agreed unanimously that it would be misguided to adopt a target size for the care population.³⁰⁵ While supporting children to remain safely with their parents would always be the preferred course of action, there is equally no question that the circumstances of some children will not permit this. Roger Morgan summed up the views of children on the subject: “Make the right decision for me, at the right time for me, and don’t leave me in danger”; if the right decision is made for each child, “you will end up with the number in care that you end up with”.³⁰⁶

119. Making the right decision at the right time for each individual child is at the heart of child protection practice. Martin Narey, Chief Executive of Barnardo’s and Chair of the “Future of the Care Population” *Care Matters* working group,³⁰⁷ told us how, during the working group’s deliberations,

299 Q 124

300 Q 475

301 Qq 400–1 [David Holmes]

302 *Care Matters* Green Paper, para 2.44

303 Q 28 ff. [Martin Narey]; *Care Matters* White Paper, para 2.3 ff.

304 DCSF, *Implementation of the Care Matters White Paper: detailed action log*, March 2008

305 Q 31 [Martin Narey]; Q 32 [Maxine Wrigley]; Q 476 [Caroline Abrahams]; Q 459 [Marion Davis]

306 Q 34

307 One of four working groups set up by the Government to explore in greater depth some of the specific proposals made in the *Care Matters* Green Paper.

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.³⁰⁸

Although Martin Narey offered no personal opinion on this, he reported

[...]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.³⁰⁹

Caroline Abrahams of the LGA agreed that “snappier decisions, safely and appropriately taken” could help improve long-term outcomes, by ensuring that children have a better chance to achieve long-term stability in care.³¹⁰

120. In the light of evidence about the profound consequences of neglect on children's development it is worrying that Judith Masson, Professor of Socio-Legal Studies at the University of Bristol, told us that families which exhibit chronic neglect “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.”³¹¹ Professor Masson observed that

[...]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 [...] taking children away.³¹²

Colin Green, ADCS safeguarding spokesperson, told us that “The judiciary sees removal of a child as a truly draconian step [...] Doing otherwise would require sanctioning a shift in what society is able to tolerate.”³¹³

121. Parents' campaigning groups, however, expressed the view that care orders are in fact used too readily by risk-averse children's services.³¹⁴ In response, a number of witnesses emphasised that, while there may be a small number of individual cases in which the conduct of the professionals or the judgments of the court could be questioned, in general the care proceedings system works well and we should not seek to raise further the threshold for entry to care.³¹⁵ David Holmes, Chief Executive of BAAF, told us:

308 Q 28

309 Q 30

310 Q 476

311 Q 609 [Dr Proops]; Q 608 [Professor Masson]

312 Q 609

313 Q 615

314 Ev 202 [PAIN]; Q 382 [Jean Robinson]

315 Q 400 [Kim Bromley-Derry, Caroline Little]; Q 409 [Mick Lowe, Kim Bromley-Derry]

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 we do social workers a disservice if we forget that.³¹⁶

122. We heard some evidence that concern about poor quality and outcomes in the care system itself may be effectively pushing up the thresholds for entry.³¹⁷ Colin Green told us that “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.”³¹⁸ Chris Callender of the Howard League for Penal Reform told us, “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.”³¹⁹ Professor Jane Tunstall warned us that “it is awfully important not to see merely keeping children out of care as an achievement.”³²⁰ For many children, going into care will be a positive step, allowing them perhaps for the first time in their life to feel safe.³²¹ **We are convinced that for some children, in some circumstances, care should be seen as the best available option rather than a last resort.**

123. **While some differences in care populations are inevitable, we are concerned by the huge variations in the rates of children in care across the country. Not only is this situation unfair on children and families, it seems to betray a lack of common understanding about the place of care in services for vulnerable children. The Government’s commitment to investigate the causes of such variation is welcome, but a greater priority must be placed on reaching a national consensus on the rationale behind decision-making about entry to and exit from care.**

124. **We are pleased that the Government has set aside any notion of a ‘target’ number of children in care, but urge that there should instead be an unrelenting focus, through research, guidance and performance monitoring, on ensuring the quality and promptness of decision-making about individual children.**

125. There has been some controversy over recent years about the effect of the Government’s efforts to increase the use of adoption as a route out of care. Some campaigning groups representing parents argue that the expression of this aim in local authority targets, linked to financial reward, led to an increase in inappropriate care proceedings.³²² We put these concerns to Kim Bromley-Derry, Vice President of the Association of Directors of Children’s Services. He told us that adoption targets were aimed at reducing delay in the system for children already in care who would benefit from

316 Q 409

317 Q 613 [Professor Masson]

318 Q 605

319 Q 361

320 Q 107

321 Q 10 [Pam Hibbert]

322 Qq 380, 383 [Jean Robinson]; Q 386 [Trevor Jones]

adoption. Financial incentives were appropriate, David Holmes argued, because developing good adoption placement services is expensive, but Kim Bromley-Derry refuted any suggestion that such incentives distorted social workers' decision-making.³²³ Caroline Little, Co-Chair of the Association of Lawyers for Children, agreed that she had "seen no evidence of such alleged behaviour in my practice", pointing out that evidence for care orders is tested in court and ruled upon by judges, making it very difficult for any child to be removed from its parents without justification.³²⁴

126. The process of taking children into care through court proceedings was revised by the introduction of the Public Law Outline (PLO) in April 2008. The PLO was developed to address weaknesses in the previous system, relating to case management, delay, family involvement in the process, and partnership working. Finding a placement for the child with an extended family member has been built into the process as a priority, and the new process requires more up-front preparation from local authorities before proceedings are issued.³²⁵ Alongside the reform of the process, introduction of full-cost pricing for care proceedings from May 2008 means that local authorities must now pay up to £4,825 instead of £150 per case.³²⁶ Funding for this was incorporated into councils' Revenue Support Grant settlement for 2008–09. It appears that there was a significant reduction in the issue of care proceedings immediately after the introduction of the Public Law Outline pilots—40% in London since September 2007.³²⁷ We heard concern from several organisations that the increases in fee costs to local authorities may contribute to the issue of fewer care proceedings.³²⁸

127. Kim Bromley-Derry argued that there is no evidence that the changes in costs are affecting decision-making by social workers and social care managers. He pointed out that most local authorities had been able to build the extra costs into their financial planning, and that it is just as likely that the additional work that now has to be done prior to proceedings is causing a temporary backlog in the system.³²⁹ Professor Judith Masson agreed that the introduction of a new process was likely to be of greater significance than the changes in fees. However, she also pointed out that grants allocated to local authorities to cover the fees are not ring-fenced, and have not taken into account the number of proceedings an authority has brought in the past. Furthermore, Professor Masson commented that:

[...]alongside the 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 [funding] shift was intended to discourage local authorities from bringing care proceedings. I find it difficult to understand why we should charge local authorities for bringing care

323 Qq 409, 441 [Kim Bromley-Derry]; Q 442 [David Holmes]

324 Q 442

325 Q 402 [Caroline Little, Kim Bromley-Derry]

326 Family Proceedings Fees Order, SI 2008 No. 1054

327 Q 403 [Caroline Little]; figure reported at June 2008

328 Ev 164 [Howard League for Penal Reform]; Q 403 [Caroline Little]; Q 411 [David Holmes]; Q 663 [Henrietta Heawood]

329 Qq 402–3

proceedings when we would not dream of charging the Crown Prosecution Service for prosecuting people.³³⁰

128. We recommend that the Government keep under close review the potential relationship between the transfer of care proceedings costs to local authorities and the number of care proceedings that are issued, with a view to reverting to the previous system if it can be shown that children in care are being left at risk as a result of the changes.

Family support services

129. One of the most important variables in local authorities' ability to influence the care population is the proportion of funding which they dedicate to family support services for children outside the care system.³³¹ In 2005–6, spending on family support services compared to spending on looked-after children ranged from a ratio close to 1:2 in some authorities, to 1:10 in others.³³² The *Care Matters* White Paper set out the Government's intention to "refocus services in order to ensure that where it is in children's best interests, they are enabled and supported to live at home."³³³ The Government acknowledged that this approach "needs to be a sophisticated one, with a range of services made available to support families as and when they need it."³³⁴

130. Hackney Council told us that they had made sustained investment in family support services with the deliberate aim of reducing their care population, and as a result their rate of care is considerably lower than their statistical comparators.³³⁵ We visited the London Borough of Merton, whose partnership working with NCH on the Phoenix Project, providing intensive support for families at a crisis point, is specifically targeted at preventing unnecessary entry to care. The parents we met spoke enthusiastically about the purposeful, personalised service they received to help them through crises and keep their families together. The care population in Merton is proportionately one of the lowest in the country.

131. Parents' groups, however, voiced dissatisfaction with the availability of family support services.³³⁶ The Children's Rights Director's survey of parents whose children had been taken into care revealed that 59% felt there had been no support to help stop their child going into care. Sometimes support was not of the sort needed, or came too late.³³⁷ Varying

330 Q 663

331 The term 'family support' embraces many types of services from irregular monitoring through to highly structured parent training programmes. It can include peer support, befriending schemes, or therapeutic services. In general, these services focus as much or more on the needs of the parents as of the children, attempt to address a family's whole situation rather than one problem in isolation, and aim to prevent difficulties escalating any further. Family support at different levels can be delivered by a range of agencies including health and schools, and are often delivered by the voluntary sector.

332 *Beyond Care Matters*, para 39

333 *Care Matters* White Paper, p 30

334 *Ibid.*, para 2.2

335 Ev 233; Q 459 [Steve Goodman]

336 Ev 202 [PAIN]; Q 380 [Jean Robinson]; Q 382 [Trevor Jones]; Ev 313 [Ofsted]

337 Ofsted, *Parents on council care: a report on parents' views by the Children's Rights Director for England* (June 2008), p7

thresholds, confused responsibilities and a failure of services to think about the whole family can make it difficult for parents to get the support they need.³³⁸ Services may fail to take into account the “episodic” nature of many problems within families, assuming instead that a decisive difference can be made with one, limited-time intervention.³³⁹ Crises rarely occur in office hours.³⁴⁰ Lack of co-operation between adult and children’s services means that the implications of a parent’s difficulties for their children may go unrecognised.³⁴¹ Mary MacLeod, Chief Executive of the Family & Parenting Institute, told us that all these problems can contribute to a situation in which parents “get to a point where they have to do something desperate or be in a desperate state before they get noticed”.³⁴² Colin Green, representing the ADCS, said that intervention has to be available across the spectrum of needs, with more services needed “in the bit in the middle between [universal services such as schools and children’s centres] 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.”³⁴³

132. It is clear that authorities which already have a large care population will face constraints in managing their budget to invest in preventative work with families.³⁴⁴ Pauline Newman explained that Manchester City Council, which has the second highest proportion of children in care in the country, was assessing how to make their care placements as cost-effective as possible so that resources can be shifted to early intervention.³⁴⁵ She pointed out that reducing the numbers of children with looked-after status has the effect of increasing the numbers of children with high needs who require protection plans and very intensive support within their families.³⁴⁶ The relationship between investment in family support and the number of children entering care is not straightforward. The costs of the care system have increased while the care population has reduced over recent years, largely because the needs of those who do enter the system are greater and more complex.³⁴⁷ It is impossible to predict with certainty that problems in society that contribute to the neglect and ill-treatment of children, such as domestic violence and substance misuse, will decrease, even with excellent family support provision.³⁴⁸

133. The Children Act 2004 integrated budgets for looked-after children with budgets for services for all children, so that every local authority must manage the balance of spending across all types of provision. **While the intention of integrating budgets for children’s services was laudable, we are concerned that one effect is that child protection, children**

338 Qq 88–9 [Mary MacLeod, Margaret Dillon, Anne Scarborough]; Ev 28 [FPI]

339 Q 99 [Professor Tunstill]

340 Q 88 [Margaret Dillon]

341 Q 59 [Mary MacLeod]

342 Q 88

343 Q 613

344 Qq 60, 98 [Margaret Dillon]

345 DCSF, *Statistical First Release 23*, September 2008

346 Q 459; see also Q 400 [David Holmes].

347 Jennifer Beecham and Ian Sinclair, *Costs and outcomes in children’s social care: messages from research* (London 2007), p 66

348 Thoburn, *Children in public out-of-home care*, p5

in care and family support work are in competition for shares of the available resources. We are particularly concerned that those authorities which are managing a historically large care population will not be able to invest greater resources in family support without an unacceptable reduction in the quality of services for looked-after children. We recommend that the Government ensures that such services become universally available at agreed minimum levels.

Local authorities' accountability to children in care

Children in Care Councils and Pledges

134. Inconsistency in practice means that, all too often, “young people say that they do not know what care they are supposed to get and that they cannot work it out.”³⁴⁹ The *Care Matters* White Paper contained a proposal that could help to remedy this: an expectation that every council will develop a “Pledge” for the children in their care, which will set out the services and support children can expect to receive from their authority.³⁵⁰ Each local authority will also be expected to set up a “Children in Care Council” to give children opportunities to put their views directly to Lead Members and Directors of Children’s Services.³⁵¹ The idea of Pledges and Children in Care Councils was enthusiastically welcomed by our witnesses, at least in theory.³⁵² **We welcome the introduction of Children in Care Pledges and Councils, and we hope that they will better enable children to hold local authorities to account for the disparities in the care they provide and to challenge poor practice.**

135. There remain many concerns—not least among young people—about how these measures will be implemented, and the weight that they will carry.³⁵³ John Hill, National Manager of the What Makes The Difference? Project, told us that Pledges need to be “detailed enough to empower children and allow them to know what care they are supposed to get.”³⁵⁴ However, the types of statement which the Government proposes for Pledges appear to have become less specific and ambitious between the Green and White Papers. The Green Paper suggested that a local authority could pledge “24/7” support from a social worker or out-of-hours contact; an independent advocate for each child in care; and a minimum entitlement to sport and leisure activities. In the White Paper, these suggestions were watered down to “clear arrangements in place for the child in care to contact his/her social worker”; “access to advocacy services if children have a complaint”; and “details of support available to participate in positive leisure time activities”.³⁵⁵ These

349 Q 282 [John Hill]

350 *Care Matters* White Paper, para 1.25

351 *Ibid.*, box 1.2

352 Ev 142 [Foyer Federation]; Q 483 [Marion Davis]

353 Ev 146 [Rainer]

354 Q 282; The What Makes The Difference? Project is a partnership of 60 organisations working to identify ways to improve poor outcomes for older children in and leaving care. In April 2008 it merged with the National Leaving Care Advisory Service in the National Care Advisory Service, hosted by children’s charity Rainer, which is now known as Catch22 following a merger with Crime Concern.

355 *Care Matters* Green Paper, para 1.6; *Care Matters* White Paper, p23

changes have been confusing and disappointing for organisations representing children in care.³⁵⁶

136. The Children in Care Councils will need to embody the very best practice in children’s participation work. Local authorities must not fall into the trap of only consulting the most articulate and forthcoming young people, nor only those who are easy to get hold of because they are living in residential homes.³⁵⁷ Very young children, and children with disabilities (especially communication difficulties) may find it hard to express their views or participate in Councils. We were reminded that consultation with young people is pointless—and can in fact be counterproductive—if it is not acted upon.³⁵⁸ Maxine Wrigley emphasised that young people would like Children in Care Councils to be backed by legislation rather than guidance, to ensure that they “have real teeth”.³⁵⁹ The Local Government Association emphasised that Councils and Pledges should not be seen as ends in themselves, but rather as a means to better outcomes and happier, healthier children.³⁶⁰

137. The Government must spell out how local authorities will be held accountable for robust development of their Children in Care Councils and Pledges, and the impact these measures have on improving practice. It is not clear at present what the consequences will be for a corporate parent that fails to keep its promises to children, nor what action a child will be able to take if those promises are broken. Pledges must be detailed enough to be meaningful to young people, and we urge the Government to encourage local authorities to show ambition in their undertakings.

138. Positive though these developments are, there is a danger that they are seen as a panacea for consulting and involving children; other avenues for children’s participation must not be neglected.³⁶¹ On a national level, for example, we look forward to seeing how the revised National Minimum Standards (anticipated in 2009) are affected by the Children’s Rights Director’s consultation on the subject.³⁶² We have heard about how inspection processes can be transformed by the involvement of young people who are or have been in care.³⁶³ It is also vital that children in care are fully involved in all the mainstream channels of engagement used by national and local agencies, and can benefit from local authority children’s rights services.³⁶⁴ **Councils and Pledges must not become the sole means of consulting with or involving children in policy and services. Local authorities should also be judged on the quality of their mainstream children’s participation and children’s rights work, and how effectively they involve looked-after children in it.**

356 Q 16 [Maxine Wrigley]

357 Qq 22, 53 [Dr Morgan]; Ev 313 [Ofsted]

358 Q 55 [Pam Hibbert]; Q 483 [Pauline Newman]

359 Q 55

360 Ev 231

361 Qq 490–1 [Pauline Newman, Steve Goodman]

362 Ofsted, *Children on care standards* (December 2007)

363 Q 22

364 Q 54 [Pam Hibbert]; Q 482 [Pauline Newman]

Independent Reviewing Officers and advocacy

139. Roger Morgan reported that children felt *Care Matters* had not paid enough attention to “the issue of what you do [...] if you disagree with your care authority about what it is doing or you do not feel that it is fulfilling your care plan”.³⁶⁵ The Howard League for Penal Reform contrasted the accountability of birth parents and corporate parents for the care they provide:

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 [...] 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.³⁶⁶

The joint chief inspectors reported in 2008 that complaints procedures are not promoted or managed well by all local authorities, and uptake of advocacy arrangements is limited. In general, “some children feel that it is hard to influence decisions once they have been made by someone in authority.”³⁶⁷

140. Independent Reviewing Officers (IROs) are social workers who chair statutory review meetings for children in care. They are independent of the management of the case being reviewed, but are often employed by the same local authority. The Children and Young Persons Act 2008 expanded the IRO’s monitoring function to the local authority’s performance of all of its care functions, and introduced a requirement for the IRO to ensure that the local authority gives due consideration to the child’s views.³⁶⁸ The Act also allowed for the establishment of an independent national body to accredit, appoint and manage IROs, a power which the Government has stated will only be used if the other reforms fail to improve care planning, stability, and responsiveness to the child’s views.³⁶⁹

141. A survey by A National Voice showed that about one-fifth of children in care do not understand the role of the IRO, and that young people believe that they cannot be considered as truly independent because they are employed by the local authority. Young people are also concerned that, as the impartial chair of a review, an IRO is not in a position to speak up purely on a child’s behalf.³⁷⁰ These concerns are shared by Barnardo’s.³⁷¹ Cllr Les Lawrence, representing the LGA, assured us that local authorities are

365 Q 14

366 Ev 165

367 *Safeguarding children: the joint chief inspectors’ report on arrangements to safeguard children* (July 2008), para 130

368 Children and Young Persons Act 2008, Section 10

369 Children, Schools and Families Committee, First Report of Session 2007–08, *Children and Young Persons Bill [Lords]*, HC 359, Q 36

370 Q 40 [Maxine Wrigley, Pam Hibbert]

371 Ev 2

doing their utmost to uphold the independence of IROs, but also warned that “sometimes the degree of challenge [by IROs] is not always readily accepted” by local authorities.³⁷²

142. We heard support from several quarters for greater provision of advocacy services for children in care, as well as criticism that the Government has failed, in legislation and in Care Matters, to grasp the importance and distinctiveness of the independent advocate’s role.³⁷³ Barnardo’s explained the role of an advocate as:

[...]to ensure that [children’s] 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 [...] The expression of the child’s views in the decision-making process by an Independent Reviewing Officer 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.³⁷⁴

Maxine Wrigley referred to independent advocacy as “the biggest gap” in the Children and Young Persons Act.³⁷⁵ The Adoption and Children Act 2002 placed a duty on local authorities to make provision for advocacy services for looked-after children who wish to make a complaint.³⁷⁶ Roger Morgan told us that children have made the case for a right to advocacy in any process when they have a statutory right to participate or give their views, such as statutory reviews.³⁷⁷ Barnardo’s called for a statutory requirement for the Independent Reviewing Officer to consider whether a child needs an independent advocate to represent their views in the care review process.³⁷⁸

143. In our Report on the Children and Young Persons Bill we recommended that if the reforms of Independent Reviewing Officers’ functions did not produce improvements, the Government should look again at the case for replacing the role with that of an advocate.³⁷⁹ **We are persuaded by the evidence received for this inquiry that these two distinct roles of Independent Reviewing Officer and independent advocate should in fact co-exist, and that the degree of inconsistency in the way local authorities are discharging their care duties makes it even more important that children have every possible opportunity to make their views count. Advocacy services should be routinely available for all looked-after children whenever decisions about their care are being made, not just when they wish to make a complaint.**

144. Under section 53 of the Children Act 2004, local authorities have a duty to ascertain children’s wishes and feelings and give due consideration to them when decisions are being made about a child’s care. Maxine Wrigley and Pam Hibbert (Assistant Director–Policy at

372 Q 457

373 Q 41 [Dr Morgan]; Qq 7, 40 [Maxine Wrigley]; Q 40 [Pam Hibbert]; Q 447 [Caroline Little]

374 Ev 2

375 Q 7

376 Adoption and Children Act 2002, Section 119

377 Q 41

378 Ev 2

379 Children, Schools and Families Committee, First Report of Session 2007–08, *Children and Young Persons Bill [Lords]*, HC 359, para 31

Barnardo's) strongly supported the idea of requiring that the child's views also be formally recorded; they both reported young people complaining that things they had said were never written down, so there could be no monitoring of how their views were taken into account.³⁸⁰ **We recommend that the duty on local authorities to ascertain and give consideration to children's views when decisions about their care are made should be strengthened by a requirement for Independent Reviewing Officers to record those views when care plans are reviewed.**

6 Extending the scope and rigour of corporate parenting

145. The concept of “corporate parenting” was introduced with the launch of the *Quality Protects* programme in 1998. The principle is that the local authority is the corporate parent of children in care, and thus has a legal and moral duty to provide the kind of support that any good parents would provide for their own children. This includes enhancing children’s quality of life as well as simply keeping them safe.³⁸¹

146. Although improvements in corporate parenting must be led by each local authority’s Director of Children’s Services and Lead Member for Children’s Services, guidance makes it clear that looked-after children are not the sole responsibility of a local authority’s children’s services function.³⁸² Barnardo’s expressed a concern that the measures proposed in *Care Matters* to strengthen the role of the corporate parent focus mainly on children’s services, and fail to address the responsibility of other local services for children in care. They proposed that all the relevant services—which include health, housing and police—should be formally required to promote the wellbeing of children in and leaving care.³⁸³ Warwickshire County Council’s Director of Children’s Services, Marion Davis, told us that multi-agency corporate parenting training for all Children’s Trust partners was crucial to enacting the council’s belief that “looked-after children should be everybody’s business”.³⁸⁴

147. The joint chief inspectors³⁸⁵ noted in their 2008 report on arrangements to safeguard children that the corporate parenting role was not yet fully understood by all council officers or elected members.³⁸⁶ District councils in particular may not yet grasp the full implications of corporate parenthood, although they are responsible for leisure and housing services, both of which are vital to improving the experience of children in and leaving care.³⁸⁷

148. Promoting the wellbeing, achievement and happiness of looked-after children and care leavers is a responsibility that must be shared and understood by all local services. Children’s Trusts are in a position to lead this process.³⁸⁸ **We are concerned that the scope of corporate parenthood as usually understood leaves bodies other than schools and children’s services too much leeway in the priority they give to looked-after children. If corporate parenting is to emulate family life, it must not be compartmentalised, nor truncated at age 18. We recommend that all Children’s Trusts take responsibility for**

381 Jackson, “Looking after children”, p 23

382 *Care Matters* White Paper, para 8; DfES, *If this were my child... A councillor’s guide to being a good corporate parent*, 2003, p 3

383 Ev 2

384 Q 471

385 Ofsted, the Healthcare Commission, the Commission for Social Care Inspection, and the inspectorates of police, CPS, court administration, prison service and probation service.

386 *Safeguarding children*, para 123

387 Q 448 [Les Lawrence]

388 Children’s Trusts are local arrangements for local authorities and their relevant partner agencies to promote the well-being of children and young people in that area by undertaking joint planning and commissioning.

multi-agency corporate parenting training, to include managers within adult health and social care services, and officers and members of district councils where relevant.

Health and wellbeing of children in care

149. The physical and mental health of looked-after children is known to be significantly poorer than that of the general child population.³⁸⁹ A survey by Meltzer and others (2003) showed that 45% of looked-after children aged 5 to 17 were assessed as having a mental disorder compared to 10% of the general child population. Two-thirds of all children in care were reported by their carers as having at least one physical complaint.³⁹⁰ Looked-after young people experience a significantly higher rate of teenage conception and teenage motherhood when compared to the non-care population; they may be more vulnerable to involvement in risky sexual activity, or exploitative and abusive relationships. Young people in care are also thought to be four times more likely than their peers to smoke, use alcohol and misuse drugs.³⁹¹

150. Several factors contribute to the markedly poor health of children and young people in care. Around two-thirds of children who come into care do so because of abuse and neglect, and these experiences can have a long-term impact on their health and development, physically and mentally.³⁹² Health inequalities arising from poverty have a disproportionate impact on children in care. It is known that children in care are much more likely than the general population to have missed immunisations and the general development checks that are designed to identify health problems at an early stage. Their health records are more likely to be incomplete and difficult to trace.³⁹³ Separation from family can itself cause emotional trauma, vulnerability, and impaired ability to form trusting relationships with adults—factors which may then be compounded by placement breakdowns and frequent moves while in care.³⁹⁴

Health bodies as strategic partners in corporate parenting

151. The Government announced its intention in the *Care Matters* White Paper to re-issue the guidance *Promoting the Health of Looked After Children* (Department of Health 2002) on a statutory footing for both local authorities and healthcare bodies. Previously this guidance, which addresses health assessment, planning, health promotion and the roles of designated looked-after children’s doctors and nurses, held statutory status only for local authorities.³⁹⁵ The role of PCT Chief Executives in ensuring that the health of children in care is an identified local priority will be included in the revised guidance, and the Government stated it will “explore how the portfolio of the senior lead for children and

389 Ev 80 [Care Matters Partnership]

390 H. Meltzer, R. Gatward, T. Corbin, R. Goodman, T. Ford, *The Mental Health of Young People Looked After by Local Authorities in England* (London 2003)

391 *Care Matters* White Paper, para 5.7

392 Ev 85 [NCB]; Ev 91 [NSPCC]; Q 608 [Dr Proops]

393 Ev 85 [NCB]

394 A. Knight, E. Chase, P. Aggleton, ‘Teenage pregnancy among young people in and leaving care’, in *Adoption and Fostering* vol 30 (2006), p 60

395 *Care Matters* White Paper, para 5.5

young people in PCTs can be developed to address further the needs of vulnerable groups of children—including children in care.”³⁹⁶

152. The Local Government Association told us that the Government’s proposals to sharpen health partners’ focus on looked-after children in care are inadequate and lacking ambition.³⁹⁷ The National Children’s Bureau (NCB) and the Care Matters Partnership welcomed the Government’s intention to publish statutory guidance, but the latter cautioned that only a primary statutory duty to assess needs and provide services would lend sufficient priority to looked-after children in health services.³⁹⁸ Dr Rita Harris of the Care Matters Partnership told us that good will is at present the main basis of co-operation between health bodies and local authorities; the NSPCC called for such co-operation to be made a statutory duty.³⁹⁹ Helen Chambers, NCB’s Principal Officer, Wellbeing, commented that responsibility for children in care’s health falls between health services and children’s services, because “The health of looked-after children is everybody’s business, but actually it is nobody’s business.”⁴⁰⁰

153. Sue Dunstall, Policy Adviser for the National Society for the Prevention of Cruelty to Children (NSPCC), told us that, while there are often excellent networks at practitioner level, the delivery of health services for children in care is hampered by “the rather less excellent partnerships at commissioning level.” Champions are needed at senior strategic levels, among those “who actually hold the money streams and can commit to services”.⁴⁰¹ The NCB argued that PCTs should be required to identify 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.⁴⁰²

154. We asked Baroness Morgan of Drefelin, Parliamentary Under-Secretary of State for Children, Young People and Families, what levers are available to ensure that sufficient priority is given to children in care in the NHS. She told us:

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. [...] We are putting a specific duty [on PCTs] to look in detail at the health needs of vulnerable groups such as looked-after children.⁴⁰³

Joint Strategic Needs Assessments (JSNAs) are carried out by councils and PCTs to inform commissioning of services. One of their purposes is to provide a basis for the selection of

396 *Care Matters White Paper*, para 5.71

397 Ev 232

398 Ev 88 NCB; Ev 80 Care Matters Partnership; NCB is an umbrella body for the children’s sector in England and Northern Ireland, providing information on policy, research and best practice. The Care Matters Partnership is a partnership between the Tavistock and Portman NHS Foundation Trust, the British Association for Adoption and Fostering, and Coram Families.

399 Q 173; Ev 91

400 Q 184

401 Q 171

402 Ev 86

403 Q 557

targets for Local Area Agreements (LAAs).⁴⁰⁴ The *Care Matters* White Paper stated that “one of the factors likely to emerge in the JSNA will be the mental health of children and young people in care” and that the Local Area Agreement “provides a major opportunity for local authorities and their partners to increase the focus on CAMHS services and to promote the mental health of children in care more broadly.”⁴⁰⁵ However, only five out of a possible 150 local authorities have chosen National Indicator 58 (NI58), on the emotional and behavioural health of children in care, for their first Local Area Agreement.⁴⁰⁶

155. The National Service Framework (NSF) for Children, Young People and Maternity Services (DoH 2004), the NHS Operating Framework 2008–09 and Public Service Agreement 12 all contain standards and statements of relevance to looked-after children. However, the lack of specific references to or priority for children in care is notable; often they are referred to as one of a number of groups under the rubric of “children in special circumstances”.⁴⁰⁷ The NSPCC expressed the belief that lack of co-operation at strategic level between health and other services, and lack of recognition in Local Area Agreements, is at least partly due to the performance framework containing too few incentives for NHS bodies to prioritise the needs of children in care.⁴⁰⁸ Dr Catherine M. Hill, Chair of BAAF’s Health Group Advisory Committee, told us:

At the moment, accountability [for performance indicators relating to health of looked-after children] 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.⁴⁰⁹

Dr Hill emphasised that “performance indicators help to dictate and support where resources go in the health service”.⁴¹⁰

156. We note that the child health strategy *Healthy lives, brighter futures*, published after we had completed our formal evidence-gathering, appears to reinforce the message that it is local authorities who are primarily accountable for analysing need and commissioning health services for looked-after children.⁴¹¹ We are persuaded that the task of local

404 *Care Matters* White Paper, para 5.16

405 *Ibid.*, paras 5.17, 5.21

406 www.idea.gov.uk

407 DH, DCSF, DCLG, *Guidance on the Joint Strategic Needs Assessment*, December 2007; Ev 94 NSPCC

408 Ev 93–4; Q 172–3 [Sue Dunstall]

409 Q 173

410 Q 170

411 DCSF, DH, *Healthy lives, brighter futures: the strategy for children and young people’s health*, February 2009, para 4.55

authorities in promoting the health and wellbeing of children in their care would be made easier if this responsibility was explicitly shared. **Looked-after children must have a higher profile in NHS performance frameworks. Children in care need ‘champions’ in senior strategic positions in the health service, and corporate parenting training should be mandatory for relevant senior NHS officers and board members with relevant responsibilities.**

Variation in health services for looked-after children

157. Witnesses to the inquiry drew attention to the variation in the structure, conduct and availability of health services for looked-after children around the country. Since the launch of *Quality Protects* and the 2002 Department of Health guidance on *Promoting the Health of Looked-after Children*, many local health teams dedicated to working with looked-after children have developed. There is, however, inequity across areas; Dr Catherine M. Hill told us that “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.”⁴¹² Dr Rita Harris of the Care Matters Partnership and Helen Chambers of the National Children’s Bureau agreed that the system is characterised by patchiness of provision.⁴¹³

158. When a child enters the care system, they should receive a health assessment by a registered medical practitioner within 14 days. This provides the basis for a health plan which is then reviewed at least annually. We heard that there are many different models of how health assessments are done, and a great variation in the expertise of those undertaking them; some are so “light-touch” that they happen over the telephone, and the outcomes are inconsistent.⁴¹⁴ Delivery of the services that are needed to fulfil health plans can be patchy, particularly for children placed out of their home area who may find that the services they need are not available where they are placed.⁴¹⁵

159. *Promoting the Health of Looked-after Children* (2002) set out the roles of the designated doctor and nurse for children in care, and these posts have been adopted fairly widely. Witnesses were enthusiastic about these roles; Helen Chambers told us that looked-after children’s nurses were some of the “greatest champions” for children in care at practitioner level.⁴¹⁶ Young people say that consistent support from a specialist doctor or nurse is very valuable in an otherwise unstable life.⁴¹⁷ However, there are worries that the long-term future of these roles will be jeopardised by insecure funding, and that their effectiveness may be compromised if their particular remit is diluted by greater involvement in child protection work.⁴¹⁸

412 Q 171

413 *Ibid.*

414 Q 175 ff.; Q 180 [Sue Dunstall]; Ev 93 [NSPCC]

415 Q 193 [Helen Chambers]

416 Q 171 [Helen Chambers, Dr Hill]

417 Ev 88 [NCB]

418 Ev 112 [BAAF]; Ev 88 [NCB]

Specifying services and structures

160. *Care Matters* has introduced a range of imaginative and well-received initiatives to ensure that looked-after children are well-supported in their education, some of which have been legislated for in the Children and Young Persons Act 2008. In every local authority, children in care will benefit from the oversight of “virtual school heads”,⁴¹⁹ statutory designated teachers, priority in school admissions and insistence that placement moves must not disrupt education. This is a stark contrast with health services, where designated health professionals have not been mentioned in legislation, access to services is patchy and difficult to secure, and children not in stable long-term placements may find themselves ruled out of receiving mental health services altogether (for reasons discussed below). Three indicators measuring the educational success of looked-after children have been included in the set of mandatory Local Area Agreement targets, while as we have seen, the one indicator on looked-after children’s emotional health has no such protection. This is particularly curious because, as Dr Rita Harris pointed out, “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?”⁴²⁰ The lack of provision in the Children and Young Persons Act relating to health and wellbeing was a concern for the Association of Directors of Children’s Services.⁴²¹ The NSPCC agreed that “the availability of appropriate services for children in care must be supported by legislative change—a sustainable lever to drive reform.”⁴²²

161. By comparison with its policies for the education of children in care—virtual school heads, designated teachers, priority in admissions and mandatory performance indicators—the Government has seemed timid in specifying what looked-after children should be able to expect from health services. The Government should seek to specify a range of good practice, in particular the roles of designated doctors and nurses, as a matter of urgency.

Mental health services for looked-after children

162. The *Care Matters* White Paper states that the Government “will use statutory guidance to ensure CAMHS [Child and Adolescent Mental Health Services] provide targeted and dedicated provision that appropriately prioritises children in care.”⁴²³ The White Paper points to the role of the Director of Children’s Services in ensuring that local joint commissioning arrangements are able to secure adequate CAMHS for children in care.⁴²⁴

163. There is, said the NSPCC, a “startling discrepancy between assessed need and service provision” for mental health. It is estimated that up to 17,000 children in care who have

419 A ‘virtual school head’ oversees the education of all an authority’s looked-after children, as if they were all in one school; see Ev 235 [London Borough of Hackney], Q 485 ff.

420 Q 202

421 Ev 212

422 Ev 91

423 *Care Matters* White Paper, para 5.20

424 *Ibid.*, para 5.72

mental or emotional health needs received no support from CAMHS in 2006–07, leaving them reliant on patchy voluntary sector provision.⁴²⁵ There appear to be particularly severe problems in securing therapeutic support for children who have experienced abuse or neglect.⁴²⁶ The Association of Child Psychotherapists drew attention to the variable availability of services around the country; it reported that 35 out of 50 PCTs in the north of England do not commission child and adolescent psychotherapy.⁴²⁷ The Care Matters Partnership estimated that 90% of children who have experienced sexual abuse receive “no substantial support”, and described the consequences: “Untreated children who suffer from abuse [...] can be at increased risk of adult depression, post-traumatic stress disorder, relationship difficulties, participation in harmful activities, negative self-image and attitudes towards other people.”⁴²⁸

164. A number of factors were suggested to explain this mismatch of needs and services. Assuming that a child’s need is identified through the health assessment or otherwise—not a foregone conclusion⁴²⁹—they will still face very high thresholds for referral to overstretched mental health services, and long waiting lists.⁴³⁰ Lack of time and resources forces CAMHS to be essentially reactive, especially to overt behavioural problems such as conduct disorders at the expense of less apparent difficulties and of long-term remedial work.⁴³¹ Many CAMH services do not provide treatment at all for children in short-term placements or those deemed not stable, despite the fact that behavioural or emotional problems may prevent a child achieving stability.⁴³² Children going through court proceedings or awaiting adoption or reunification with their family may be similarly disadvantaged.⁴³³ Access to CAMHS is often difficult for looked-after children, especially those placed outside their home authority.⁴³⁴

165. Maxine Wrigley, Chief Executive of A National Voice, told us

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. These young people need a fast track.⁴³⁵

Dr Rita Harris reasoned that “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”, but she pointed out that this would require sufficient funding to ensure that the services

425 Ev 93

426 Ev 29 [FPI]; Q 59 [Mary McLeod]

427 Ev 306

428 Ev 82

429 Qq 169, 180 [Sue Dunstall]; Q 182 [Rita Harris]

430 Ev 29 [FPI]; Q 59 [Mary MacLeod]; Ev 93 [NSPCC]; Q 190 [Dr Hill]

431 Q 182 [Dr Hill]; Ev 317 [Ofsted]

432 Q 190 [Dr Hill]

433 Ev 82–3 [Care Matters Partnership]

434 Q 108 [Professor Tunstall]; Ev 82 [Care Matters Partnership]; Ev 212 [ADCS]; Ev 306 [Association of Child Psychotherapists]

435 Q 42

were actually available.⁴³⁶ Helen Chambers concurred: “In theory, prioritising looked-after children within CAMHS would be great”, but “I was wondering whether we have sufficient CAMHS staff to meet the needs of looked-after children if they were prioritised”.⁴³⁷

166. Witnesses suggested that specialist teams and practitioners can improve the service children in care receive from mental health services, providing, for example, fast-response assessment, consultation to carers and social workers, placement support and invaluable advocacy as well as treatment.⁴³⁸ Dr Rita Harris told us that it is much more effective to have dedicated CAMH services for looked-after children rather than “to expect them to fall into the general melee of a CAMHS referral”.⁴³⁹ She cautioned, however, that specialist teams “are tricky to set up and take a huge amount of time and finance.”⁴⁴⁰ The NSPCC warned that “there is no certainty that targeted [CAMHS] teams, many of which were developed as pilots, or for limited periods subject to continued commissioning, will be sustained.”⁴⁴¹

167. Children and young people in care should have guaranteed access to Child and Adolescent Mental Health Services, and resources must be provided to ensure that this is achievable. Urgent action must be taken to address the shortage of therapeutic services for children in care. We recommend that the Government should assess how specialist mental health teams for children in care can be put in place and sustained in all areas.

A holistic understanding of wellbeing

168. The *Care Matters* White Paper recognises that “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 wellbeing”.⁴⁴² This approach provides a welcome basis for involving all services in improving wellbeing for children in care and ensuring they have opportunities to enjoy life. The National Children’s Bureau’s Healthy Care Programme is a multi-agency framework for partnership working in this area.⁴⁴³ There are over 90 local Healthy Care Partnerships. Dr Catherine M. Hill told us that the Healthy Care Programme “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.’”⁴⁴⁴ The Programme was funded originally by the Department of Health, and then by the DfES from 2004. National funding has been discontinued and it is now dependent on regional support; the NCB believes that the Programme will consequently lose the breadth

436 Q 187

437 *Ibid.*

438 Ev 82–3 [Care Matters Partnership]; Q 190 [Dr Hill]

439 Q 184

440 Q 190

441 Ev 95

442 *Care Matters* White Paper, para 12

443 Ev 84

444 Q 202

of its coverage, especially in areas which most need the external stimulus to focus on the health of looked-after children.⁴⁴⁵

169. The Government’s support for a holistic view of the wellbeing of children in care is very welcome, but it sits oddly with the withdrawal of national funding for the Healthy Care Programme, which appears to embody this principle. We recommend that the Government monitor the impact of the end of national funding for Healthy Care Partnerships on local collaborative working and the priority that looked-after children are given in services.

Leaving care

Age of leaving care

170. In the year to 31 March 2008, of the young people who left care aged 16 or over, 39% were aged 16 or 17, and 61% left on their 18th birthday.⁴⁴⁶ These figures probably underestimate the numbers leaving before 18.⁴⁴⁷ It is well known that the average age of leaving home for most young people in the UK is now 24.⁴⁴⁸ It is perverse—and a matter of great concern to many of those who gave us evidence—that we expect some of the most vulnerable and damaged young people to cope with life on their own at a much earlier age than the average young person.⁴⁴⁹ Professor Mike Stein told us that, in the long run, the young people who have the worst outcomes tend to be those who leave care at 16 and have little support to help them cope.⁴⁵⁰ Martin Narey, Chief Executive of Barnardo’s, commented:

The proportion of young people [...] 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.⁴⁵¹

Professor Ian Sinclair described the process of leaving care as “the Achilles heel” of the care system;⁴⁵² it has the potential to undo whatever good has been done by the system up to that point.

171. Although rare, and not recorded in official statistics, it is possible for young people to stay in care placements past their 18th birthday. Placements in these circumstances are not at present subject to regulation, and carers are not eligible for allowances, so they depend largely on the good will of foster carers.⁴⁵³ In the past such arrangements have typically

445 Ev 97; Q 203 [Helen Chambers]

446 DCSF, *Statistical First Release 23*, September 2008

447 Q 285 [Martin Hazlehurst]

448 *Care Matters Green Paper*, para 7.2

449 Ev 4 [Barnardo’s]; Q 170 [Dr Harris]; Ev 29 [FPI]; Q 506 [Marion Davis]

450 Q 303

451 Q 27

452 Q 123

453 Q 506 [Marion Davis]; Q 509 [Caroline Abrahams]; Ev 146 [Rainer]

been discouraged by local authorities under pressure to free up placements for young children.⁴⁵⁴ Residential homes, meanwhile, are not usually set up to cater for post-18 placements, and there is widespread expectation on young people to start thinking about their future independence from age 14 or 15.⁴⁵⁵ Maxine Wrigley, Chief Executive of A National Voice, told us about the effect that looming independence can have on how young people think not only about their future but about their time in care:

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.⁴⁵⁶

One young person put it to us that, “at 18, you’re basically thrown out”.⁴⁵⁷

172. Several witnesses pointed out to us that some young people in care—especially in residential placements—are in fact eager to leave as soon as possible, and, even given the opportunity to stay, this would always be the case.⁴⁵⁸ This may be the result of an unhappy time in care.⁴⁵⁹ The problem is that in many cases, no-one will try to persuade them to stay.⁴⁶⁰ There are also young people who end up leaving care prematurely because their placements break down and it seems too late to attempt to settle in another one.⁴⁶¹ Martin Hazlehurst, Service Manager of the National Leaving Care Advisory Service (NLCAS), told us that local authorities differ in the priority they place on preventing young people leaving care at 16: “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, [leaving care at 16] is the norm and tolerated”.⁴⁶² Steve Goodman, Deputy Director of Children and Young People’s Services at Hackney Council, agreed that “the chief obstacle is culture”. He reported that Hackney has been prompted to review its stance on the age of leaving care by the emphasis placed on it by *Care Matters*.⁴⁶³

173. *Care Matters* recognised the need for reform in transitions to adulthood, stating that “any good parent will continue to offer love and support to their children well beyond 18,

454 Q 285 [Professor Stein; Steve Hillman]; Q 505 [Steve Goodman]; Q 506 [Marion Davis]

455 Q 285 [Professor Stein]

456 Q 52

457 Annex

458 Q 285 [Martin Hazlehurst]

459 Q 506 [Marion Davis]

460 Q 285 [John Hill]

461 Q 285 [Martin Hazlehurst]

462 Q 280 [Martin Hazlehurst]; The National Leaving Care Advisory Service provides information, advice and projects focused on young people leaving care. In April 2008 it merged with the What Makes The Difference? project to become the National Care Advisory Service, hosted by children’s charity Rainer, which is now known as Catch22 following a merger with Crime Concern.

463 Q 505

giving them the greatest head start in life that they can. The Government expects no less for young people in care”.⁴⁶⁴ The Minister, Baroness Morgan, told us:

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.⁴⁶⁵

We welcome the Government’s assertion that it should become exceptional for a young person to leave care before they turn 18, and hope that it will precipitate a culture change in local authorities. We recommend, however, that the Government show more ambition by making a commitment to narrowing the gap between the average age of leaving care and the age of independence for other young people. Remaining in care in some form until at least age 21 should become routine.

174. The White Paper introduced two pilot projects to address the issue of too many young people leaving care before they are ready:

- ‘Right2BCared4’ effectively provides for a veto for young people over decisions to move them out of care. The Children and Young Persons Act 2008 requires that a statutory review take place before a young person is moved from a care placement to independent living.⁴⁶⁶ Any young person for whom independence has been proposed will be supported by an independent person, nominated by them, throughout the review process.
- ‘Staying Put: 18+ Family Placement’ aims to enable young people to stay in foster placements up to the age of 21 if they wish.

175. These initiatives have generally been welcomed—indeed the most common criticism we have heard is that the need for these provisions is so well-known that a pilot phase is unnecessary.⁴⁶⁷ The Government’s response has been that post-18 placements may have complex legal and financial implications that need to be clarified through the pilots before any national roll-out.⁴⁶⁸ The Minister told us that action will be taken in the next spending review period to ensure that any care leaver “can have a reasonable expectation” that they can stay in a family placement after age 18.⁴⁶⁹ **We welcome the Right2BCared4 and Staying Put pilots, and urge the Government to make their benefits available to all young people in care—including those in residential placements—at the earliest possible opportunity.**

176. The Fostering Network, however, told us they were disappointed with the lack of ambition in the Government’s proposals.⁴⁷⁰ It is not clear whether or how residential care

464 *Care Matters* White Paper, p 107

465 Q 519

466 Children and Young Persons Act 2008, Section 8

467 Ev 165 [Howard League for Penal Reform]

468 Children, Schools and Families Committee, First Report of Session 2007–08, *Children and Young Persons Bill [Lords]*, HC 359, para 42 ff.; Q 521

469 Qq 521, 524

470 Ev 59; Q 123 [Robert Tapsfield]

will be affected; the Government has so far committed only to assessing whether there is demand for post-18 placements from young people in residential care, despite what we know about the greater vulnerability of this section of the care population.⁴⁷¹ As already noted, a much greater supply of foster placements and a much greater investment in fostering support will be necessary to make the option of “staying put” universally available.⁴⁷² The pilots will need to explore the type of support that will be needed by young people and their carers to overcome the placement breakdowns that so often hasten the end of a child’s time in care.⁴⁷³ The success of statutory reviews as a mechanism for preventing premature independence will depend—as with all looked-after children reviews—on the effectiveness of Independent Reviewing Officers and the individuals supporting the young person through the process.⁴⁷⁴

177. The success of efforts to ensure that young people stay in care for longer will depend on factors the Government has not yet fully addressed, such as supply of foster placements, support to prevent placement breakdowns, and the effectiveness of Independent Reviewing Officers and review processes. Local authorities must be given all necessary assistance to achieve these changes.

178. It is not only the age of leaving “home” which makes the transition to independence different for young people who have been in care. Martin Hazlehurst of the National Leaving Care Advisory Service told us that

[...]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. 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.⁴⁷⁵

Maxine Wrigley described the sort of support that most young people take for granted, but is not often available for care-leavers: “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.”⁴⁷⁶ Eighty-eight per cent of young people in care surveyed by Rainer in 2006 thought that care leavers should have the option of returning to supported accommodation if a move to independent living is not successful at first.⁴⁷⁷ The process of learning about adult life needs to be gradual, flexible and experimental, with a “safety-net” attached, and should recognise that young people progress and mature at different rates.⁴⁷⁸ Flexibility is also needed in the way preparation for leaving care is delivered, as many young people automatically become the responsibility of specialist leaving care teams at age 16, even if they have good relationships with their existing social worker.⁴⁷⁹ **The Right2BCared4 and**

471 *Care Matters* White Paper, para 6.28; see para 96 above.

472 Ev 233 [LGA]

473 Q 285 [Martin Hazlehurst]

474 *Ibid.*

475 Q 285

476 Q 27

477 Ev 145 [Rainer]

478 Q 27 [Dr Morgan]; Qq 277, 283 [Professor Stein]; Q 506 [Marion Davis]; Ev 4 [Barnardo’s]; Ev 34 [NCH]

479 Q 299 [Professor Stein]; Q 300 [Martin Hazlehurst]

Staying Put pilots should be used to explore how more flexibility can be built into the process of leaving care, so that young people who find they are not yet ready for independence are able, and encouraged, to revert to a higher level of support.

179. Children in and leaving care are often vulnerable to sexual exploitation, partly because of the young age at which they are expected to become independent.⁴⁸⁰ Care leavers may find themselves accommodated in areas where sexual exploitation is known to take place; Roger Morgan told us of young people who reported to him that they had been placed in a hostel that was locally well-known for prostitution, and there is evidence of organised, targeted exploitation of girls in residential homes and hostels.⁴⁸¹ Premature independence compounds the legacy of pre-care experiences such as abusive relationships, and the care system's failure to compensate for them, in contributing to young people's vulnerability. Going missing from home or care is a key early indicator of risk of sexual exploitation, and significantly increases young people's exposure to potentially risky situations.⁴⁸² Other risk factors or related issues, including drug and alcohol abuse, mental health problems, and non-attendance at school, are also more prevalent among the looked-after population. We are particularly concerned that where young people lack stability in their care placements, or lack the knowledge that a trusted adult has a personal interest in their life and future, they will be more likely to put themselves at risk and less likely to disclose problems where they occur. Many adults who are involved in prostitution report that they spent time in care, and many became involved in sexual exploitation when they were children or young teenagers.⁴⁸³ The Government issued draft guidance on Safeguarding Children and Young People from Sexual Exploitation for consultation in July 2008. The guidance emphasised the importance of Local Safeguarding Children's Boards developing a protocol and leading multi-agency work including the health services, social care, housing, schools and the police.⁴⁸⁴ **The vulnerability of care leavers to sexual exploitation is a matter of great concern to us. We urge the Government to analyse any ways in which features of the care system itself expose young people to greater danger, and take urgent steps to protect care leavers from this sort of exploitation.**

Leaving care preparation and services

180. The Children (Leaving Care) Act 2000 defined "care leavers" as young people aged 16 to 21 who are or were in care for a total of at least 13 weeks since reaching the age of 14. The Act conferred on local authorities duties to provide various forms of support to care leavers where previously they only had discretion to do so. Two of the most important forms of support are "pathway plans", which replace care plans for young people turning 16 and should map out the journey to independence, and the provision of a Personal Adviser for each young person leaving care, to co-ordinate a package of support and assistance for them. The Act imposed a duty on local authorities to keep in touch with care leavers until they are at least 21, and to assess and meet their needs up to that age. Ring-

480 See also para 227.

481 Ev 5 [Barnardo's]; Q 27 [Maxine Wrigley]; Q 474 [Pauline Newman]; Children, Schools and Families Committee, First Report of Session 2007–08, *Children and Young Persons Bill [Lords]*, HC 359, Ev 55

482 DCSF, *Safeguarding Children and Young People from Sexual Exploitation: draft guidance*, July 2008, para 4.42

483 'Leaving care loathing self', *Community Care*, 3 Feb 2005

484 DCSF, *Safeguarding Children and Young People from Sexual Exploitation: draft guidance*, July 2008

fenced funds were made available for implementation that improved the services available in many areas. The Act was described by Pam Hibbert of Barnardo's as "a brilliant piece of legislation" that has improved support for care leavers, but which has left still more room for improvement.⁴⁸⁵

181. Ofsted told us that arrangements for preparing and helping young people to leave care have improved, but we heard from witnesses that the support available to care leavers still varies considerably in its quality and content.⁴⁸⁶ Around 14% of eligible young people are not provided with a pathway plan.⁴⁸⁷ A peer research project in 2006 found that 38% of the young people surveyed felt they were simply left to "get on with it" without any preparation or support when the time came to live independently.⁴⁸⁸ The Children's Rights Director, Dr Roger Morgan, reported that

[...]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.⁴⁸⁹

John Hill, National Manager of the What Makes The Difference? Project, also reported that many local authorities still do not provide Personal Advisers, or if they do, they may provide two advisers for as many as 80 care leavers.⁴⁹⁰ We heard some dissatisfaction with the content of leaving care preparation services, which typically cover practical issues such as cooking and budgeting, but put less effort into preparing young people emotionally for the isolation they may face when living independently.⁴⁹¹

182. Lack of resources may be one reason for the variability of services.⁴⁹² Martin Hazlehurst argued that the low profile of leaving care services in regulation and inspection allows some local authorities to accord them a lower priority; there are no statutory standards for leaving care services, and the only inspection has been in the much broader context of Joint Area Reviews. He proposed that the DCSF should take a stronger line on identifying underperformance and "should ensure that there are sanctions to go along with that, but that does not happen much".⁴⁹³

183. There is also evidence of large differences in the leaving care grants and other financial support available to care leavers; leaving care grants in 2005 varied from £400 in some local authorities to as much as £2,000 in others.⁴⁹⁴ Professor Mike Stein told us that the financial and personal support given to care leavers in higher education varies without obvious

485 Q 3

486 Ev 317

487 *Safeguarding children: the joint chief inspectors' report on arrangements to safeguard children* (July 2008), para 139

488 Ev 145 [Rainer]

489 Q 10

490 Q 282

491 Ev 5 [Barnardo's]; Q 27 [Pam Hibbert]; Q 204 [Helen Chambers]; Q 291 [Professor Stein]; Q 293 [John Hill]

492 Q 284 [Hillman]

493 Q 280

494 *Care Matters* White Paper, para 6.69

reference to the needs or circumstances of the young people involved, a situation that “can generate a sense of injustice”.⁴⁹⁵ For all young people in care who go on to higher education, the Children and Young Persons Act 2008 introduced a minimum grant (set at £2,000).⁴⁹⁶ The Government’s only proposal in *Care Matters* to address the more general inequity in financial support to care leavers is to invest £100 per year in the Child Trust Fund of every child who spends the year in care, starting in 2008.⁴⁹⁷ Barnardo’s welcomed this plan but told us that, in view of the small proportion of the current care population who will benefit, there should be a minimum level of leaving care grant for every young person.⁴⁹⁸ We asked other witnesses whether there should be more standardisation in these grants across the country. While cost of living variations around the country and differences in the needs of young people make complete standardisation undesirable, John Hill and Martin Hazelhurst agreed that local authorities should be required to be more open about the financial assistance they offer and the criteria on which decisions are made, perhaps through the Pledge.⁴⁹⁹

184. We recommend that national standards for leaving care services should be developed with local authorities so that these services can be objectively assessed. The standards should include a greater degree of consistency and transparency in the financial support available to care leavers and the criteria on which it is determined. Each authority should include details of what it will provide in its Pledge.

185. John Hill told us that most care leavers with disabilities receive no personal adviser service and no pathway planning process, and that “they get one of the rawest deals among the care-leaving population.” Disabled care-leavers are often passed over to adult services, missing out on the elements of leaving care services which are about promoting independence; they become the responsibility of a care manager who will commission services for them but whose role is far removed from that of a Personal Adviser or a social worker.⁵⁰⁰ The *Care Matters* White Paper acknowledged the additional complexity of the needs of disabled young people leaving care, but did not propose any specific measures to take this into account. Access to a Personal Adviser after age 21 is mentioned, but the legislation provides for this benefit only if a young person is engaged in or planning education or training. The White Paper says that “for those young people whose disability results in needs sufficient to warrant access to adult community care services we do not anticipate replacing that support with PA [Personal Adviser] support”.⁵⁰¹ **We are concerned that the benefits of specific support to enable young people with disabilities to move on from care, as distinct from the care services related to their disability, have not been recognised in the *Care Matters* programme. Equal access to all features of effective leaving care support must be guaranteed to care leavers with disabilities.**

495 Q 297

496 Children and Young Persons Act 2008, Section 21

497 *Care Matters* White Paper, paras 6.68 ff.

498 Ev 6

499 Q 295 ff.

500 Qq 282, 301–2

501 *Care Matters* White Paper, para 6.45

186. John Hill told us that care leavers' vulnerability means that "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".⁵⁰² Barnardo's identified as one of the weaknesses of the Children (Leaving Care) Act 2000 the fact that it does not provide for long term support beyond age 18, and has not led to improvements in the transition between children's and adult services.⁵⁰³ Professor Mike Stein concurred that services can "disappear" after the period of immediate transition.⁵⁰⁴ The importance of continuity in health services for care leavers, up to and even beyond the age of 25, was affirmed by several witnesses, although administrative boundaries can pose problems.⁵⁰⁵ NCH wrote that care leavers are often "confronted with a 'cliff-face' at key transition stages whereby services end entirely or change considerably."⁵⁰⁶

187. The Children and Young Persons Act 2008 extended the duty on local authorities to appoint a Personal Adviser, and through them to keep the young person's pathway plan under regular review, to any care leaver aged up to 25 who is or is planning to be in education or training.⁵⁰⁷ Martin Hazlehurst gave his view on this reform:

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 21.⁵⁰⁸

The duty to provide a Personal Adviser should be extended to all care leavers until age 25, not just those who have education or training plans. The terms on which this provision has been extended risk excluding some of the most vulnerable young people from continuing support. The role of the Personal Adviser should include facilitating access to health and social care services when needed. We recommend that the Government explore ways of ensuring that care leavers have full and proper access to health, social care and education services, commensurate with their needs, until they are 25 years old.

Accommodation for care-leavers

188. A dearth of suitable accommodation for care leavers is an area of huge concern to many of the organisations that have given evidence to the inquiry.⁵⁰⁹ Research shows that the situation worries many young people too. 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. Twelve per cent were living in bed and breakfast or hostel accommodation,

502 Q 286

503 Ev 5

504 Q 283

505 Qq 204, 286

506 Ev 34; NCH is a national children's charity; since September 2008 it has been known as Action for Children.

507 Children and Young Persons Act, Section 22

508 Q 286

509 Q 303 ff.; Ev 317 [Ofsted]

and more than half felt they had had no real choice in the accommodation offered to them.⁵¹⁰ Maxine Wrigley reported that one in ten care leavers end up “sofa surfing” at friends’ houses, often because while they had a flat of their own, “it was in such a dodgy area that they did not feel safe or want to go round there”.⁵¹¹ Care leavers are all too often allocated accommodation in very disadvantaged areas, where their inherent vulnerability is compounded by proximity to problems such as substance abuse, exploitation and crime.⁵¹²

189. A National Voice surveyed leaving care workers and personal advisers, and found that about half of them felt that it was not possible for their authorities to provide safe, damp free, decorated accommodation in a location that was without risk from anti-social neighbours.⁵¹³ Local authorities told us that a lack of affordable accommodation in many areas was principally to blame for the problems experienced by care leavers.⁵¹⁴ Rainer attributed the problem partly to poor planning and lack of co-operation between children’s and housing services: “Often it is simply a failure to plan for something that it is known that almost all young people will need.”⁵¹⁵ Martin Hazlehurst told us that some authorities put a great deal of effort into commissioning accommodation and associated services, while others appear to look for accommodation “on a wing and a prayer”. He suggested that the new duty on local authorities to secure sufficient local placements for children in care be extended to cover supported accommodation for care leavers.⁵¹⁶ Barnardo’s recommended that joint protocols between children’s services and housing authorities should include arrangements to give care leavers priority in accommodation allocation⁵¹⁷ Marion Davis, Director of Children’s Services at Warwickshire County Council, suggested that private and voluntary sector providers need more reassurance that support will be available to maintain a young person’s tenancy.⁵¹⁸

190. The *Care Matters* Green Paper proposed the establishment of a capital investment fund to support the provision of dedicated accommodation for care leavers.⁵¹⁹ Although the White Paper stated that the Government remained committed to this proposal, the fund does not appear in the *Care Matters* implementation action log published in March 2008.⁵²⁰ **We seek reassurance from the Government that funding will be made available to local authorities that experience particular difficulties in finding suitable accommodation for care leavers due to local housing shortages. We recommend that the Government extend the new ‘sufficient placements’ duty to include supported and independent accommodation for those leaving care.**

510 A National Voice, *There’s No Place Like Home* (2005)

511 Q 27

512 Ev 5 [Barnardo’s]

513 *There’s No Place Like Home*, p3

514 Q 27 [Maxine Wrigley]; Q 510 [Marion Davis, Pauline Newman]

515 Ev 146

516 Q 303

517 Ev 5

518 Q 510

519 *Care Matters* Green Paper, para 7.21

520 *Care Matters* White Paper, para 6.56

191. When we asked Baroness Morgan about the Government’s role in ensuring that there is sufficient accommodation for care leavers, she told us:

The pilots, particularly the leaving care pilot, have focused on the importance of empowering the young person to take [...] 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 might be offered.⁵²¹

Accommodation for 16 and 17 year olds can fall between regulatory regimes, and is not subject to assessment against clear standards.⁵²² We put it to the Minister that care leavers do not at present have a choice of suitable accommodation. She told us that in new statutory guidance on accommodation:

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 providers and registered social landlords.⁵²³

We do not consider that these proposals amount to a robust framework of standards for care leavers’ accommodation. **A quality assurance framework for care leavers’ accommodation should be developed so that housing options can be assessed against nationally agreed standards; it should not be left up to a young person to say that the accommodation they are offered is unsuitable. No care leaver should be placed in bed and breakfast accommodation, and the availability of suitable accommodation must be considered a prerequisite for a move to independent living.**

192. Over a third of young people report being homeless at some time in the year after leaving care according to research quoted by Rainer.⁵²⁴ The *Care Matters* White Paper said that homelessness should be avoided through implementation of a young person’s pathway plan, but “where such arrangements break down, the homelessness legislation provides an essential safety net”.⁵²⁵ Sixteen and 17 year olds and young people aged between 18 and 20 who have been in care have priority need for accommodation under the Homelessness Act 2002, meaning that local authorities must secure suitable accommodation for them if they become homeless through no fault of their own. Chris Callender of the Howard League for Penal Reform described how the legislation affects care leavers in practice:

The answer [to provision of suitable accommodation for young people leaving care or custody] 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

521 Q 538

522 Q 285 [Martin Hazlehurst]; Ev 146 [Rainer]

523 Q 541

524 Ev 146

525 *Care Matters* White Paper, para 6.58

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 [...] The difficulty is that the Housing Act legislation allows local authority social services to sidestep their duties by pushing people down the homelessness route.⁵²⁶

Martin Hazlehurst told us that although the situation is slowly improving, “We still hear of places where the recognised route into housing is, ‘Go and pretend that you are homeless’”.⁵²⁷ A young person may find themselves being deemed intentionally homeless because of a wide range of circumstances that are more likely to apply to vulnerable or under-supported care leavers—significant rent arrears, leaving a tenancy unexpectedly or a spell in custody, for example.⁵²⁸ Rainer suggested that the main reason care leavers typically feel they have no choice about the accommodation offered to them is that a refusal could lead to them being declared “intentionally” homeless.⁵²⁹ They concluded that there should be a presumption against declaring any care leaver intentionally homeless except in extreme circumstances.⁵³⁰

193. The Government issued guidance in May 2008 on joint working between housing and children’s services to prevent youth homelessness.⁵³¹ We heard how effective joint working between housing and children’s services can forestall problems by anticipating the difficulties that might lead to a terminated tenancy and by taking young people back into supported accommodation when necessary.⁵³² There are practical difficulties in making such joint working a reality, however. John Hill told us that

[...]my experience was that you had to spend quite a lot of time educating housing people about their responsibilities [...] and trying to show them that, actually, this group of young people is different and should be their priority because of the [corporate] parenting role.⁵³³

Martin Hazlehurst described the “constant juggling act” of an upper-tier children’s services authority dealing with district councils as the housing authorities: “Some district councils just will not contemplate the very idea that there are any young people in care in their districts”.⁵³⁴ **There should be a presumption against declaring any care leaver intentionally homeless. Every children’s services authority should be required to adopt a joint working protocol with the relevant housing departments or authorities, to ensure that care leavers are given every possible support in maintaining tenancies. Key**

526 Q 335

527 Q 304

528 Ev 6 [Barnardo’s]

529 Rainer, *Home alone: housing and support for young people leaving care* (2007), p6

530 Ev 146; see also Q 304 [Martin Hazlehurst].

531 DCLG, DCSF, *Joint working between housing and children’s services: preventing homelessness and tackling its effects on children and young people*, May 2008

532 Q 305 [John Hill]; Ev 6 [Barnardo’s]

533 Q 305

534 Q 307

managers within housing departments should be included in corporate parenting training.

Preventing involvement in the criminal justice system

194. Although the overall numbers are small, children in care are disproportionately likely to be brought into contact with the youth justice system and to enter into custody.⁵³⁵ In 2007, looked-after children aged 10 or over were more than twice as likely to be convicted or subject to a final reprimand or warning as other children of this age.⁵³⁶ Looked-after children are in general more likely to have been exposed to the risk factors associated with youth offending, such as lack of parental support and poor attendance at school, and can exhibit challenging behaviour as a reaction to the circumstances that led to them becoming looked after.⁵³⁷ We received some evidence indicating that certain features of the care system itself exacerbate the chances of looked-after children becoming involved with the criminal justice system.⁵³⁸ Young people have told us, for example, that if they are not settled in a good placement, they are more likely to spend time out and about and at risk of getting into trouble.⁵³⁹ Greater placement stability and measures to reduce the number of out-of-area placements (a known risk factor for offending), should help in the long run to reduce the numbers of looked-after children who offend.⁵⁴⁰

195. There are specific issues with the way in which carers, particularly in residential homes, deal with incidents such as property damage, or young people going missing.⁵⁴¹ Bob Ashford, Head of Youth Justice Strategy at the Youth Justice Board (YJB) told us:

[...]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.⁵⁴²

Dr Di Hart, NCB’s Principal Officer, Youth Justice and Welfare, suggested that the very nature of residential care was part of the problem: “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.”⁵⁴³ She suggested that

535 Ev 170 [YJB]

536 DSCF, *Statistical First Release 23*, September 2008

537 Ev 170 [YJB]; Q 316 [Dr Hart]

538 Q 316 [Dr Hart]

539 Annex

540 Ev 170 [YJB]; Q 313 [Bob Ashford]; Q 317 [Dr Hart]

541 Q 123 [Kevin Williams]; Q 319 [Bob Ashford, Chris Callender]

542 Q 317

543 Q 316

the difference between looked-after children and others is not necessarily in their behaviour, but in institutional responses to that behaviour; magistrates, for example, may treat looked-after children more harshly, such as being unwilling to bail a young person who lives in a children's home.⁵⁴⁴

196. The *Care Matters* Green Paper included a commitment to develop a protocol on how children's homes should work with the police and Youth Offending Teams to manage offending or anti-social behaviour while avoiding criminalisation whenever possible.⁵⁴⁵ The Youth Justice Board told us that protocols of this type have been operating in some places since 2001, and there are indications that in combination with other measures they can effect significant reductions in the number of recorded offences by looked-after children.⁵⁴⁶ There was little, however, in the White Paper about the links between the care system and offending.⁵⁴⁷ In July 2008 the Government published its cross-departmental Youth Crime Action Plan. The action plan put a great deal of emphasis on the role of parenting in preventing offending, yet it did not address the responsibility of corporate parents for children in their care.⁵⁴⁸ We asked the Minister, Baroness Morgan, what can be done to address this issue explicitly in planning for children in care. She told us that it was important for all professionals to create "the right environment, in which these young people would flourish and which would not trigger [...] offending behaviour".⁵⁴⁹

197. To some extent, we recognise that general improvements in the care system—stable placements that are properly supported, help to achieve at school, and a gradual transition to independence—will help to prevent looked-after children offending. However, opportunities have been missed to take further specific steps to address this. We ask the Government to revisit the Youth Crime Action Plan to address explicitly the state's responsibility as corporate parent for the disproportionate criminalisation of young people in care.

Looked-after children in custody

198. Although we know that young people in care are disproportionately likely to commit offences, it is not known at a national level how many looked-after children are in the youth justice system or specifically in custody.⁵⁵⁰ Pam Hibbert, Assistant Director–Policy at Barnardo's, estimated that around half of children in custody have some experience of the care system.⁵⁵¹ Custodial sentences can be very disruptive and destabilising for looked-after children.⁵⁵² Children who are looked after under section 31 care orders and then enter custody retain their looked-after status, while children who are voluntarily accommodated

544 Q 317

545 *Care Matters* Green Paper, para 6.40

546 Ev 170–1, 194

547 Ev 32 [NCH]

548 Home Office, DCSF, Ministry of Justice, *Youth Crime Action Plan 2008*, July 2008

549 Q 551

550 Q 313 [Dr Hart]; Ev 195 [JYB]

551 Q 3

552 Ev 172 [YJB]

under section 20 lose this status upon entering custody. The *Care Matters* Green Paper acknowledged that “many of these [voluntarily accommodated] children require just as much support while in custody as those in care under a care order”, and proposed that local authorities be required to carry out an assessment of their needs when entering youth custody, “with an expectation that they will continue to be supported as a child in care. In most cases this will entail a social worker, a care plan, and continued support as a child in care on leaving custody.”⁵⁵³

199. In the White Paper this proposal was replaced by a commitment (now legislated for in the Children and Young Persons Act 2008) to extend the requirement to visit children in care to those children who were voluntarily accommodated immediately before entering custody.⁵⁵⁴ The White Paper explains that this is intended as “a mechanism to identify those young people who should have a needs assessment so that where necessary local authority children’s services makes proper plans for them on release; which could include [...] readmitting the young person to care.”⁵⁵⁵ NCB and the Youth Justice Board expressed support for the commitment to ensuring that local authorities maintain a relationship with all looked-after children who go into custody, though both sought assurances that the visits would be conducted by children’s services social workers.⁵⁵⁶ However, the new requirement was a cause of disappointment for several organisations, who described it as “watered down” and “a missed opportunity”.⁵⁵⁷ Bob Ashford of the Youth Justice Board and Chris Callender, Assistant Director (Legal) of the Howard League for Penal Reform, both told us they would like voluntarily-accommodated children to retain their looked-after status in custody, because of the entitlements to assistance that this would bring.⁵⁵⁸

200. Di Hart of the NCB commented on the impact of the loss of looked-after status on voluntarily-accommodated children when they go into custody:

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 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.⁵⁵⁹

We heard that some authorities do not actively continue their parenting role even with children on care orders who enter the secure estate, despite already having a statutory

⁵⁵³ *Care Matters* Green Paper, para 6.43

⁵⁵⁴ *Care Matters* White Paper, para 3.82; Children and Young Persons Act 2008, Section 15

⁵⁵⁵ *Care Matters* White Paper, para 3.82

⁵⁵⁶ Ev 167; Q 333 [Bob Ashford], Ev 171–2

⁵⁵⁷ Q 3 [Pam Hibbert]; Ev 146 [Rainer]; Ev 164 [Howard League for Penal Reform]

⁵⁵⁸ Q 330 ff.

⁵⁵⁹ Q 329; see also Q 313 [Chris Callender]

responsibility to do so.⁵⁶⁰ Inspections have revealed that a quarter of authorities do not provide an adequate service for children in custody who retain their looked-after status, with some inappropriately transferring their care responsibilities to Youth Offending Teams.⁵⁶¹ Di Hart reported that looked-after children in custody overwhelmingly

[...]felt abandoned by the social care system. They had had social workers with whom they were 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. [...] 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.⁵⁶²

201. Some of our witnesses attributed the lack of contact with looked-after children in custody to local authorities wishing to divest themselves of financial responsibility for children's care, and the practical difficulties of visiting children who are placed in institutions some distance away.⁵⁶³ However, Caroline Abrahams, LGA Programme Director for Children & Young People, refuted these claims: "I do not think that anyone has any evidence that stacks up that suggests that [the cost shift] influences the decisions that local authorities make."⁵⁶⁴

202. We asked the Minister how we can ensure that local authorities do what they are supposed to do, specifically with respect to visiting in custody. She told us:

[...]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.⁵⁶⁵

We recommend that children accommodated under voluntary agreements should retain their looked-after status when entering custody; we consider that this would be a greater safeguard of the continuity of each young person's care than the new requirement to continue visiting children. We are concerned that even children on care orders may not be receiving the services they are entitled to when in custody, and we seek reassurance that inspection will be an adequate tool for enforcing the new visiting requirements when it has apparently failed to enforce existing requirements.

203. The Howard League for Penal Reform expressed concern that many young people who enter the criminal justice system have never received the protection or assistance of looked-after status, despite having very similar needs to those in the care system. They might have been abused or been homeless, but have never been identified as needing assistance. Youth Offending Team workers may recognise these needs, but are unable formally to designate a child as "in need" or to instigate accommodation on behalf of the

560 Q 330

561 *Safeguarding children: the joint chief inspectors' report on arrangements to safeguard children* (July 2008), para 136

562 Q 313

563 Ev 32 [NCH]; Q 315 [Chris Callender, Dr Hart]; Ev 165 [Howard League for Penal Reform]

564 Q 473

565 Q 553

local authority, and many children’s services departments are unwilling to accept referrals from YOTs for assessments.⁵⁶⁶ **We recommend that the Government identify and implement a mechanism for automatically triggering a needs assessment by the relevant children’s services authority when a child comes into contact with the criminal justice system.**

204. We heard concern from several quarters that the care and youth justice systems do not always work well together, either because they have different aims and values, or because of administrative divisions.⁵⁶⁷ Bob Ashford disagreed with the characterisation of a “welfare/justice divide” but told us 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 of the local youth offending team.”⁵⁶⁸ Chris Callender put it more bluntly; children’s services, he said, “dump on Youth Offending Teams”.⁵⁶⁹ Di Hart argued that social care services interpreted the Crime and Disorder Act 1998 (which established YOTs) as “letting them off the hook” in terms of responsibility for young people who offend.⁵⁷⁰ **We recommend that the lead responsibility of children’s services for looked-after children in the youth justice system be re-asserted, so that extremely vulnerable children are not denied the support they need by being excluded from mainstream services when they come into contact with Youth Offending Teams.**

205. In 2005 the Youth Justice Board established and funded posts for social workers in each of the 25 Young Offenders Institutions (YOIs) in England and Wales. The YJB’s evaluation indicated that this was an important specialist service that dealt with a previously unmet need.⁵⁷¹ Bob Ashford told us that “in terms of the contacts, knowledge and expertise of those social workers within youth custody, it has been extremely valuable.”⁵⁷² In January 2008 the DCSF stated that local authorities with YOIs in their areas should fund the posts from 2009–10 onwards.⁵⁷³ The Howard League for Penal Reform told us that uncertainty about the funding had contributed to recruitment and retention problems, with only 10 of the 25 posts filled in January 2008.⁵⁷⁴ Bob Ashford told us that the YJB “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 pressures in social services.”⁵⁷⁵ **We ask the Government to guarantee future funding for social workers posts in Youth Offending Institutions.**

566 Ev 162–3 [Howard League for Penal Reform]

567 Q 313 [Dr Hart]; Q 472 Davis; Ev 166 [NCB]; Ev 212 [ADCS]

568 Qq 314, 337

569 Q 315

570 Q 337

571 Ev 171

572 Q 334

573 Ev 163 [Howard League for Penal Reform]; Ev 171 [YJB]

574 Ev 163

575 Q 334

Unaccompanied asylum-seeking children

206. In 2007, 3,525 unaccompanied children aged 17 or under applied for asylum in the United Kingdom.⁵⁷⁶ The *Care Matters* White Paper confirmed the Government's policy that it is appropriate for the majority of unaccompanied asylum-seeking children to enter local authority care. At 31st March 2008, 3,500 unaccompanied asylum-seeking children were looked after, 66% of them aged 16 or over.⁵⁷⁷ Baroness Morgan told us that "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."⁵⁷⁸ There are however, obvious differences in the circumstances of unaccompanied asylum-seeking children which set them apart from the majority of the care population, principally that their care and pathway planning must take into account the likelihood of their asylum claim being refused.

207. The Fostering Network, children's charity NCH, and the Association of Directors of Children's Services all expressed concerns to us about the place of unaccompanied asylum-seeking children in the care system, and whether they are guaranteed to receive the same types and level of support as other children in care.⁵⁷⁹ Lisa Nandy, Chair of the Refugee Children's Consortium, argued that while *Care Matters* is a largely welcome package of reforms, policy on this specific group of looked-after children has generally gone and is going in the opposite direction, and "their asylum-seeking status has become the overriding element that determines the way in which they are treated and supported".⁵⁸⁰ The Refugee Children's Consortium argued that the primacy of immigration control over children's welfare is at least partly a consequence of the fact that unaccompanied asylum-seeking children are the only group of children in the UK for which responsibility lies entirely outside the DCSF's remit.⁵⁸¹ The UK Border Agency, Lisa Nandy told us, "has a completely different set of skills and experience and a completely different ethos" to the DCSF.⁵⁸²

208. The Government has announced its intention to change the law to require the UK Border Agency to safeguard children by making it subject to section 11 of the Children Act 2004.⁵⁸³ This is a welcome step, but one that will have little impact on the experience of asylum-seeking children already in the care system. We share the concern of witnesses to the inquiry that unaccompanied asylum-seeking children be considered as "children first and foremost",⁵⁸⁴ and wish to see the Government take steps to ensure that this principle is reflected in policy and practice. We heard encouraging reports about the impact that the joint unit for youth justice has had in bringing together the DCSF and the Ministry of

576 Home Office, *Statistical Bulletin 11/08: Asylum Statistics United Kingdom 2007*, August 2008

577 DCSF, *Statistical First Release 23*, September 2008

578 Q 555

579 Ev 60–61; Ev 32; Ev 212; Ev 184 [Refugee Children's Consortium]

580 Q 344

581 Q 347

582 *Ibid.*

583 Q 555

584 Ev 32 [NCH]; Ev 60 [Fostering Network]; Ev 183 [Refugee Children's Consortium]

Justice since its launch in November 2007.⁵⁸⁵ **We recommend that the Department for Children, Schools and Families assume formal joint responsibility with the Home Office for unaccompanied asylum-seeking children.**

209. In January 2008, the UK Border Agency published *Better Outcomes: the way forward; improving the care of unaccompanied asylum-seeking children*. Lisa Nandy told us that some of the proposals in *Better Outcomes* are at odds with the intentions of *Care Matters* (and in fact with the wider Every Child Matters agenda), specifically that unaccompanied asylum-seeking children in the care system should leave their foster placements at age 16.⁵⁸⁶ The very patchy support available to these children upon leaving care at 18, and the difficulty of obtaining funding for higher education are further points of concern.⁵⁸⁷ **Clear guidance must be given to local authorities that all of the provisions of *Care Matters*, and the principles of good care planning, apply equally and without exception to unaccompanied asylum-seeking children. We are particularly anxious that the Government resolve the contradiction between the importance that *Care Matters* places on continuity of care for looked-after children older than 16, and the expectation that young asylum-seekers will leave their foster placements at that age.**

210. Lisa Nandy described the lack of support available to unaccompanied children as they progress through the asylum system:

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 [...] The sheer bewilderment among these children about the process that they are going through is incredible to behold.”⁵⁸⁸

We heard of children having to instruct their own solicitors, and having to ring round schools to find themselves a place.⁵⁸⁹ The Refugee Children’s Consortium argued that a guardian should be appointed for every child in the asylum process, to ensure that they get a fair hearing.⁵⁹⁰ Children’s rights organisation ECPAT UK’s 2007 report *Missing Out* identified 80 suspected or confirmed child trafficking victims, 60% of whom had gone missing from local authority care.⁵⁹¹ Information obtained by the Care Leavers’ Association from local authorities, published in December 2008, showed that up to 389 children had gone missing from care since 2000 and had not subsequently been traced—a high proportion of these were unaccompanied asylum-seekers.⁵⁹² **We support the idea of appointing guardians for unaccompanied asylum-seeking children, to ensure that they**

585 Q 356–7; see also Q 348, Ev 183

586 Q 352

587 Qq 352, 365, 367

588 Q 362

589 Q 369, 374; Ev 336 ff. [Save the Children]

590 Ev 185

591 Ev 194; ECPAT UK stands for End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes. See also Ev 337 [Save the Children].

592 www.careleavers.com, December 2008; ‘Trafficking fears for children missing from care’, *Children & Young People Now*, 9 December 2008

are properly supported through the asylum process, and that swift access to services such as education is arranged on their behalf. We are concerned about the particular vulnerability of this group of children to trafficking, and would like the role of guardian to include a remit to ensure that children do not go missing.

7 The performance framework for the care system

211. Inspection of Children's Services is undergoing a major transition. Triennial Joint Area Reviews of services for children will be replaced from April 2009 by a Comprehensive Area Assessment (CAA) looking at *all* public services across each area once every three years. Annual Performance Assessments—paper-based assessments of outcomes—will no longer take place. Progress against the new National Indicator Set (NIS) for local authorities, which is intended to replace all previous performance indicators, will form part of the evidence used in CAA judgements. The NIS will also help to inform a new performance profile of outcomes and services for children and young people in each local authority area, which will be reviewed quarterly; the first of these profiles will be published in June 2009. An overall rating will be published annually.⁵⁹³

212. The NIS contains 11 indicators that make particular reference to looked-after children or care leavers, covering the following aspects of local authority performance:

- educational attainment (NI 99, 100, 101; mandatory in Local Area Agreements);
- emotional and behavioural health of children in care (NI 58);
- timeliness of adoption placements (NI 61);
- placement stability (NI 62, 63);
- completion of case reviews within required timescales (NI 66);
- numbers of children who run away from home or care overnight (NI 71);
- accommodation for care leavers (NI 147);
- employment, education and training of care leavers (NI 148).

Of the eight indicators relating to looked-after children which local authorities can choose to include in their Local Area Agreements, one has been chosen by 29 councils (NI 63), one by 16 councils (NI 62), and the others by 8 councils or fewer.⁵⁹⁴ At the national level, these indicators are subsumed into a range of Departmental Strategic Objectives and Public Service Agreements.

213. The Minister told us that, alongside CAAs,

[...]because of the incredibly important role of the 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 [...] While all the other inspections are being unified into a streamlined

593 Ofsted, *Comprehensive Area Assessment: assessing children's services and adult learning*, February 2009

594 www.idea.gov.uk

process for light-touch local authority inspection, we are maintaining an intensive and important three-year inspection process for children's services⁵⁹⁵

These three-year "full" inspections of safeguarding and looked-after children's services will be supplemented by annual, unannounced inspections of contact, assessment and referral arrangements for children's social care, including their impact on minimising the incidence of child abuse and neglect. Inspectors will not normally be on site for more than two days for these annual visits. Where the annual inspections raise serious concerns, the full inspection can be brought forward in response. Evidence from Local Safeguarding Children's Boards, of Serious Case Review evaluations, or whistleblowers, could also be considered grounds for bringing forward the full inspection.⁵⁹⁶

214. We questioned Her Majesty's Chief Inspector, Christine Gilbert, about the lessons that could be learned about inspection of children's services, particularly safeguarding, in the wake of the Baby P case. Haringey children's services had received an Annual Performance Assessment (APA) rating of "good" in 2007, the year Baby P died. Christine Gilbert acknowledged the reliance of the APA on data provided by the local authority and other partners, and sought to provide reassurance about Ofsted's future approach, telling us, "I have no time for a tick-box approach, and statistics are no substitute for inspections."⁵⁹⁷ No grading judgements on services will in future be issued without some form of on-the-ground investigation.⁵⁹⁸ At the same time, she warned that inspections only give a snapshot of services: "Things do not stand still; they get worse or better."⁵⁹⁹

215. While we welcome the move away from desk-based assessments and the high profile of safeguarding and looked-after children's services in the new inspection regime, we nonetheless have concerns about the new arrangements and their potential to restore public confidence in inspection following events in Haringey. **We fear that the increased emphasis on self-assessment and light-touch, "proportionate" inspections in schools and children's services as a whole is exerting an inappropriate influence on the inspection of children's social care. In particular, it may lead to unwise over-reliance on the National Indicator Set as a barometer of authorities' ability to keep children safe. There is potential for quarterly updates of performance profiles to engender false confidence, and this practice seems to be at odds with the Chief Inspector's reassurance that on-the-ground investigation will be a prerequisite for passing judgement on services. We recommend that ways of promoting more frequent, informal contact between inspectors and local authorities be explored, such as designating a named inspector for each authority who would make regular visits.**

216. We were concerned to hear from Christine Gilbert that Ofsted routinely destroy the evidence on which reports and APA letters are based three months after publication, particularly in the light of information about the time it can take to produce a Serious Case

595 Q 554

596 Ofsted, *Comprehensive Area Assessment*, February 2009

597 Transcript of uncorrected oral evidence taken before the Children, Schools and Families Committee, *The Work of Ofsted*, 10 December 2008, HC 70-i (Session 2008–09), Q 212 [Christine Gilbert]

598 *Ibid.*, Q 282

599 *Ibid.*, Q 246

Review.⁶⁰⁰ **We consider that the evidence on which performance assessments are based should be retained by Ofsted for at least three years after publication.**

217. The Minister told us, “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.”⁶⁰¹ The Government clearly sets great store by inspection not only as an accountability mechanism but as a driver for service improvement. However it is not obvious to us that this is currently a function which Ofsted is equipped to perform.⁶⁰² Christine Gilbert told us that it is the role of Children’s Services Advisers in Government Offices, not Ofsted, to “challenge and support local authorities”.⁶⁰³ **We recommend that the Government reassess how the new inspection regime for children’s services can be made a more effective vehicle for spreading good practice, perhaps through the inclusion of a peer review element, or whether a different mechanism is needed. Ofsted must also improve the representation of officers with extensive social work experience in its senior leadership positions.**

Ensuring that the most important things are measured

218. We heard from Colin Green, ADCS safeguarding spokesperson, about the potentially pernicious effects of performance indicators:

[...]the pressure on local authorities to collect that information and perform in relation to it can become over-dominant. [...] In an ideal world [...] 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.⁶⁰⁴

Children themselves worry about indicators and targets, we heard, “because of the risk of targets and indicators becoming the same thing [...] and being applied at an individual level”.⁶⁰⁵ Indicators measuring placement stability fail to take into account the fact that a change of placement can sometimes be in a child’s best interests, and may be a planned part of the package of care.⁶⁰⁶ The Children’s Rights Director, Dr Roger Morgan, reported children contacting his office to say that they are being moved from their placement to meet the authority’s objectives rather than because it is the right move for them personally.⁶⁰⁷ In certain circumstances, a change of school or an out-of-area placement might help a child escape a difficult environment or access the most appropriate provision, and policies must be flexible enough to recognise that.⁶⁰⁸ Roger Morgan told us that, “It

600 *Ibid.*, Q 252

601 Q 561

602 Neil Weeks, *Fitter for the future? The new accountability framework* (Children’s Services Network, February 2009)

603 Transcript of uncorrected oral evidence taken before the Children, Schools and Families Committee, *The Work of Ofsted*, 10 December 2008, HC 70-i (Session 2008–09), Q 283 ff.

604 Qq 636–8

605 Q 21

606 Qq 314–5 [Professor Sinclair]

607 Q 21

608 Q 14 [Dr Morgan]; Ev 82 [Care Matters Partnership]

boils down to trying to avoid making some of those global assumptions and going back to individualisation of decision-making in care.”⁶⁰⁹

219. Professor Ian Sinclair expressed the view that the current performance framework for the care system is characterised by “a lack of being really clear about what things really matter”.⁶¹⁰ He explained:

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? [...] in fact, so many messages are going out [about what aspects to measure] that you can pick and choose to some extent—there is a great variety [...].⁶¹¹

Several witnesses remained unconvinced that performance indicators are an effective means of assessing and improving the quality of placements and relationships between children and carers.⁶¹² Research by Professor Sinclair and others concludes that Government target measures do not tell us much about how well children are doing, because they rely on “proxies” that are “easier to measure than well-being, and may or may not relate closely to it.”⁶¹³ Steve Goodman of Hackney Council commented that “process matters are important—but they do not get to the nub of outcomes for looked-after children.”⁶¹⁴

220. Children and young people in care are clear that many of the things that are most important to them are not those that can be legislated for or measured by performance indicators. They are the sort of everyday details overlooked by careless corporate parents, who fail to grasp the often low-key ways in which looked-after children are deprived of personal care and attention: having photographs of themselves and their family, having someone attend sports day to cheer them on, or turning up to parents’ evening to find out how they are doing at school.⁶¹⁵ Barnardo’s pointed out that “these measures cost very little, but require workers and professionals to put the same value on them as young people do”.⁶¹⁶ The issue, said Pam Hibbert of Barnardo’s, is how to make front-line workers and local authorities responsible for those things.⁶¹⁷

609 Q 14

610 Qq 124–5

611 Q 124

612 Q 123 [Professor Sinclair]; Q 511 [Pauline Newman]; Q 637–8 [Colin Green]; Q 638 [Henrietta Heawood]

613 Sinclair et al, *The Pursuit of Permanence*, p 307 ff.

614 Q 511

615 Q 10 [Pam Hibbert]; Q 21 [Maxine Wrigley]

616 Ev 2

617 Q 10

221. One answer may be to include measurements of children's levels of satisfaction with their care in the performance framework. Pam Hibbert pointed out that

[...]if we were providing a service to any other group of people, we would look very much at their satisfaction levels [...] 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. Key performance indicators are for local authorities and do not necessarily involve those who are receiving the service.⁶¹⁸

The Minister told us:

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.⁶¹⁹

222. Processes and outcomes are both important, but if what we are primarily concerned about is how happy children are in care, then we need to do more to assess quality of placements and quality of relationships. We believe that quality assessment and children's satisfaction with their care are undervalued by the current performance regime. Good parenting is a response to a child's individual needs and personality. It seems unlikely that blanket indicators can effectively incentivise the sort of individualisation that is needed in decisions about children's care. By measuring children's satisfaction with their care we may get closer to finding out how happy they are with what the state is providing for them, and how "cared about" they really feel. **There is at present too much emphasis on measuring processes in the care system and not enough on assessing its quality. The quality of decision-making and the quality of relationships are difficult things to measure, but they are fundamental to the success of the care system. To help address this problem, children's satisfaction with the care they receive—independently sought and expressed—should feature prominently in performance indicators and assessments of the care system both locally and nationally.**

The annual 'stocktake'

223. The *Care Matters* White Paper proposed the introduction of an annual "ministerial stocktake" for the care system to "review progress in improving outcomes for children in care with key stakeholders and representatives of local government, health and young people in care."⁶²⁰ The first such stocktake is planned to take place in 2009. Roger Morgan and Maxine Wrigley (A National Voice) argued strongly that the Stocktake should be based very much on children's own views and opinions, solicited by an independent agency.⁶²¹ **We look forward to examining the first of the annual ministerial 'Stocktakes' of the care system, and we welcome the focus and priority this process promises to place**

618 Q 21

619 Q 577

620 *Care Matters* White Paper, para 1.24

621 Q 21

on how well the whole state is performing as a corporate parent. We recommend that children’s views and their satisfaction with the care system should form a crucial part of the evidence used in the Stocktake. In order that Government as a whole can be held to account for its performance, the Stocktake must involve the Home Office and Ministry of Justice as well as the Department of Health and Department for Communities and Local Government.

224. Professor Mike Stein told us 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.”⁶²² Performance indicators, especially educational ones, are a poor guide to the progress that children can make in care as they fail to take into account a child’s starting point, privilege certain markers of educational achievement over general wellbeing, and do not capture the experience of care leavers later in adulthood.⁶²³ He told us, “I am not against [performance indicators] 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.”⁶²⁴ **The present performance framework is insufficiently flexible to allow the progress children make in care to be captured. The Stocktake should promote a comprehensive view of outcomes for young people who have been in care (up to age 25).**

225. There are some worrying gaps in the information that is available about the care population in England. The Refugee Children’s Consortium highlighted the limited availability of data on unaccompanied asylum-seeking children in the UK; there are no official national figures on the numbers of refugee children in school, the number who go on to higher education, the number who get in trouble with the law, or the number of trafficked children who go missing.⁶²⁵ There is also as yet no definitive national data set for the proportion of young people in the youth justice system with looked-after status, although the Youth Justice Board believes it may be possible to collect this from 2009–10.⁶²⁶ Di Hart of NCB commented, “we do not know who these 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.”⁶²⁷ John Hill of the What Makes The Difference? Project told us that local authorities gather information about the circumstances of care leavers up to age 21 (for whom they must provide personal advisers), but that the Government only collates it at age 19.⁶²⁸

226. We consider that lack of data about some sections of the care population, and care leavers, compromises the corporate parenting task. The Stocktake should be used as an opportunity to fill some of the gaps in data relating to looked-after children; specifically, the lack of information about the circumstances and outcomes of

622 Q 309

623 Q 277

624 Q 309

625 Q 366; Ev 194

626 Q 338–40; Ev 195

627 Q 313

628 Q 310

unaccompanied asylum-seeking children, and about looked-after children in the criminal justice system.

227. The Government's publication of a Young Runaways Action Plan in June 2008 was a welcome recognition of the need for better partnership working between local authorities, the police and other agencies to prevent and respond to the estimated 100,000 cases of children going missing from home or care each year.⁶²⁹ Better data collection, both through a new police code of practice and local authority National Indicator 71, should improve local and national responses to this issue, and we welcome the Government's commitment to monitoring and reviewing whether this is the case.⁶³⁰ In particular we expect that such information will be used to analyse the specific factors that lead children in care to run away, including the role played by failures of placement and contact planning and a failure to protect children from sexual exploitation. **We are pleased that data on children missing from care will be included in the Stocktake, and we look forward to seeing evidence of improved performance in this area.**

629 HC Deb, 9 Jan 2008, col 305; DCSF, *Young Runaways Action Plan*, June 2008

630 HC Deb, 20 June 2008, col 1260

Annex: Record of informal meetings with foster carers and young people

Informal meeting with foster carers

Thursday 10 July 2008

These notes are a general account of the opinions expressed by the group of foster carers who met with Members informally, under the auspices of The Fostering Network. They were speaking as individuals, although some had representative roles in various support organisations.

What foster carers said about fostering:

- “The most rewarding thing I have ever done [...] to be recommended, if you can manage it.”
- “It is worth doing because of the changes you can make in a child’s life, the happy memories they may leave with, and the chance you give them to meet the good guys.”
- “Fostering would be even more rewarding if I was given the support to do it to the best of my ability.”
- “The best job I’ve ever done.”

Support for foster carers

- Carers were clear that placement breakdowns usually happen because of lack of support. Breakdowns mean more disturbance for an already unsettled child, and the next placement will consequently be even harder. Independent fostering agencies advertise themselves as offering a better level of support, in both manpower and financial terms.
- There is a lack of respite care for foster carers. Whenever respite is put in place, it is usually organised at the last minute, with children often not getting a chance to meet the carers first. One carer with an independent agency spoke well of their planning for respite, however.
- The Fostering Network told us that foster carers do a lot of work supporting each other that is not always recognised or appropriately supported by local authorities—Foster Care Associations sometimes “pick up the buck” for the councils. One carer reported that since their local FCA was established, social services have stepped back from their involvement in recruitment campaigns, buddying schemes and so on, but they do not provide any funding for the FCA to do these things on their behalf. There is perhaps greater scope for local authorities to formally contract with Foster Care Associations to provide certain types of support.
- Members were urged to think in terms of “foster families” rather than foster carers. It was emphasised that everyone in the household and the wider family can make a contribution to the experience of the child in care, even if those contributions are rarely

attract recognition, support or training. There was some criticism that a carer's own children find themselves excluded from activities or courses that the foster child has access to.

- The carers spoke of really inadequate support for carers dealing with extremely challenging children, who can cause a great deal of physical damage to their surroundings as well as emotional distress. Insurance often does not cover the costs of replacement, cleaning or repair, and it can take a long time for claims on the local authority's insurance to come through. One example given was that of a child who frequently wet the bed; extra costs for laundry had to be fought for from the local authority.

Payments to foster carers

- Inconsistency and anomalies in fees impact directly on a child's quality of life in care.
- Some carers said that it would not be possible to keep up a career while also giving the children the support they need.
- The policy on retainers differs. Where no retainers are paid, it becomes difficult for a carer to maintain their own family life, and this is a contributory factor to low recruitment.
- One carer argued that foster carers should all be state-employed, and get the same treatment in terms and conditions wherever they are. Some, particularly single carers, said that they would welcome any measures that would enable them to work full-time as a foster carer, because they felt that this would be best for the children. However, others felt that having a career outside fostering was important in them being a good role model for the children, and one carer said he felt that being a full-time employee as a carer would alter his relationship with other professionals in an unhelpful way.

Social workers

- Carers emphasised that the difference a good social worker makes to a child is immeasurable. When the child has an inexperienced social worker, or none at all, both child and carer suffer; the child feels unwanted and there is no-one on hand with parental responsibility.
- There are not enough social workers; their caseloads are too large and they have too much bureaucracy to contend with, so they cannot spend time with the children. There can be such a high turnover of social workers that a child can be assigned a new worker before they have even met the previous one. The best social workers often end up in fostering recruitment teams rather than working directly with children. Foster carers have concerns about the quality of social workers and a lack of professionalism (failing to return calls, or turning up for meetings unprepared and without the necessary paperwork).
- One foster carer said that two children for whom she was currently caring had remained the responsibility of the Child Protection Investigations team for three years after they had come into care, which meant that their visits from social workers were

extremely infrequent (one visit in three years). Since being transferred to another team, the children had had four different social workers within a year.

- It is becoming rarer for social workers to build relationships with children. Therefore, there is more expectation on foster carers—but with less support from other professionals.

Placements

- Carers feel that all the work they do to keep a young person in education can be undermined by inappropriate placement moves.
- A shortage of foster carers means that children are placed wherever there is a space, without regard for appropriate matches. One carer who was approved to care for older children was asked to take in a baby on an emergency placement at very short notice, when she did not even have the appropriate equipment in her house. Sometimes carers can feel under pressure to accept placements that they know will be made more difficult because of cultural or other factors, or that might destabilise a child they are already caring for. Some of this pressure comes from the prospect of loss of income; generally carers receive no fee when they do not have a placement, although agencies do differ in their policies on this.
- There was a great deal of discussion about how foster carers' skills could be used in other ways when they do not have a placement, for example by mentoring other foster carers, or supporting families when children are at home but on supervision orders. However, the Fostering Services Regulations 2002 (Part 111 under Section 20(6)) prohibit foster carers from working for their fostering agency for more than five hours a week.
- One carer spoke of their experience offering a 'shared care' placement for a disabled child: "we fostered her parents as well". The parents were teenagers who were not confident in their parenting ability—the child is now living with them full-time, and is in mainstream education which at one time seemed impossible.
- One carer estimated that 90% of placements are made without a Foster Care Agreement in place.

Leaving care

- Foster carers feel that they put in a tremendous amount of effort to support young people, often compensating for a lack of other sorts of support, but this work can all be undermined when support is abruptly withdrawn upon leaving care, and for the young person things often 'fall apart' at this stage.
- At the moment the system for leaving care does not adequately recognise that maturity, readiness for independence and chronological age do not always go together; there needs to be greater ability to use discretion in assessing when a young person is ready to leave.
- Discussions about leaving care start too early. With exams and other worries, 16 is not a good age to be moved to a leaving care team (which some children come to think of

as a ‘don’t care’ team), and in some cases they may be introduced to these teams when as young as fourteen.

- Whenever a young person becomes an adult, a foster carer can get cut out of discussions about pathway planning and what happens next, even when there has previously been a good relationship with the social worker.
- When children stay on with a foster carer past the age of 18, it is often an arrangement arrived at in spite of the system rather than with its support. One carer who provides supported lodging for a care leaver now receives much less income in rent than the allowance he received as the young man’s foster carer.
- Formerly looked-after children who go away to university, or join the armed forces, do not have homes to return to when they are on leave or out of term time. When a placement ends, there is huge pressure because of the shortage of carers to take in more children, so the possibility of offering holiday accommodation for students is reduced.

Delegation of responsibilities to foster carers

- Foster carers should be able to embody the principle in the Children Act that each of us act towards the child in care as a reasonable parent would: “This isn’t family life, it’s parenting by committee, and the young people resent us for it [...] If we’re going to be foster families, we have to be able to function as families.”
- Carers said that they needed to be trusted more to exercise their professional judgement. They undergo a stringent approval and scrutiny process, but responsibility commensurate with that is then not delegated—for example, the ability to make day-to-day decisions about haircuts, pocket money, or school trips. Guidance on these issues is needed, but local authorities have a great propensity to misinterpret guidance unhelpfully.
- The people who do make decisions and give authorisations are just signing a form, sometimes without even having met the child—all they are interested in is police checks and insurance. If the manager with responsibility is on leave, a child can end up missing out on a school trip, for instance. There is a need for a common-sense approach to issues such as police checks—for example, when a former looked-after child who is aged over 16 comes back to stay for a night with their former carer, do they need to be checked? Many local authorities also insist upon a separate bedroom for each child, even when foster parents’ own children are sharing rooms.

Involvement of birth families

- While the foster carers were supportive of the idea of birth parents, where possible, remaining an important part of a child’s life, they raised some serious concerns with contact in certain circumstances. There was a feeling that the type of problems that now lead to children being taken into care mean there are greater risks to children from contact. There may be significant safety problems when allowing parents to come into a foster carer’s own home, for example. Several carers agreed that visits by birth parents could confuse the child about their foster home being a place of unambiguous safety. However, there was recognition that birth families need to be considered and treated on an individual basis.

Informal meeting with young people in or formerly in care

Thursday 9 October 2008

These notes are a general account of the opinions expressed by the group of young people who met Members informally in October, under the auspices of A National Voice.

The importance of feeling normal

‘Feeling different’ from other young people is a huge issue for young people in care. Young people said:

- “Being prioritised for support in school made me stick out like a sore thumb.”
- “If I want to stay with my sister, or a friend, social services have to do lots of checks first, which stops me feeling normal.”⁶³¹
- “It’s not a normal life [...] you have to act ten years older than you actually are.”
- “The highlight of my time in care was my school prom, because that was when I felt just like everybody else.”

Getting the services and support you need

Young people feel strongly about the lack of consistency in grants, allowances and so on between different local authorities. However, one young person said she felt money had “been thrown at me”, to stop her complaining about her circumstances in other ways. One young woman who has left care said that becoming pregnant has triggered a great deal of support from social services that was very difficult to get previously; for example, she had been waiting for permanent accommodation for five years, and had only secured it since becoming pregnant.

- “Why can’t all boroughs be the same?”

Placements

The young people felt that placement decisions are made on the basis of where there is a free bed, not where or who will be a good match for the child. They reported not being consulted about whether they felt a placement was right for them (or even whether they would prefer residential or foster care), and pointed out that if you are unhappy in a placement you are more likely to spend time out and about and perhaps get into trouble. One young woman reported having had four different foster placements in nine months; her sister had been in 18 different placements in the same time. Another said that she had been through seven placements within a month.

Children in care feel that they often have no explanation and no preparation for things that happen to them, such as sudden, unplanned placement moves; one young woman said that

⁶³¹ Maxine Wrigley (Chief Executive, A National Voice) told the group that it is a myth that police checks need to be done before a child in care stays elsewhere overnight—actually carers have discretion to decide, but many social workers are apparently unaware of this, and prefer to be cautious. Consequently, overnight stays are still a very big issue for children in care; they feel it is something that adds to the stigma surrounding care, and can even induce young people to run away from their placement.

she had been left outside the social services office on a Friday night, and a boy said he had come back from school one day to find his bags packed and a cab waiting for him outside.

A disabled young man said that he would have liked to have been able to have a placement closer to home, and he does not get to see his parents as much as he would like. Young people in some places are asked to give reports on the placements they've had, but not in others.

- “Our sister is 13, and she is placed in a residential home with three 17-year-old boys.”
- “Sometimes you don't complain because it doesn't seem worth it. And making the effort to fit into a family doesn't seem worth it either, when you know you could be moved soon.”
- “I got so used to change when I was in care, that now I constantly change around the furniture in my flat.”

Foster carers

The young people told Members that they all needed love, support and stability, but that they did not get these things in a lot of foster homes. Although some of the group spoke highly of some of the foster carers they had lived with, several had stories about ways in which they had been excluded from normal family life by their foster carers—being made to eat in a separate room on big occasions like Christmas, for example. When asked what sort of environment they would have liked to have been in in care, several of the young people said “a proper family setting”. Although it could cause problems if carers tried too hard to replace your birth parents, young people highlighted everyday things like all watching TV together and eating together—and being allowed to use the same crockery as the foster carer's own family.

The young people felt very strongly that a lot of foster carers do it for the money, and pointed out that many agencies' recruitment strategies are based on advertising the financial reward available. Although the young people were aware that foster carers go through a rigorous approvals process, they said that carers are not always assessed against criteria that young people themselves think are the most important; for example, the process does not reveal enough about their personalities.

Young people complained that there is not as much support for kinship care as for other foster care. They were adamant that kinship care should not be seen as a cheap option—“just because you are family does not mean you can automatically cope”.

- “My foster carer turned me out of the house at 8 o'clock every morning, even on days when I didn't have school, because she wouldn't let me stay in the house while she was at work.”

Social workers

The young people complained that social workers' caseloads are too high, and that this meant they could not give them enough time or attention. One person talked about how social workers often missed appointments without warning or explanation, and left young people waiting for a long time.

- “Social workers always seem to be too busy to talk to you, or on holiday, and they don’t get back to you quickly.”
- “Social workers are supposed to visit you regularly, but some of them will only be in touch when things are going wrong. If you act up, you get a lot of support and even treats. That is part of the reason why children in care may get into trouble—it is the only sure way to get attention from adults. No-one ever phones up to say ‘well done’ when things are going well.”
- “The workers who spend time with you get to know you better.”

Siblings and other important relationships

The young people said that a lot of children in care want to see more of their siblings. They said that keeping in touch with foster siblings can be important too, but that social workers often do not understand why they want to keep in touch with children who are not their birth family, or with workers in residential homes.

- “We’ve been stopped from visiting our 13 year-old sister at the residential home where she is placed, because they say it would affect her behavioural problems—but social workers should work around that rather than giving up on us seeing our sister.”
- “We’ve got a little brother who has been adopted; we haven’t seen him since the court order was made, even though it took 18 months for him to start living with his adoptive family, and now we won’t have any contact with him until he is 18.”
- “I was nothing to the children’s home I lived in, after I left. I went to visit my friend there and they told me to get off the property unless I had previously-arranged business.”

Education

Getting a good education is a high priority for young people in care, but they can be frustrated by their circumstances; missing out on months of schooling because of delays getting a school place after a change of placement, for example. Some of the young people described an alternative education scheme, where young people went to a youth centre and played pool or table tennis most of the day, with only one hour’s education, which was repeated daily and was exactly the same for everyone—so they reasoned that there was little point in turning up, even if you were actually interested in getting an education.

One young woman said her authority had done everything they could to keep her at the same school when her placements changed, even though at times this meant a two-hour each-way commute by taxi.

Two of the young people had been involved in an Aimhigher project in Liverpool, which took them to Liverpool University for mentoring once a week. There were financial rewards for participating in the programme, including for every GCSE grade achieved above what was expected. At the end of the project, there was a trip to New York. The Looked-after Children Education team organised their participation, and the young women said that it had helped them to believe that they weren’t going to fail; they went on to achieve good GCSE grades. A National Voice worker said this was one of the best

education initiatives she had seen, but it was a pilot and the loss of funding meant that the reward elements of the scheme have been lost.

- “In Year 10 I went to four different high schools.”
- “It is almost assumed in a residential unit that no-one will want to go to school.”
- “When you do go to school you can get treated very differently, and it makes you not want to go back.”

Leaving care

Young people who had left care described being told exactly how to spend their leaving care grants by social workers; and being told to accept dirty and smelly second-hand furniture because it was a bargain and they could put a throw over it. But this works differently in different places – some young people said they got all new, if cheap, furniture, and also got to keep the change from their grant.

- “At 18, you’re basically thrown out.”
- “The day my college course finishes, I’ve got to move house.”
- “I have a leaving care worker who has been really good, really cares, and gets things done.”

Getting their views heard

A National Voice believe that the Pledge and Children in Care Council should be required in legislation, not just in guidance. They reason that what young people will tell you about a service is often completely different from what the professionals say, and so it is important that the Councils ‘have teeth’ and are properly accountable. A National Voice also argues that the role of Independent Reviewing Officer cannot truly be regarded as an independent voice for children in care.

Formal Minutes

Monday 9 March 2009

Members present:

Mr Barry Sheerman, in the Chair

Annette Brooke
Mr John Heppell
Fiona Mactaggart
Mr Andrew Pelling

Mr Graham Stuart
Mr Edward Timpson
Derek Twigg

Draft Report (*Looked-after Children*), proposed by the Chairman, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 227 read and agreed to.

Annex agreed to.

Summary agreed to.

Resolved, That the Report be the Third Report of the Committee to the House.

Ordered, That the Chairman make the Report to the House.

Several Memoranda were ordered to be reported to the House for printing with the Report.

Several Memoranda were ordered to be reported to the House for placing in the Library and Parliamentary Archives.

Ordered, That embargoed copies of the report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Wednesday 11 March at 9.15 am

Witnesses

Wednesday 19 March 2008

Page

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

Ev 6

Wednesday 26 March 2008

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 Directors of Children's Services; and **Professor Jane Tunstall**, Visiting Professor of Social Work at King's College, London

Ev 35

Monday 21 April 2008

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)

Ev 63

Monday 28 April 2008

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)

Ev 96

Monday 12 May 2008

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

Ev 119

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

Ev 129

Monday 2 June 2008

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 Ev 147

Monday 23 June 2008

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) Ev 173

Lisa Nandy, Chair, Refugee Children's Consortium (RCC) Ev 185

Monday 30 June 2008

Trevor Jones, National Co-ordinator, Parents Against Injustice (PAIN); and **Jean Robinson**, Association for Improvements in the Maternity Services (AIMS) Ev 204

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) Ev 216

Monday 27 October 2008

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 Ev 237

Wednesday 29 October 2008

The Baroness Morgan of Drefelin, Parliamentary Under-Secretary of State, Department for Children, Schools and Families Ev 257

Wednesday 17 December 2008

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 Ev 276

List of written evidence

1	Barnardo's	Ev 1: Ev 25
2	Family and Parenting Institute	Ev 27
3	Action for Children (formerly NCH)	Ev 29: Ev 53
4	The Fostering Network	Ev 54
5	Care Matters Partnership	Ev 79
6	National Children's Bureau's Healthy Care Programme	Ev 84
7	NSPCC	Ev 90
8	British Association for Adoption and Fostering (BAAF)	Ev 111
9	Children's Workforce Development Council (CWDC)	Ev 115: Ev 137
10	Research in Practice	Ev 117
11	The Foyer Federation	Ev 141
12	What Makes the Difference? and National Leaving Care Advisory Service at Rainer (NLCAS)	Ev 144
13	Howard League for Penal Reform	Ev 161
14	National Children's Bureau (NCB)	Ev 166
15	Youth Justice Board for England and Wales (YJB)	Ev 169: Ev 194
16	Refugee Children's Consortium (RCC)	Ev 182
17	The Children's Society	Ev 194
18	Association for Improvements in the Maternity Services (AIMS)	Ev 197
19	Parents Against Injustice (PAIN)	Ev 201: Ev 209
20	Association of Directors of Children's Services (ADCS)	Ev 211: Ev 294
21	The General Social Care Council (GSCC)	Ev 213: Ev 229
22	Local Government Association	Ev 231
23	London Borough of Hackney	Ev 233
24	The Baroness Morgan of Drefelin, Parliamentary Under-Secretary of State, Department for Children, Schools and Families (DCSF)	Ev 271
25	Shared Care Network	Ev 295
26	Volunteer Reading Help	Ev 298
27	School-Home Support	Ev 299
28	Association of Child Psychotherapists (ACP)	Ev 302
29	Qualifications and Curriculum Authority (QCA)	Ev 308
30	Christine Gilbert CBE, Her Majesty's Chief Inspector of Ofsted	Ev 311
31	New Economics Foundation (nef)	Ev 318: Ev 322
32	Every Disabled Child Matters campaign (EDCM)	Ev 327
33	Family Rights Group	Ev 329
34	Save the Children	Ev 336
35	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	Ev 339
36	National Centre for Excellence in Residential Child Care (NCERCC)	Ev 341

List of unprinted evidence

The following memoranda have been reported to the House, but to save printing costs they have not been printed and copies have been placed in the House of Commons Library, where they may be inspected by Members. Other copies are in the Parliamentary Archives, and are available to the public for inspection. Requests for inspection should be addressed to The Parliamentary Archives, Houses of Parliament, London SW1A 0PW (tel. 020 7219 3074). Opening hours are from 9.30 am to 5.00 pm on Mondays to Fridays.

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

List of Reports from the Committee during the current Parliament

The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2008–09

First Report	Public Expenditure	HC 46
Second Report	The Work of the Committee in 2007–08	HC 47
Third Report	Looked-after Children	HC 111-I and II

Session 2007–08

First Special Report	Creative Partnerships and the Curriculum: Government Response to the Eleventh Report from the Education and Skills Committee, Session 2006–07	HC 266
Second Special Report	Special Educational Needs: Assessment and Funding: Government Response to the Tenth Report from the Education and Skills Committee, Session 2006–07	HC 298
First Report	Children and Young Persons Bill [Lords]	HC 359 (HC 711)
Second Report	The Department for Children, Schools and Families and the Children's Plan	HC 213 (HC 888)
Third Report	Testing and Assessment	HC 169-I and II (HC 1003)
Fourth Report	The Draft Apprenticeships Bill	HC 1082 (HC 259 of Session 2008–09)