

## Written evidence submitted by Young Futures (CSWB 55)

### Children and Social Work Bill: Power to test different ways of working (new clauses 2 to 9).

<b>1.</b>	<p><b>Summary</b></p> <p><b>1.1</b> We are grateful for the opportunity to comment on the proposals contained in the Children and Social Work Bill during its passage through the committee stage in the House of Commons. We write on behalf of the young people, the staff and the board of the sister community interest companies, Young Futures and Yvonne House. We have proven experience in working with young people aged 16 to 25yrs.</p> <p><b>1.2</b> There is no doubt that the need for adolescent and young adult services is increasing, while the ability of local authorities and the NHS to meet that need is declining. In our sector of the market there is an increasing economic imperative to cheapen services by reducing daily contact with young people, returning to cheaper barrack style accommodation and ignoring the pressing mental health issues that are hampering the development of full cognitive capacity of future citizens. The lost opportunity costs of this course will be enormous in terms of young mothers losing children to care, homelessness, involvement in the CJS and unemployment among our young. It will fall disproportionately on black and ethnic minority young people.</p> <p><b>1.3</b> While we share with Parliament the recognition that things cannot continue as they are, the proposals to weaken or even abrogate the statutory duty to meet care leavers needs is the wrong change. This relegation of the legal priority given to adolescent by national and local government risks resulting in further decline in both quantity and quality of services as has already been recognised by their Lordships. We find the attempt to define the loss of statutory guarantee, as somehow being in children’s best interests, unconvincing. A general best interest provision such as this lacks the force of the individual right of children to have their needs met, as guaranteed by existing legislation.</p> <p><b>1.4</b> We find in practice that our referral system for young people judged ready to attempt semi independence, often involves a thorough and continuing review of their needs assessment and an upgrading of their care or pathway plans. Our experience is that we cannot develop self-esteem in our young people if the plans for them are cheapened and second rate. Our rented accommodation is the best we can afford, as we find this the most effective way to raise young peoples’ standard of self-care. We push our youths very hard in the matter of education and employment through motivational interviewing and other effective tools and techniques. While we make no apology for this approach, we recognise that it needs to be supplemented by therapist who help explore and overcome barriers to achievement. Our other aim is to help young people build healthy lifestyles with varied routines that include both sport and leisure as inherently rewarding activities for achievements in careers and education.</p>
<b>2.</b>	<p><b>Case Studies</b></p> <p><b>2.1</b> When SP came to Young Futures in October 2015 it was with the view to being with us for 3 months. Given the seriousness of her mental health issues, the fact that she had been homeless for a number of months and equally as important, a mistrust</p>

of professionals and difficulty forming positive relationships, 3 months was an unrealistic length of time to address the entrenched issues she presented with. She is now approaching 21 and gave birth to her first child in September 2016. Her child was taken into the care of social services within days of her giving birth. She currently has contact with her daughter 3 times a week and attends regular court dates to determine the future of her daughter. SP is in receipt of ESA and DLA due to a combination of complex mental health needs. As her 21<sup>st</sup> birthday is approaching she was encouraged to bid for her own council property which, through the bidding process was able to secure on her first attempt. She was given 2 weeks transitional support where she was unavailable to meet with both her therapist and key worker. Since moving into her new property she has maintained contact and requested support accessing food vouchers as she had run out of both money and food. There are concerns about her ability to remember and budget to pay additional bills for water, gas, service charge and council tax. The consequence of her being unable to manage her tenancy efficiently would be to lose her council flat. Since leaving the service SP has also requested help to support her with range of issues from property management issues to food banks to anxiety. As a result of her personality disorder SP can become verbally aggressive and abusive when conversing with new people, she is aware of this, however at times does not feel in control of her behaviour. This is one of the factors that contribute to this young woman having difficulty building and maintaining healthy relationships. SP will be 21 in April and is very aware that, given that she isn't in EET, she will lose PA's support imminently. This will coincide with the likelihood of her daughter being permanently taken into care. This is likely to have a devastating impact on SP who is not prepared at all for this eventuality. We feel the main driver for SP's support coming to an end is her age and the cost saving that comes with her support ending. Given her challenges and priorities, support should be extended for as long as she needs it.

**2.2** SM joined our service 1yr ago and after a few months was diagnosed with anxiety and depression. She disclosed having had feelings of suicidal ideation to her therapist and keyworker. A placement meeting was held during which the PA glossed over the concerns we had about her well-being and asked that SM only use the OOH service in emergencies, not just when she needed someone to talk to.

Despite our attempts for her hours to remain at 7hrs support pw in order to continue with the therapy, which she was engaging well with, they were cut to 5hrs pw. When we raised concerns again about her mental health to her PA, this was not even acknowledged. Several emails were ignored. Instead, she was given her bidding number. The driver for these decisions was SM's age and the LA's desire for SM to transition to independence as quickly as possible.

**2.3** LN was not entitled to social housing when her 21<sup>st</sup> birthday was approaching due to her status and the length of time she had been in the UK. She was placed with YF in London but Solihull, the placing authority, were pushing for her to find private rental accommodation or return to Solihull, but there was nothing available that HB would cover in the London area that would be big enough for her and her three children, and LN has a network of friends and support in London, not Solihull, so wanted to remain in London. Her only option was to apply for Temporary Accommodation.

The first time she applied, she was refused on the grounds that Southwark said Solihull were responsible for accommodating her as she was looked after by them. When this happened, Solihull said she was no longer their responsibility and that her placement had ended. YF were forced to house her until the formal eviction procedure had been carried out.

Over the next 16 months, YF attempted to liaise with Solihull about whether LN could receive any financial support once she was placed in temporary accommodation. Solihull said that if she was housed by September 2016 she would still be eligible to receive some LGC. As September approached, the keyworker stopped getting replies from the PA and heard nothing more each time she updated the PA of the situation.

LN was moved to a different borough where she now lives in a single room (herself and her 3 children, all under 3) and shares communal facilities with other families. She has no LCG and no continuing support, keywork or therapy, from Solihull or Southwark.

**2.4** SC was a young person in our service who had her child taken into care and due to her vulnerability with depression and DV. This followed a lengthy court case which she found extremely difficult to deal with. She had contemplated suicide and was given anti-depressants.

There was clear evidence that she was still in a violent and abusive relationship. We had supported her by referral to specialised DV services and continuing to help with practical living skills but it was difficult because, as often happens, she was minimising the harm and had several mental health issues.

As she approached 21 the placement was to be terminated without a planned move on. She did not have a bidding number and was given a 28-day notice and advised that she could either return home to her mother or present herself as homeless.

The last day of the notice was on 31<sup>st</sup> December 2015 when there would be few professionals around to support her, but we could not get the decision reviewed.

Sadly, she went to stay with the partner's family as she felt there was no alternative. We were able support her informally for some weeks until she was able to get a place in a hostel sometime later.

Potential outcomes/risks included: SC experiences DV and/or abuse from partner or mum while living with them; Indefinite homelessness; Potential to be street homeless should the situation with partner's mum break down (highly likely); Damage/harm due to self-harm; Death by suicide.

**2.5** TC is a 20yr old young man who's been in care for most of his life. He struggles with the reasons that brought him into care and the responsibilities that accompany independent living. He self-medicates with marijuana and often struggles with routines. He isn't in therapy and most recently he has started to disengage in keyworking when he's been instructed to bid for permanent accommodation that he unable to manage or maintain – especially without keyworking support. Continued support with the option of therapy for an extended period could help TC develop the life, self-care skills and emotional resilience to live independently.

	<p><b>2.6</b> JaC has just turned 21 years and who is due to leave our service by the end of February. She has developed greatly whilst being in our service coming to us with significant anxiety, depression and suicide ideation. Nevertheless, she still demonstrates concerns around areas of her independence, personal safety and her general emotional health. Her support network around her is challenging for many reasons, so accessing the support from a single professional Jac is a young lady in our service that has just turned 21 years and who is due to leave our service by the end of February. Jac has developed greatly whilst being in our service coming to us with significant anxiety, depression and suicide ideation, but still demonstrates concerns around areas of her independence, personal safety and her general emotional health. Her support/professional network around her is challenging for many reasons, so accessing the support from single professional that she can trust and work with is crucial for her to make steps towards independence. However, it's unlikely that JaC will be prepared for independence at 21.</p>
<p><b>3.</b></p>	<p><b>Proposals</b></p> <p><b>3.1</b> Greater consideration should be given to the reasons that put children and young people in care, the trauma they experience and the expectation that they should deal with these issues whilst forging a pathway into education and or employment and managing a home independently. It's a big ask and one most children are not expected to manage before turning 21.</p> <p><b>3.2</b> If the current statutory duty to young people is to be changed, it must nevertheless emphasise the particular duty to each young person rather than an overall duty to the generality of children.</p> <p><b>3.3</b> In order to demonstrate that the change is not simply cuts by another name, the current spend on care leavers must be ring fenced, inflation proofed and subject to annual review based on changes in the target populations.</p> <p><b>3.4</b> Wherever the duty falls it should be subject to the same guarantees of children's rights as the current children's legislation. This must and should remain a statutory duty.</p> <p><b>3.5</b> If wholesale change is enacted the frequency and priority given to inspecting leaving care services by Ofsted must both increase.</p> <p><b>3.6</b> Criminal penalties should be in place where boards of provider companies are shown to have neglected duties to children to increase profits or by incompetence, for example if judged inadequate or needing improvement in two consecutive inspections.</p>