

Couldn't Care Less

EXECUTIVE SUMMARY

This is the Executive Summary of the Centre for Social Justice Children in Care Commission Report, *Breakthrough Britain: Couldn't Care Less*. For further information or to download the full report please visit www.centreforsocialjustice.org.uk

1. Introduction

Our care system, despite good intentions, fails to support some of the most vulnerable people in society: children whom the state has decided cannot be brought up safely by their parents.

One of the first lessons parents teach their children is to behave responsibly and to keep their promises. Yet the history of children taken into care in England is one of broken promises.

Despite over a decade of reforming legislation and initiatives, the treatment of many children in care and those leaving the care system deserves to be a source of national shame. These children too often go on to experience lives characterised by unemployment, homelessness, mental illness and addiction:



- Only 12 per cent of children in care gain 5 A* - C GCSEs compared to 59 per cent of all children¹
- Children in care are 4-5 times more likely to have mental health issues than their peers²
- Over 20 per cent of women who leave care between the ages of 16 and 19 become mothers within a year, compared to just 5 per cent of the general population³
- A third of homeless people were formerly in care⁴
- 30 per cent of children in custody have been in care⁵
- 23 per cent of the adult prison population has previously been in care,⁶ even though children in care and care leavers account for less than 1 per cent of the total population

1 Department for Children, Schools and Families (2007) *Impact Assessment for White Paper on Children in Care*. p. 51.

2 Department for Education and Skills and Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People*.

3 Ibid.

4 Dixon J (2008) 'Young People Leaving Care: Health Wellbeing and Outcomes', *Child & Family Social Work* 13:2. 207-217.

5 Commission for Social Care Inspection (2007) *Social Services Performance Assessment Framework Indicators, Children 2005 - 2006*.

6 Department for Children, Schools and Families (2007) *Impact Assessment for White Paper on Children in Care*. p. 35.

Government – both locally and nationally – has failed in its duties as a corporate parent. It does not deal effectively with children in care's mental health problems nor does it prevent them drifting into crime. By failing in its duties, the state creates even bigger problems in the future.

The Children and Young Persons Bill is about to enter the statute books. It will not improve results dramatically if we do not tackle the underlying reasons why children are taken into care and force Local Authorities to comply with existing legislation. **We therefore wish to remove the practical and statutory**

limitations which stop children in care from taking legal action to enforce the obligations of their corporate parents and receiving compensation (see below, section 6.6).



This report is the result of a year's research and deliberation by a working group with representatives from the public, private and voluntary sectors, and academics and journalists with experience of the issues affecting children in care. The group was assisted by evidence presented by 50 organisations working with children in care and undertook site visits around the

country as well as holding hearings. The group commissioned one of the largest ever polls of the care sector – 795 care leavers and foster carers – to gauge their views about the current system and policy options. This was followed up by an opinion poll of 23,37 members of the public regarding our suggested policies.

2. What is going wrong?

We identify three key causes of the poor outcomes for children in care. Firstly, the underlying problems are getting worse: greater disruption to family life means more children come into care with more severe problems. Secondly, the welfare of children in care is compromised by the failure to reinforce and reinvigorate the social workforce. Thirdly, well-intentioned legislation has not been implemented on the ground.

2.1 THE GATHERING STORM

At any one time there are around 60,000 children in care and this number has risen by about 20 per cent over the last decade as more children stay for longer in the system.⁷ These children represent the most acute symptoms of family dysfunction – the sharp end of a much larger group of 300,000⁸ chronic cases of 'children in need' receiving some support from Local Authorities.⁹

The vast majority of children enter care through no fault of their own but because of abuse or neglect.¹⁰ Nine in ten children are taken into care for preventable reasons such as family breakdown.¹¹ The factors which contribute to family breakdown such as drug and alcohol addiction, domestic violence, indebtedness and poverty, are all on the rise:

7 National Statistics (2007) *Children Looked After In England Year Ending 31 March 2007*.

8 Mahon J (2008) *Towards the New Children in Need Census*. Department for Children Schools and Families.

9 Officially defined under the Children's Act 2004.

10 Thoburn J (2007) *Globalisation and child welfare: some lessons from a cross national study of children in out of home care*. p. 5.

11 National Statistics (2007) *Children Looked After In England Year Ending 31 March 2007*.

- Alcohol admissions to hospital have increased by 80,000 per annum in the last five years¹²
- Domestic violence accounts for almost a quarter (18-25 per cent) of all violent crime¹³
- UK personal debt has grown at the rate of £1m every 5 minutes¹⁴
- There are a quarter of a million more families with children living in severe poverty than ten years ago¹⁵
- Fewer people are getting married and more are cohabiting with children, (yet nearly half of all cohabiting relationships break up before the child is five). This combined with an historically high level of divorce.¹⁶

The distressing experiences cited by our poll of care leavers included family breakdown and lone parenting (76 per cent), domestic violence (23 per cent), drug and alcohol addicted parents (22 per cent) and financial pressures such as debt and gambling (18 per cent).

The current system's failure to deal both with family problems and to improve the welfare of children means that many children are trapped in a revolving door between their families and the care system.

Therefore, a key recommendation of this report is that we must target resources to tackle underlying problems urgently when they are more easily solved, instead of intervening only when they reach crisis point. As one witness told the Centre for Social Justice:

When the room is flooded, it surely makes sense to invest some effort in turning off the tap.

2.2 THE SOCIAL WORKFORCE IS STRUGGLING TO COPE

The problems faced by children before they come into care have become more severe, creating a greater challenge for the individual foster carers and social workers who have to support and nurture children with complex needs. Chapters 2 and 3 demonstrate how the 'social workforce' is struggling to meet the demands placed upon it by our broken society and the damaging effects this pressure is having upon children in care, and on the workforce itself.

2.2.1 Foster Carers and Kinship Carers

'My foster carer had time for me. No one had before'

Care leaver, in evidence to the CSJ

Fostering is an heroic and demanding role and foster carers look after 71 per cent of children in care.¹⁷ The majority of foster carers take on the role because they want to put something back into society. Our survey found that 61 per cent of foster carers fostered in order to 'help disadvantaged young people'.

Many foster carers are being asked to care for children with complex needs without adequate support. These carers are the backbone of the care system, and unless we treat them better we cannot hope to meet the needs of children in care.

12 Department of Health (2008) *Safe, Sensible, Social – Consultation on further action*. p. 7.

13 Home Office (2005) *Domestic Violence: A National Report*. p. 28.

14 Credit Action(2008) *July 2008 Debt briefing*.

15 Social Justice Policy Group (2007) *Breakthrough Britain: Economic Dependency and Worklessness*. The Centre for Social Justice.

16 Social Justice Policy Group (2006) *Breakdown Britain: Fractured Families*. The Centre for Social Justice.

17 Department for Education and Schools (2006) *Children's Services Children's Homes and Fostering*, Table A3, p. 11.

A mere 34 per cent of current foster carers were satisfied with the quality of help they received from Local Authorities and nearly one in two (46 per cent) foster carers felt 'badly supported financially'. Foster families also feel very strongly that petty bureaucracy frustrates their efforts to care for the children entrusted to them. Indeed, these rules and perceptions mean that over 4 in 10 (43 per cent) of foster carers have felt unable to express normal physical affection for fear of 'breaking the rules'.

In addition to the children in care living in foster homes, it is estimated over 200,000 children are being raised by relatives and friends as 'kinship' carers. This is invaluable because it holds families together and prevents many thousands of children from being placed with strangers.

'My foster carer had time for me. No one had before.'

Care leaver, in evidence to the CSJ

Kinship care is not a priority for many Local Authorities who do too little to involve the extended family. Moreover, kinship carers who do have a child

placed with them suffer similar problems to foster carers: only 18 per cent of kinship carers are satisfied with the quality of support they receive, a mere 11 per cent felt that their Local Authority cared about them and 53 per cent said kinship care made them worse off financially. This failure to engage and support kinship carers puts more pressure on foster carers.

The country is suffering a massive shortage of foster carers. Our survey revealed that 55 per cent of foster carers were aged 35-54 and living in two parent families. But family breakdown means that fewer of such households are being formed at a time when demand for their services is increasing.

It has been estimated that there needs to be a 5 per cent increase in the number of foster carers each year for the next five years just to meet current demand.¹⁸ But this seems an ambitious target given that many Local Authorities treat foster carers so poorly. We believe that fostering can be the rewarding and effective service that so many foster carers want it to be, if we ensure that foster carers are better supported by Local Authorities.

2.2.2 Social Workers

Social workers join the profession for noble reasons and 99 per cent enjoy helping people¹⁹ but there is an unacceptable gulf between what social workers want to do and the service that children in care receive.

Our survey of former children in care found that 59 per cent felt that their social workers didn't care about them and 58 per cent believed that their social workers were poorly equipped for their role.

Children in care want someone to listen to them and be there when they need it most. They also prize forming stable relationships with key carers. But our work shows that these modest requests are denied by a care system in which high staff turnover, stress-related illness and heavy case loads are endemic. Some care leavers we polled reported having more than 20 social workers.

The escalating problems of our broken society mean that demand outstrips the current supply of social workers. Local authorities cannot recruit in sufficient numbers and this problem is compounded by large numbers of social workers leaving their posts and suffering stress and illness because of rising case loads and bureaucratic overload. A worrying result of is this Local Authorities' reliance on agency workers: LAs spend a greater part of their payroll on these staff than even the NHS, an organisation well-known for its dependency on agency workers.

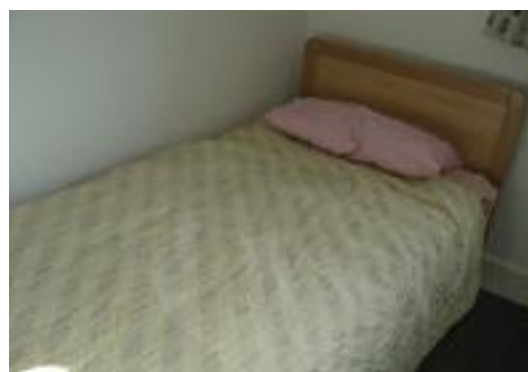
18 Collier F and Tapsfield R (2005) *The Cost of Foster Care: Investing in our children's futures*. BAAF. p. 28.
19 Skills for Care (2007) *National Survey of Care Workers*. p. 61.

The role of the social worker is crucial and can be revitalised through better training, management and working practice. In many European countries social workers are highly respected within society and the profession is much healthier. For example, in one recent study of residential care staff in Denmark, 90 per cent held a degree level qualification (mostly in ‘Social Pedagogy’, see section 3.3), compared to under 30 per cent in England. None of the Danish residential care centres reported difficulties retaining staff, compared to 48 per cent in England.²⁰

2.3 LEGISLATION IS NOT BEING IMPLEMENTED ON THE GROUND

This report holds central government responsible for the failure to deliver on national commitments to children in care. But too many Local Authorities, facing severe budgetary constraints, have also neglected their duties. This report contains many instances of legislation not being implemented on the ground. Children in care and those that work with them report a postcode lottery of support across the country which prevents many children in care from accessing the services they need to improve their welfare.

Children in care have no votes and no means to redress sustained failure. Our proposals give children in care more priority access to services. They also help children in care to hold Local Authorities more practically and legally to account (7.1). This will give children in care the leverage they need to get the care to which they are entitled.



3. The effects of care on education, mental health and involvement in crime

The impact of the worsening situation in families and the severe problems in the care system is having a terrible effect on the children involved. In *Breakthrough Britain*, we concentrated on the inequality of educational results between children in care and their peers. While this report focuses in particular on mental health and criminal justice issues, these problems are clearly interconnected. For example, educational failure leaves children in care less able to support themselves in the future and more prone to depression and criminality.

- Children in care are only half as likely to achieve Level 4 at Key Stage 2 as other children²¹
- Only 12 per cent of children in care gain 5 A*-C GCSEs compared to 59 per cent of all children²²
- Only 6 per cent of care leavers enter higher education²³
- Children in care are almost ten times more likely to have had statements of Special Educational Need compared with all children²⁴

20 Social Pedagogy UK. *Research & Evaluation* [online]. Available from: http://www.socialpedagogyuk.com/index.php?option=com_content&task=view&id=12&Itemid=34.

21 House of Commons Library (2007) ‘Children and Young Persons Bill’, *Research Paper 08/44*. Available at <http://www.parliament.uk/commons/lib/research/rp2008/rp08-044.pdf>.

22 Department for Children, Schools and Families (2007) *Impact Assessment for White Paper on Children in Care*. p. 51.

23 House of Commons Library (2007) ‘Children and Young Persons Bill’, *Research Paper 08/44*. Available at <http://www.parliament.uk/commons/lib/research/rp2008/rp08-044.pdf>.

24 Ibid.

The care system often compounds pre-existing educational problems. Frequent placement and school moves disrupt the lives of children in care. A National Foundation for Educational Research (NFER) report found that 29 per cent of children in care had 3 or more placements during secondary school, and 25 per cent had 6 or more placements.²⁵

Moreover, we have found that there is a lack of aspiration on the part of many corporate parents for their children – they do not expect them to achieve much and so they often don't. This culture of accepting poor achievement contrasts with much of what we have heard about attitudes in many continental European countries.

3.1 EMOTIONAL WELL-BEING AND MENTAL HEALTH

'The children I see today are much more disturbed now because they have more negative experiences.'

Mental health worker in evidence to the CSJ

Children who are taken into care have often sustained appalling levels of abuse and neglect connected with addiction, poverty and domestic violence. Mental health problems are clustered in families which experience these issues. As a result, children in care are 4-5 times more likely to struggle with mental health issues than their peers²⁶ and there is a clear correlation between a failure to resolve these problems and poor educational attainment, unemployment, and criminality among care leavers.

Having failed to support families at an early stage, before they have broken down, the state as corporate parent then fails to help children in care develop the emotional resilience necessary to thrive.

The long term mental health of children in care is being placed in jeopardy by the system's inability to

diagnose quickly and help consistently to repair emotional damage. Our polling shows that large numbers of care leavers experience problems with self-esteem (60 per cent), depression (55 per cent), forming relationships (46 per cent) and anger (37 per cent).

Local services are struggling to meet the increasingly complex mental health needs of children in care and those who look after them. 63 per cent of care leavers believe that the emotional needs of children in care are dealt with badly and 50 per cent of foster carers think that the mental health of children in care has got worse over the last decade.

Our research shows that this is because of a failure to join up family, adult and children's services, poor support

for foster carers, inadequate resourcing and wide regional variations in standards. As a result, many children in care do not receive the emotional support that their peers take for granted and their lives are severely affected for many years after they have left the system.

'They feel it's their fault that the family unit has broken down. They have little self-esteem, no confidence and can become bullies or are bullied. They don't understand what has happened to them and no one explains things or what is going to happen next.'

Foster carer, in evidence to the CSJ

25 The Centre For Social Justice (2007) *Breakthrough Britain*, p. 50.

26 Department for Education and Skills and Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People*.

We believe that identifying mental health problems early and tackling them should be a priority for those working with children coming into care. There are shining examples from abroad: for example, the TrACK (Treatment and Care for Kids) programme in Victoria, Australia identifies children who have been seriously abused and assigns them to specially trained foster carers, supported by therapists. Though these placements are expensive, some studies have suggested that every US\$1 spent in this intensive fostering saves \$14 in criminal justice costs.²⁷

‘It is cheaper for a Local Authority if children in care are imprisoned.’

Youth Justice worker, in evidence to the CSJ

3.2 CRIMINALISING CHILDREN IN CARE

A large and unacceptable number of children in care are in contact with the criminal justice system and many face imprisonment. Research reveals that children who have been in care account for 49 per cent of the 11,672 under-21 year olds in contact with the criminal justice system.²⁸ Moreover, children aged 10-17 who had spent 12 months or more in care were more than twice as likely as all children that age to have been convicted or received a final warning or reprimand during that year.²⁹ 23 per cent of those in prison have been in care.³⁰

Local authorities are failing in their responsibilities to prevent children in care sliding into criminality. Mental health problems are left unresolved and research shows that 26 per cent of young people with mental health problems had been in trouble with the police, compared to 5 per cent with no such problems.³¹

Other countries have actively responded to the clear link between children’s mental health problems and their involvement in crime, and have attempted more thoroughly to deal with the underlying problems. For example, in Finland, places in special psychiatric units for children outnumber places in youth prisons and reformatories by about 160 to 1.³²



In contrast, our children in care are far more likely than their peers to be brought to the attention of the criminal justice system through everyday incidents including breaking windows, running off and playground fights.

Once involved with the criminal justice system, it is difficult to disentangle children in care from it. Our research shows that there are perverse financial incentives which push children towards custody and the least effective forms of it. It is cheaper for a Local Authority if an offending child in care is imprisoned. It is cheaper for the state if these children are sent to Young Offenders Institutions which have a poor record of education, welfare and rehabilitation compared to Secure Children’s Home, for example.

27 National Guideline Clearinghouse (2008) *Therapeutic Foster Care for the Prevention of Violence: a Report on Recommendations of the Task Force on Community Preventive Services*. Available from: http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=5690&nbr=3828.

28 Goldson B (ed) (2008) *Dictionary of Youth Justice*. p. 64.

29 National Statistics (2008) *First Release: Outcome Indicators for Children Looked After: Twelve Months to 30 September 2007, England*.

30 Commission for Social Care Inspection (2007) *Social Services Performance Assessment Framework Indicators, Children 2005 – 2006*.

31 BMA Board of Science (2006) *Child and adolescent mental health: A guide for healthcare professionals*.

32 Pitts J and Kuula T (2005) ‘Incarcerating young people: an Anglo-Finnish comparison’, *Youth Justice* 5:3, 147-164.

Unlike facilities in countries like Denmark, which focus on healing mental health difficulties (see section 3.3), the majority of children are placed in custodial settings which do little to tackle the reasons why they committed crimes or teach the skills necessary to live a successful life outside prison. Local Authorities provide children in custody with poor support when they are in prison and when they leave it.

It may be cheaper for Local Authorities in the short term if troubled children move into the criminal justice system but, in the long term, this approach has disastrous consequences for society. Offenders with a background in care reoffend in large numbers and go on to experience a life plagued by unhappiness and dependency which costs £3 billion (see section 5.4).

We believe that Local Authorities need to be financially supported to keep children in their care out of the criminal justice system, and need to be held more responsible if these children do enter it.

4. Leaving care

'I was left alone with no one to turn to and quickly drifted into drugs and booze'

Care leaver, in evidence to the CSJ

The experience of leaving care is little better for many young people than their time within the system. Our survey revealed that the majority suffer from depression, lack of confidence and have trouble forming relationships. This leaves former children in care more at risk of unemployment, substance abuse, welfare dependency and their own families breaking down.

'I felt anger at not being listened to, frustration and despair.'

Care leaver, in evidence to the CSJ

Despite the provisions of The Children (Leaving Care) Act 2000, too many young people are leaving care without the support they need to live successfully as adults. Local Authorities are not fulfilling their duties: care leavers leave care too early; are ill-

prepared for life outside care; and do not get the appropriate advice and support in areas such as housing which would help them on the way to successful independence.

As a result only 29 per cent of care leavers are in education, training or employment at age 19,³³ almost a third of young people misuse drugs and alcohol within a year of leaving care³⁴ and around a third of those living on the streets have a background in care.³⁵

This is a time when the general population of young people is leaving home later than ever and is getting more help from their parents to lead more independent lives. Our polling of parents revealed that over 60 per cent thought that they should continue to provide help for their children over the age of 19 with 25 per cent anticipating that support would continue between the ages of 21 and 25.

Our Government's inability or unwillingness to give proper support to older teenagers contrasts sharply with practice in many countries - in Denmark, young people can enter the care system up to the age of 23³⁶ and young people in Sweden do not have to leave care until the age of 22.³⁷

33 Rainer. *Submission to Parliamentary Inquiry on looked-after children.*

34 Dixon, J. (2008) *Young People Leaving Care : Health Wellbeing and Outcomes.*

35 Ibid.

36 Thoburn J (2007) *Globalisation and child welfare: some lessons from a cross national study of children in out of home care.* p. 15.

37 Ibid.

Most parents do not abandon their children as soon as they reach 18. We believe that a carefully managed and supported transition from care to independent living is vital if we are to see a transformation in long-term outcomes for children in care.

5. Transforming Lives

As we have seen, an increasing number of family problems means more children are going into care with greater need. Foster carers and social workers are trying to step into the breach but are struggling to cope. The Government has not addressed these problems effectively, and we have also found worrying evidence of a culture of non-compliance which damages children in care.



As a result the current welfare and future prospects of children in care are undermined. Mental health issues are not identified quickly and therefore become more complex. Children in care are neglected and drawn easily into contact with the criminal justice system. Care leavers are neither prepared nor supported for life outside the care system which means they often 'fall at the first fence' and become welfare dependent.

The Government has introduced ten acts and initiatives over the last decade and each one has promised to improve the outcomes of children in care. The results of this legislation are unimpressive.

We argue broadly that there is a three-fold failure in the Government's approach: it has not focussed enough on prevention; it has not supported the social care workforce properly, which means that legislation is less effective, and it has not ensured that legislation is implemented and held Local Authorities accountable for failure.

Case Study: Save the Family, Wales.

Save the Family, in Flintshire, has provided accommodation for thousands of people in vulnerable families for the last 30 years. The charity runs a small village of cottages and flats that house families and children that once lived in clapped-out cars, caravans, garden sheds or B&Bs.

The charity's founder, Edna Speed MBE says, 'When a family is evicted what are we supposed to do? Look the other way while the kids scream and are wrenched from their mothers? Families do not become homeless by choice. Maybe one of the parents has hit a crisis point.'

Save the Family intervenes, providing security and structure and ensuring children grow up with their family and not in care.

'The unique feature of this charity,' Edna continues, 'is that it offers all residents the opportunity of facing up to the reasons that made them homeless and then to tackle each reason by developing a pathway to resettlement.'

5.1 TOMORROW'S CHILDREN IN NEED AND IN CARE

The 'triggers' for family breakdown are often well known by individual services long before children are taken into care. Their inability to deal with these issues is a major reason for the severe strains being placed on the care system. *This failure results from an insufficient focus on whole family problems, inadequate investment in preventative policies and the ineffective use of the voluntary sector.*

5.1.1 Insufficient focus on whole families

Families at risk of breaking down regularly fall into the gap between different local services. There is only a tiny number of 'one stop services' in which multiple agencies co-locate. Addicts entering treatment are still not routinely asked whether they have children. There are few specialist day and residential services helping whole families with multiple disadvantages. Criminal justice services fail to focus on the circumstances of the whole family in which domestic violence has occurred.



5.1.2 Inadequate investment in prevention

There is a clear link between relationship stability and the neglect and abuse of children yet despite the £20-24 billion³⁸ which family breakdown costs us each year, the Government spends only 0.02 per cent of that figure on specific preventative services and in 2005–06 Local Authorities in England spent a net total of £2.05 billion on looked after children, compared with £687 million on family support services.³⁹

5.1.3 Ineffective use of the voluntary sector

Across the country, third sector organisations fighting family breakdown and preventing children going into care complain that support from Government is overly bureaucratic, highly fragmented and dominated by a large number of discreet, time-limited funds, pilots and initiatives which are too short-term to allow them to plan and perform.

As a result, help-lines dealing with domestic violence run by charities report a budget crisis,⁴⁰ specialist projects for families with parents who are addicts survive on 'experimental' six month funding and credit unions cannot expand to meet the needs of vulnerable families because of unnecessary regulations and funding inequality.

We believe that we can and must intervene earlier, before families reach crisis point.

5.2 IMPROVING CARE FOR THOSE THAT NEED IT

5.2.1 Supporting the workforce

Children in care are suffering because the Government is doing too little to reduce turmoil in the social workforce and to improve the conditions in which foster carers, kinship carers and social workers perform their roles. This is demoralising for them, and they also suffer from unrealistic expectations of their role. Many leave. It also makes it harder to recruit. We believe we need to focus on foster carers and kinship carers and support social workers by bringing in fresh help and outside perspectives.

5.2.2 Taking more responsibility and keeping our promises

At a time when the Government is asking parents to be more accountable for their children's actions, local councils should do more to recognise their responsibility as corporate parents for children in care. Our policy solutions would remove the perverse incentives which encourage Local Authorities to neglect their duties and

38 Social Justice Policy Group (2006) *Breakdown Britain: Fractured Families*. Centre for Social Justice. pp. 67 – 68.

39 Narey M (2006) *Beyond Care Matters: Future of Care Population Working Group Report*. Department for Education and Skills. p. 27.

40 House of Commons (2008) *Home Affairs Select Committee Inquiry into Domestic Violence*. Chapter 6, para 184.

which also push too many children in care into custody. They will also give children in care more priority access to services and make it easier for them to force Local Authorities to uphold their responsibilities.

Children in care are being failed by a culture of fine words but poor actions. Despite over a decade of legislation and serial initiatives those with a background in care continue to leave school too early with few qualifications and poor prospects. They go on to fill the ranks of the unemployed, swell our prisons and sleep rough on our streets. It is time that we matched our words with deeds.

6. Policy Proposals

Based on the critique offered above, we make the following policy recommendations.

6.1 PREVENTION

We wish to engage with whole families by:

Forming more specialist ‘whole family’ day care for families at risk (1.4.1) Roll out successful schemes such as The Family Haven, a daycare and parental support scheme in Gloucestershire, across the country.

Creating more ‘family fostering’ schemes (1.4.2) Expand programmes such as Save the Family to provide longer term whole family residential care for those struggling to cope with multiple problems.

Establishing Family Services Hubs with an enhanced role for health visitors (1.4.3) These services would be at the heart of the community and use trusted professionals to enhance the integration and coordination of delivery.

Case Study: The Family Haven

The Family Haven helps disadvantaged and vulnerable families in Gloucestershire. It provides a day centre with a registered nursery for pre-school children with the aim of ensuring that children will be at no disadvantage to their peers when they start school.

The Family Haven is much more than a nursery. While their children are safe, it provides parents with many opportunities. They can use a counselling and advocate service; get help with filling in forms, and making telephone calls to other agencies; take part in regular parenting and healthy eating classes; ask for welfare and benefit advice; catch up on much-needed sleep or have a bath; chat to other parents with similar experiences; use the second hand clothing store; make friends; and speak to a health visitor. The Family Haven gives mothers and fathers the space and support to pull the threads of their lives together and become better parents.

In contrast to the Government’s approach, we would invest more in prevention by:

Creating an integrated approach to addiction (1.4.4) by forming local Addiction Action Centres working alongside ‘One Stop Treatment Shops’ with a focus on abstinence (see Breakthrough Britain ‘Addictions’ for further details).

Forming a national parenting education ‘invitation’ scheme for families (1.4.5) Evidence from the US shows high participation in such schemes which lower relationship conflict and divorce risks.

Improving relationship education in schools (1.4.6) We would change the PSHE curriculum to specifically explore the nature of family relationships and encourage the voluntary sector to participate in lessons.

Volunteers provide non-stigmatising, highly motivated and effective support which keeps families together. We wish to place third sector organisations at the heart of services for families. **(1.4.8)** Our proposals throughout this report leverage the skills of key volunteers and see the third sector as a key delivery mechanism for policies such as:

Expanding specialist residential care for families suffering from addiction (1.4.8.1) The decline in the numbers of third sector family focused residential facilities must be reversed. Existing proven providers should be supported to expand these services to other areas.

Strengthening credit unions so they can help families with financial needs (1.4.8.2) Reverse the overregulation which prevents credit unions expanding beyond their 1 per cent market to become effective poverty fighting organisations as they are in countries like New Zealand.

6.2 BUILDING A STRONG SOCIAL WORKFORCE

Our policies would attract more foster carers, kinship carers and social workers, treat them as valued partners and therefore improve retention rates and crucially the stability of placements for children in care.

6.2.1 Focus on Foster Carers

Pay all foster carers a living wage (2.8.1) Foster caring is a 24/7/365 job. Too many foster carers suffer financially and this discourages recruitment and retention. The Government has not implemented such a policy, blaming complexity. This is a poor excuse. Foster carers need transparent and proper funding.

Incentivise foster carers with housing improvement grants (2.8.2) One of the key reasons for the shortage of foster carers is inadequate housing space. We recommend assisting existing committed carers to look after additional children.

Make kinship care the preferred placement and pay kinship carers the same rates as foster carers (2.8.3) The Government has failed to make extended families and friends the preferred placement for children at risk of going into care. We would make this much clearer and back our words up with action by paying kinship carers the same rate as foster carers.

Introduce a Fostering Charter between Local Authorities and carers (2.8.4) This report reveals a wide variation in the conditions of foster carers across the country. Too many foster carers are unsure of their status, entitlements and responsibilities. We therefore recommend that the Government makes all councils adopt a fostering charter which is explicit about these issues and to which they can be held accountable.

6.2.2 Support Social Workers

Introduce new 'Care First' and 'Care Next' recruitment schemes (3.6.1) This will increase the recruitment of first class applicants and revitalise social work. We propose adopting a scheme similar to Teach First, recruiting high flying graduates from top universities. More experienced managers should also be able to join the profession on an accelerated basis which makes the most of 'on the ground' training.

Reward children’s social workers for staying in practice and train them in social pedagogy to meet the needs of the whole child (3.6.2 & 3.6.3) We want more excellent social workers to stay ‘on the front line’ by creating rewarding career paths that don’t lead to the back office. We also recommend introducing tried and tested social pedagogy techniques from Europe into the mainstream of British social care.

Encourage more private sector methods of recruitment (3.6.3) We recommend the provision of incentives for well respected private sector employers to provide help to Local Authorities with recruiting, motivating and retaining their children’s social workforce.

Recruit care leavers to join the social work force (3.7.4) Their valuable experience would help to keep Local Authorities’ ‘feet on the ground’ and improve the lives of children in care.

6.3 PRIORITISE THE MENTAL HEALTH OF CHILDREN IN CARE

Create a Mental Health Champion (4.6.1) to coordinate local services and ensure that children in care are prioritised and get the help they need. Councils would also be required to deliver an annual public report demonstrating how they meet the mental health needs of children in care.

Ensure that all children in care have a mental health assessment (4.6.2) at the same time as their physical health is assessed, when they first come in to care. Mental health problems should be addressed as soon as possible and not allowed to deteriorate.



Give foster carers the right to receive mental health support (4.6.3) for the complex needs of their foster children and enshrine this right in the Fostering Charter.

Portable Mental Healthcare budgets (4.6.4) If funding pressures leave children in care at the ‘back of the queue’, then they should be given additional leverage through the ‘premium’ of an individual ring fenced budget.

Implement a nationwide evaluation system focused on mental health outcomes rather than inputs (4.6.5) We recommend national mapping to understand and replicate successful practice.

6.4 TAKE RESPONSIBILITY FOR CHILDREN IN CARE’S INVOLVEMENT IN CRIME

Ensure that Local Authorities have responsibility for all children in care in custody (5.6.1) We believe that the Section 20 distinction between voluntary and non-voluntary arrangements should be removed.

Make Local Authorities fully responsible for the delivery of services to children in care in custody (5.6.2) This will provide much greater continuity in key areas like education and mental healthcare and reduce re-offending.

Give Local Authorities funding and budgetary control over the delivery of services to children in care in custody (5.6.3) and remove perverse incentives for under-resourced Local Authorities to allow children in care to be unnecessarily placed in inappropriate custodial institutions.

Promote better alternatives to poorly performing Young Offenders Institutions (5.6.4) by rolling-out more welfare-minded and educationally effective secure accommodation, special schools and intensive fostering.

6.5 LEAVING CARE

The outcomes of care leavers can be improved by extending the duration of support to the levels enjoyed by other young people, improving the quality of support, and linking these enhanced benefits to engagement in training and employment. Our key recommendations include:

Increasing the age until which care leavers continue receiving support to 25 (6.3.1) Care leavers will have access to something which their peers take for granted: support while they begin the process of starting out by themselves.

Empowering care leavers through care leaver credits of £2,000 per year for all care leavers aged 16-21 in training, education or employment (6.3.2) These would make care leavers less reliant on Local Authorities and could be used to fund basic cooking skills courses or help with travel expenses while undertaking training.

Improving the range of accommodation options (6.3.3) Foster carers should be helped to continue to provide a stable and loving home until the age of 21 and there should be more supported 'university style' accommodation for care leavers.

Creating more employment opportunities and raising aspirations for care leavers (6.3.4) Local authorities should use their massive resources and contacts to provide work experience and job opportunities.

6.6 KEEPING OUR PROMISES

We propose removing the practical and statutory limitations which stop children in care from taking legal action to enforce the obligations of their corporate parents and receiving compensation (7.2) Children in care should have rapid access to enforce the law if councils wilfully chose to ignore their responsibilities.

Members of the Children in Care Working Group

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About the Centre for Social Justice

The Centre for Social Justice aims to put social justice at the heart of British politics.

Our policy development is rooted in the wisdom of those working to tackle Britain's deepest social problems and the experience of those whose lives are affected. Our working groups are non-partisan, comprising prominent academics, practitioners and policy makers who have expertise in the relevant fields. We consult nationally and internationally, especially with charities and social enterprises who are the champions of the welfare society.

We are not a typical Westminster 'think-tank'. In addition to policy development, we foster an alliance of poverty fighting organisations that reverse social breakdown and transform communities.

We believe that the surest way the Government can reverse social breakdown and poverty is to enable individuals, communities and voluntary groups to help themselves.

The CSJ was founded by the Rt Hon Iain Duncan Smith in 2004, as the fulfilment of a pledge he made to Janice Dobbie, a mother whose son had recently died from a drug overdose after he was released from prison.

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