Breakthrough
Britain

*Couldn't
Care Less*

A policy report from
the Children in Care Working Group

Chaired by Ryan Robson

September 2008

THE CENTRE FOR
SOCIAL
JUSTICE

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 have been affected by poverty. 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 the champions of the welfare society.

In addition to policy development, the CSJ has built 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 such individuals, communities and voluntary groups to help themselves.

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

Chairman: Rt Hon Iain Duncan Smith MP
Executive Director: Philippa Stroud

Please note that all children and adults photographed have acted as models. The quotations, references and commentary on the photographs in this document bear no relation to the actual individuals pictured.

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Preface

Breakthrough Britain, published last year, covered the five pathways to poverty: family breakdown, failed education, debt, worklessness and dependency and drug and alcohol addiction. During the work on Breakthrough Britain, we began to notice that children in care had some of the worst outcomes of any group. They covered all the areas from family breakdown to drug and alcohol addiction and we felt that we weren't able to report on the issues surrounding them in the time available.

As a result I decided that the Centre for Social Justice should commission another report on looked after children in care which would pull together members of the voluntary sector who deal with children in care, academics and those who were themselves in care as young people. We also took evidence and used extensive polling to find out what social workers and foster carers felt about the service they provided. I am particularly indebted to Ryan Robson who chaired the group.

The report shows that we take children into care because their parents are dysfunctional and can't cope or they are threatened by abusive behaviour from their parents. However, once they are in care too often the state seems to lower their life outcomes, not raise them.

The reports findings should make compelling reading for all politicians. As I read the report, I found myself getting angry that we as a society could have allowed so many children to have been failed by our statutory authorities. The appalling level of academic achievement, the high levels of mental illness, the destructive levels of drug and alcohol addiction and the criminality that so characterise these children, should anger us all. This failure affects us for we are already picking up these enormous costs through the criminal justice system and the health service and these are set to rise. What the paper also shows is that other countries seem to be much more responsive to the needs of the children they have taken into care, often with better results.

The recommendations in this report are about changing the way we look at children in care and how we live up to our responsibilities. However, what is needed first is the political courage to make this a priority and initiate the process of change to an area we all have brushed aside for too long. Only then can we answer the important question – who cares?

Rt Hon Iain Duncan Smith MP

Foreword

This report provides a diagnosis of the problems being experienced by our nation's children in care and those dedicated to their welfare. It puts forward a broad policy agenda with a series of recommendations to improve the lives of children in care.

The experiences of children in care are not just a product of the care system but also of their homes and of our society. If we are to care for these children more effectively, then government must understand and deal with the wider social factors which lead to children being placed in care in the first place. This report calls for urgent and wide ranging preventative action.

The depth of the problems facing our broken society means that these preventative measures will not take effect overnight. This report therefore proposes a set of operational policies which can be enacted more quickly in order to correct the worst deficiencies of the current care system.

This report is critical of the ways in which our children in care are badly served by existing policy and practice. It holds central government to account for not tackling underlying issues and also failing to ensure existing legislation is implemented. Many local authorities are also shown to be avoiding their responsibilities as 'corporate parents' to children in care. But it is very important to state that the policy group has witnessed at first hand a wide range of excellent work from highly trained professionals and dedicated volunteers who are improving the lives of children in care. They are often struggling against the odds but achieving incredible results because of their motivation and commitment.

The membership of our working group included dedicated practitioners from the voluntary, public and independent sectors alongside academics, journalists and politicians committed to improving the lives of children in care. I would especially like to thank Susanna Cheal for championing the voice of the child in our discussions, Felicity Fletcher-Campbell for bringing valuable academic rigour to our debate and Sarah Richardson for making us acutely aware of the realities for local authorities acting as corporate parents. Harriet Sergeant has helped us keep our sense of moral purpose amidst conflicting data. Ivor Frank has given us a unique perspective as a human rights barrister who was also a young person in care. Mike Bailey, formerly of Black Boys Can, has helped us see the wider economic, cultural and social context of children in care and how the voluntary sector can help meet their needs.

I would also like to thank Claire Pitcher, Juliette Ash and Daisy Mayland-Smith for their tireless enthusiasm and sheer hard work in researching this area and organising our successful public hearings and Gabriel Doctor for his perseverance and good humour while helping to pull the project together.

Finally, but most importantly, we have been inspired and encouraged in our efforts by the courage and conviction of those current and former children in care who have provided us with powerful testimony about their experiences and modest requests for a better future. This report is therefore dedicated to children in care that they may have what most children take for granted.

Ryan Robson, *Chairman of the Children in Care Working Group*

Members of the Children in Care Working Group

Ryan Robson *Chairman*

Ryan Robson is Managing Partner of Sovereign Capital, an investment fund which supports the growth of education and social care groups. He has served as a Non-Executive Director of the National Fostering Agency and of Education and Training organisations including Alpha Plus, a group of 20 independent schools and colleges, The SENAD Group which educates children with special educational needs and supports them into adulthood, and esg, which helps disadvantaged people improve their skills to help them find and sustain work. Ryan was a Governor of The Alton School in Wandsworth and was a Councillor for the London Borough of Wandsworth from 2002-2006, wher he served as Chairman of its Education Performance and Standards Committee and Deputy Chairman of Social Services.

Michael Bailey

Michael Bailey is a highly motivated, experienced and qualified children's services professional with a background of over 23 years within statutory social care settings. He has a real passion for residential/after-care provision and the educational attainment of young people. He is a founder member and director of Excel3, an organisation offering educational services and support to the underprivileged within our society. Michael is presently in the process of launching his own social care consultancy which will offer support to social care staff and young people.

Susanna Cheal

Susanna Cheal's full-time role until very recently was Chief Executive of The Who Cares? Trust, a national charity working to improve public care for children and young people. It was set up in 1992 to address the injustices of the care system. From 1995 Susanna expanded the organisation's vision, role and influence to change the way care is delivered in legislation, policy and practice across education, health and preparation for independent living, to 60,000 children and young people in

public care in the U.K. This was accomplished by initiating and encouraging innovation and action at a national and local level in response to the expressed views and experiences of children and young people in public care through research and consultation on key issues and multi-media materials both on and offline.

Susanna's earlier work encompassed paediatrics, maternity services, disability, child mental health, social services, education, families and children. Working with some 18 organisations she has undertaken a number of roles – Executive Chair, Advisor, Trustee, Director, Consultant and Chief Executive.

Dr Felicity Fletcher-Campbell

Dr Felicity Fletcher-Campbell is currently Director of the Professional Studies in Education Programme at the Open University. Prior to joining the OU in 2006, she was Principal Research Officer at the National Foundation for Educational Research where she had been on the staff for 20 years. She has been involved in a long series of research projects into the education of children in care since the late 1980s and has undertaken projects commissioned by national and local government and voluntary agencies. She has published widely and given numerous presentations to a wide range of audiences.

Ivor Frank L.L.B., L.L.M.

Ivor Frank is a human rights barrister as well as a Trustee of the Frank Buttle Trust, a charity providing grant aid to children and young people in need. He is also a member of the Associate Parliamentary group for children in care and has personal experience of the care system as he himself was brought up in residential care from the age of three.

Simon Howlett

Simon Howlett is an Education Consultant, Senior Coach and founder of Catalyst Coaching specialising in Engagement and Mentoring programmes for young people and vulnerable adults at risk of social exclusion. For more than 10 years Simon has worked with schools, training providers, PRUs, Connexions, detention facilities, sports organisations and charities to devise, develop and deliver educational and social engagement programmes and partnerships.

Sarah Richardson

Sarah Richardson combines careers in journalism and politics, writing on education and employment for the Evening Standard and campaigning for the rights of children in care and care leavers through her work with young people's charity Rainer. As Cabinet Member for Children's Services on Westminster City Council, she is a corporate parent to the 268 children currently living in the authority's care. She has also served as a non-executive director of Westminster Primary Care Trust and as a school governor.

Sarah stood as the Conservative parliamentary candidate in Leicester West in 2005, as a European Parliamentary Candidate in the East Midlands in 2004 and will stand as a candidate for the south-east in the 2009 European Parliamentary elections.

Harriet Sergeant

Harriet Sergeant is the author of four reports for the Centre Of Policy Studies: 'Welcome to the Asylum: immigration and asylum in the UK' (CPS 2001): 'No System to Abuse: immigration and health care in the UK (CPS 2003): 'Managing not to Manage: management in the NHS (CPS 2003): and 'Handle with Care: An investigation into the care system': (CPS 2006). She has also written three books: *Between the Lines: Conversation in South Africa* describes the effect of apartheid on some of its Indian, coloured, black and Afrikaner inhabitants in the early 1980s. *Shanghai* is a history of the world's most international city between 1927 and 1939. *The Old Sow in the Back Room* recounts her experiences of Tokyo where she lived for seven years. She also is also a journalist and appears on radio and television.

Malcolm Stevens

Malcolm Stevens was until 1998 the Government's professional advisor responsible for residential care, secure children's homes, children in custody and children detained at Her Majesty's Pleasure.

From 1998 until 2004 he was the Director and Chief Executive of various services for children and in youth justice. He is the Director of Justicecare Solutions and policy advisor to G4S Care and Justice Services.

Juliette Ash *Researcher*

Juliette Ash studied at Edinburgh University, sandwiched by gap years working for the homeless and drug addicted in South America. Juliette went on to complete a graduate scheme with Procter and Gamble in business development and spent the last four years as a

learning and development consultant in the City. Juliette has also been an active member of the Honourable Artillery Company (a Territorial Army regiment) for the last seven years. As Director of the Centre for Social Justice Alliance, Juliette is responsible for developing the Centre's relationships with poverty fighters across the UK.

Daisy Meyland-Smith *Researcher*
Daisy Meyland-Smith was previously a press and parliamentary officer to the Conservative group in the National Assembly for Wales. Daisy has recently graduated from the Politics with Economics course at the University of Bath. She now works as a research fellow in the education unit of think tank Policy Exchange.

Claire Pitcher *Researcher*
Claire Pitcher read History at Churchill College, Cambridge, where she specialised in Early Modern European and Twentieth Century Russian history. She is passionate about youth and community action and has been involved in projects at home in the UK and abroad in Eastern Europe. Aside from 'children in care', Claire's research interests comprise all aspects of social justice and, in particular, the importance of the family.

Executive Summary

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 children[1]
- Children in care are 4-5 times more likely to have mental health issues than their peers[2]
- 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 population[3]
- A third of homeless people were formerly in care[4]
- 30 per cent of children in custody have been in care[5]
- 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

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

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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.

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 2,337 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 300,000[8] 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

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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.*

to family breakdown such as drug and alcohol addiction, domestic violence, indebtedness and poverty, are all on the rise:

- Alcohol admissions to hospital have increased by 80,000 per annum in the last five years[12]
- Domestic violence accounts for almost a quarter (18-25 per cent) of all violent crime[13]
- UK personal debt has grown at the rate of £1m every 5 minutes[14]
- There are a quarter of a million more families with children living in severe poverty than ten years ago[15]
- 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.

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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.

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.

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'.

> **'Oh, I'm not in care, I live with my Nan.'**
>
> Susie, aged 9, to the Grandparent's Association

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.

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

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

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 people[19] 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 different 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 this is 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.

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

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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.

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

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 children[21]
- Only 12 per cent of children in care gain 5 A*- C GCSEs compared to 59 per cent of all children[22]
- Only 6 per cent of care leavers enter higher education[23]
- Children in care are almost ten times more likely to have had statements of Special Educational Need compared with all children[24]

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

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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) I*mpact 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.

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

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 peers[26] 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.

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,

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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.*

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]

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.

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

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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.

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.

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 care[34] 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

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33   Rainer. *Submission to Parliamentary Inquiry on looked-after children.*
34   Dixon, J. (2008) *Young People Leaving Care : Health Wellbeing and Outcomes.*
35   Ibid.

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 23[36] and young people in Sweden do not have to leave care until the age of 22.[37]

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.

'How to drive change on the ground – that is the big question.'

Caroline Abrahams, Local Government Association, in evidence to the CSJ

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 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.

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*

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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.

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.

> **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.'

5.1.2. Inadequate investment in prevention

There is a clear link between relationship stability and the neglect and abuse of children yet despite the £20-24 billion[38] 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

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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.

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 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.

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

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 help 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.

We wish to unleash the power of the voluntary sector to prevent family breakdown. 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 (3.6.4.) 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 (3.6.5.) 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 (6.6.4.) 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.

1. Introduction

Last year, the *Breakdown* and *Breakthrough Britain* reports on 'Educational Failure' identified that, together with other disadvantaged pupils, children in care are being failed by the education system. The educational results of children in care are so bad that an entire chapter was devoted to the subject:

- Children in care are just over half as likely to achieve Level 4 at Key Stage 2 as other children[1]
- Only 12 per cent of children in care gain 5 A*- C GCSEs compared to 59 per cent of all children[2]
- Only 6 per cent of care leavers enter higher education[3]

We also noted in that paper that it was not just educational outcomes which gave cause for concern. Adults who had been in care as children – care leavers – formed a strikingly vulnerable group, despite accounting for less than 1 per cent of the population:

- **Unemployment** – 22 per cent of care leavers will be unemployed by the September after they leave school, compared with just 7 per cent of all children[4]
- **Homelessness** – One third of care leavers are living on the streets[5]
- **Crime** –23 per cent of the adult prison population has previously been in care.
- **Cycle of care** – 15-17 year old girls from care are three times more likely than other girls of the same age to become teenage mothers.[6]

This situation is despite the Government showcasing ten major initiatives and pieces of legislation over the previous decade and spending over £2 billion per annum.[7]

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1 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.

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

3 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.

4 NCVCCO 2004, National Council of Voluntary Child Care Organisations, 4

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

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

7 Department for Education and Skills (2006) *Care Matters: Transforming the Lives of Children and Young People in Care*

Breakthrough Britain also showed that although each Local Authority has a statutory corporate responsibility for children in care, they often make 'a rotten parent' and that rather than one 'care system' there is a confused and uneven patchwork of provision for children in care across the country.

This report widens the debate from educational provision to show how too often the state fails the children it takes into its care across a range of services. We look in more depth at two particularly significant problems: the high incidence of mental health problems among children in care and the slippery slope from the care system into the criminal justice system.

Breakthrough Britain argued that the dismal track record of educational provision for children in care was characterised by:

- inability to enforce legislation on the ground
- absence of consistent and dedicated resources
- instability of placements and instability in the social workforce
- low cultural expectations of the abilities and potential of children in care

This report reinforces these findings across the broad spectrum of services in contact with children in care.

Breakthrough Britain demonstrated that our country cannot dramatically improve the educational achievement of disadvantaged pupils, including 'children in need' or in care, unless we tackle the wider range of interrelated problems affecting their families including drug and alcohol addiction, dependency and indebtedness.

This report finds that this diagnosis holds true not just for educational outcomes. The problems of our 'broken society' put immense strain on relationships and lead to the breakdown of families which means that children are placed in care.

Our educational policy recommendations encourage much more parental responsibility for, and involvement with, children's learning. Here we argue that, when the state acts as the corporate parent to children in its care, it too must take much more responsibility and be much more involved with generating successful outcomes.

As Figure 1 shows there is a long list of legislation and policy initiatives directed at children in care. Each action has been heralded as a new start. The latest, the Children and Young Persons Bill currently before Parliament, is no different. The Bill and the Care Matters Green and White Papers, have rightly received cross party support and could be a major step forward in improving the lives of children in care.

- **The Children Act 1989.** This act outlines the basic rights of children in care, including ascertaining the 'wishes and feelings' of looked after children before decisions are made with respect to them. Also, the children's right to be accommodated near their home and the right to be placed with siblings. It also stresses that the Local Authority should promote 'children in need' being kept within their families.

- **The Quality Protects Programme April 1999 to March 2004.** This five year programme claimed to target an improvement in management and delivery of Social Services focusing particularly on improving the lives of children in care. Through guidance provided by a team of advisors to Social Services and foster carers, they aimed to provide 'consistent educational support' to looked after children across the country.

- **The Care Standards Act 2000.** Another set of guidelines for all care providers stating the minimum standards they were required to meet.

- **The Children (Leaving Care) Act 2000.** The 'Government Objectives for Children's Social Services' were set out to include the following aims: to ensure that 'children in need' have the very best access to educational opportunities, health care and social care, and to ensure that young people leaving care are not isolated and can participate socially and economically as citizens.

- **Choice Protects 2002.** The Government's review of fostering placement services for looked after children was launched in March 2002. The review aimed to improve outcomes for looked after children through improving placement choice and placement matching.

- **'A better education for Children in Care 2003'.** In this report by the Social Exclusion Unit written at the request of the Prime Minister, recommendations are set out to drive up the achievement of children in care. Tony Blair stated that 'the Government is committed to giving children in care all the same life chances any parent would give their child, and none is more important than a good education which is crucial to a brighter future.'

- **Public Service Agreement 2003.** This agreement between the Treasury and the agencies it funds set a target that at least 15 per cent of young people in care would have 5 good GCSEs by 2006.

- **The Adoption and Children Act 2002.** The most radical reform of Adoption Law for 26 years, this Act sought to increase the number of children adopted.

- **The Children Act 2004.** This Act laid out the explicit duty of local authorities to promote the educational outcomes of children in care and to '[e]ncourage integrated planning, commissioning and delivery of services as well as improve multi-disciplinary working, remove duplication, increase accountability and improve the coordination of individual and joint inspections in local authorities.' The guidelines are 'enabling rather than prescriptive', giving local authorities the flexibility with their budgets.

- **The Children and Young Persons' Bill 2008.** This Bill has suggested measures to improve the stability of placements for children and ensure more consistency for children in care, and improve their experience at school. It has given pilot local authorities the power to test different models of organising social care, and has increased the focus on transparency and quality of care planning. The Bill has also increased schools' capacity to address the needs of children in care including prohibiting school moves in Years 10-11, and a statutory footing for the role of designated teacher. There is also a drive towards making sure that the young people are not forced out of care before they are ready, giving them greater say on moves to independent living, and access to increased support and guidance if needed.

Unfortunately, as this report shows, much of this previous legislation has not had the impact it was hoped, and the lives of children at risk and in care have not improved significantly. The 1989 Children Act was described as 'one of the best pieces of legislation' passed by the Thatcher Government (Sir Geoffrey Johnson Smith, 1989), and a 'landmark' (Keith Vaz, 1990). Yet twenty years on, care leavers, practitioners and academics alike have told us that the 1989 Children Act is still not being fully carried out on the ground. It is therefore having a limited effect on the lives of children in care.

We are concerned that without due attention to the issues described in this report we will not maximise the benefits of the Care Matters agenda.

To understand the barriers to change and the opportunities for reform, the Working Group visited and spoke to foster carers, social workers, local government representatives, academics and care leavers. This report includes case studies of our site visits as well as the findings from a new poll of 369 former children in care and more than 339 foster and kinship carers. These investigations, together with a review of the key academic research in the field and with international comparisons, form the basis of our conclusions.

We believe that this country cannot reduce the numbers of children in care, protect those on the edge of care, or improve the lives of those inside the system unless we:

Tackle the root causes of family breakdown by investing in prevention

We must understand what causes families to allow children to be neglected and abused and see the building of stronger and more stable families as a key policy objective. We recognise that care can be a necessary option for children who have suffered neglect or abuse. However, we believe that the Government should take earlier and more consistent action to keep families safely together.

Place families at the 'centre stage' of public policy

This means we must ensure that services dealing with such issues as drug and alcohol addiction and domestic violence, which have a major impact on children who are neglected and abused, are structured and delivered in a way in which families can access easily and benefit.

Remove the barriers to change by enforcing legislation

Despite some progress, existing legislation concerning children in care has not been implemented well or uniformly across the country and is therefore ineffective. Too many Local Authorities are failing in their duties as corporate parents and the Government has done too little to tackle a culture of non-compliance. We describe the key barriers to change and how to remove them: in particular opening up the route for children in care to enforce their rights against Local Authorities in court, and giving Local Authorites budgetary control over children in care in custody.
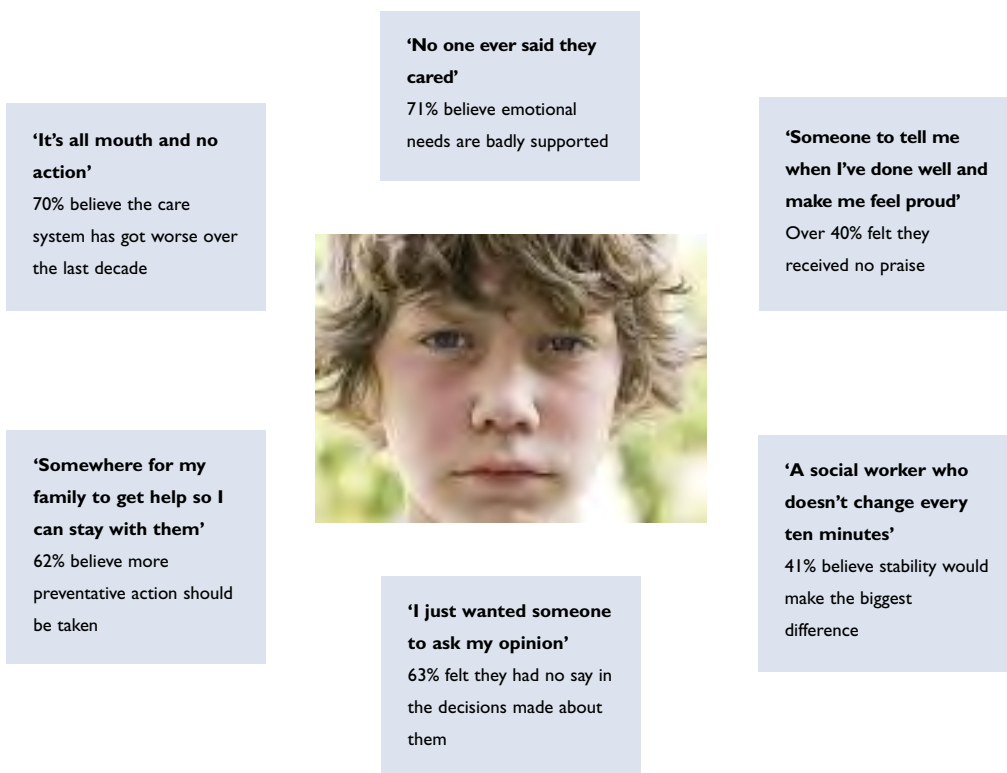
Unleash the power of the voluntary sector

The evidence we have received has convinced us that local authorities are not always best placed to deliver services to families in turmoil or to children at risk. Many families feel threatened by local authority provision and yet there are many examples of innovative and effective voluntary sector provision improving the lives of children in care. We believe these volunteers should be highly valued and given the opportunity to flourish.

Listening to the messages of children and young people in care

We have been struck by the consistent and modest nature of the requests from children in care to improve their lives. Our survey of former children in care reveals that the basic human needs to feel loved, listened to, and treated with respect are not being met by the care system. Figure 2 summarises some of the key messages and results from our polling of over 300 former children in care.

The voices of care leavers

'No one ever said they cared'
71% believe emotional needs are badly supported

'It's all mouth and no action'
70% believe the care system has got worse over the last decade

'Someone to tell me when I've done well and make me feel proud'
Over 40% felt they received no praise

'Somewhere for my family to get help so I can stay with them'
62% believe more preventative action should be taken

'A social worker who doesn't change every ten minutes'
41% believe stability would make the biggest difference

'I just wanted someone to ask my opinion'
63% felt they had no say in the decisions made about them

These simple wishes demonstrate the failure of the current system to cherish children in care and help them to flourish. We must listen to these key messages and act upon them.

This report is designed to do just that.

Turning off the Tap

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

In evidence to the CSJ

Introduction

'Although social services might prefer to be involved in preventative work, family support and early intervention, in reality, financial pressures, demands on staff and an emphasis on the right of the child to be looked after by their parents mean that they often focus on children whose situations have reached crisis point.'

UK Children's Commissioners' Report to the UN, June 2008

This chapter describes how the size and characteristics of the children in care population have changed over the last decade due to disturbing trends in our broken society. The system is struggling to cope with the increasing pressures placed upon it by factors including family breakdown and drug addiction. This is despite considerable increases in expenditure and much legislation. Unless a determined effort is made to tackle the reasons why children come into care, we will be faced with a series of unappealing alternatives which place more children in care and at risk. We therefore argue for a radically different approach to the timing and focus of services which places the family at the centre of preventative and restorative policies. Our goal is increased family stability.

> 'Although social services might prefer to be involved in preventative work, family support and early intervention, in reality, financial pressures, demands on staff and an emphasis on the right of the child to be looked after by their parents mean that they often focus on children whose situations have reached crisis point.'
>
> UK Children's Commissioners' Report to the UN, June 2008

1.1. Today's children in care

There are currently approximately 60,000 children in care in England,[1] and as Figure 1 shows, this number has increased by over 10,000 – or 20 per cent – since 1994.[2] There has been a similar increase in the number of children in care as a proportion of all children. The recent rise over the last decade can be largely explained by children staying in care for longer.

Our survey of 369 former children in care found that 41 per cent had been taken into care under the age of five, 25 per cent between the age of six and ten and 31 per cent between eleven and seventeen. 41 per cent of our respondents stayed in care between one and five years, 30 per cent for six years or more and 28 per cent for less than a year.

Figure 1: The number of children in care, 1994 - 2007

(Source: Department of Children Schools and Families, 'Children Looked After by Local Authorities Year ending 31 March 2008', www.dcsf.gov.uk)

1.1.2. THE REASONS WHY CHILDREN ARE TAKEN INTO CARE

'Almost all children in care are there because of their parents' problems.'

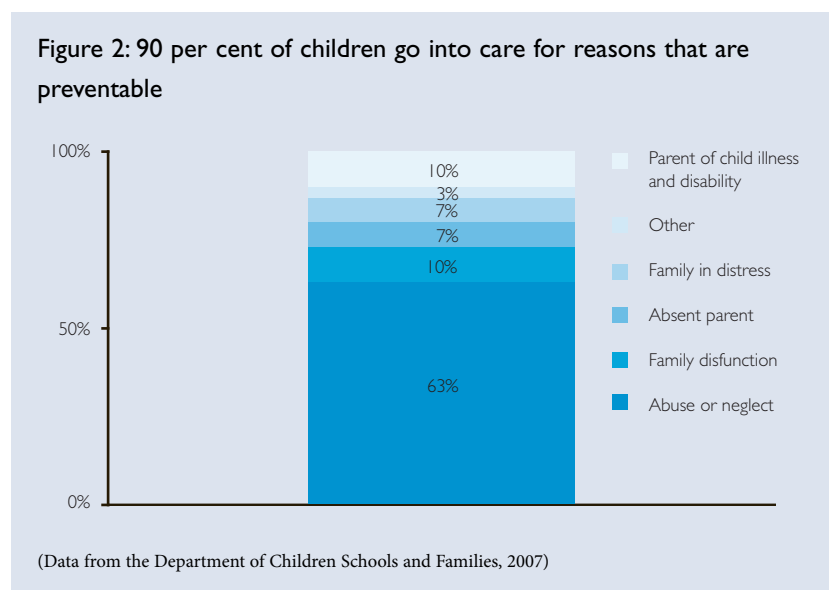Dr Seán Cameron of UCL, in evidence to the CSJ

Our poll of care leavers demonstrates that the vast majority were taken into care for preventable reasons. The distressing experiences cited by our respondents included:

● Family breakdown and lone parenting – 76 per cent
● Domestic violence – 23 per cent
● Drug and alcohol addiction – 22 per cent
● Financial issues including debt and gambling – 18 per cent

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1   The Office for National Statistics (2007) *First Release: Children Looked After In England Year Ending 31 March 2007*.

2   Department for Education and Skills (2005) *Statistics of Education: Children looked after by Local Authorities Year Ending 31 March 2004 Volume 1: Commentary and National Tables*. p. 6.

As Figure 2 shows, the CSJ survey is in line with national statistics which illustrate that nine out of ten children go into care for preventable reasons including abuse, neglect and family dysfunction:[3]

Figure 2: 90 per cent of children go into care for reasons that are preventable

(Data from the Department of Children Schools and Families, 2007)

These problems do not occur overnight and our research shows that the 'triggers' for family breakdown are often well known by individual local services for a long time before children are taken into care. As one care leaver told us,

The problems that lead to children going into care are there quite early on. Some families have struggled for over a decade before their children are taken into care.

The failure of services to deal with these whole family issues is a key reason for the severe problems facing the care system.

1.1.3. CHILDREN IN NEED

The 60,000 children in care represent the tip of the iceberg of family dysfunction. These children are at the sharp end of a much larger group of over 300,000 chronic cases of children in need. 'Children in need' are officially defined by the 2004 Children Act: simply speaking, they are identified as those children receiving some support from Local Authorities. As of the last census date in February 2005, there were 313,300

> The 60,000 children in care represent the tip of an iceberg of more than 300,000 'children in need', whose welfare is being monitored by Local Authorities.

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3   The Office for National Statistics (2007) *First Release: Children Looked After In England Year Ending 31 March 2007.*

children in need.[4] However, in the words of the Care Matters White Paper, 'Surveys suggest that the real extent of abuse and neglect may be higher than figures suggest' and a new census of this population is in progress. The most recent sampling[5] suggests a population of 335,600 and an overall expenditure on children in need of £944 million in 2006-07 which is around 70 per cent of total actual expenditure on commissioning and social workers. Local authorities replying to this survey made the following comments which graphically demonstrate the impact of disturbing national trends:

'There has been a notable increase in activity in relation to family dysfunction which in some cases is attributed to domestic violence situations resulting in family breakdown.'[6]

'[We have seen] increased prevalence of alcohol and substance misuse and domestic violence leading to family breakdown.'[7]

'Latest demographic data shows increasing levels of deprivation in the Borough for children and young families. This is likely to result in increasing demand for social care and children's services across the Borough.'[8]

Although children in need support costs have doubled over a period of four years, the fundamental problems within the affected families are not being solved. This is confirmed by the fact that 30 per cent of these children in need will ultimately go on to enter care during their childhood[9] while many others continue to live in households with chaotic and uncertain lifestyles, on the edge of care and afflicted by poverty, addiction and destructive family relationships.

1.2. The gathering storm

Two years ago in *Breakdown Britain*, the CSJ showed that relationship breakdown and dysfunctional parenting is taking place at a greater pace than ever experienced before in our country and we already have some of the highest rates in Europe.[10] Moreover, the factors which contribute to relationship breakdown, and children being taken into care, such as drug and alcohol addiction, domestic violence, indebtedness and poverty, are all on the rise:

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4   Department for Education and Skills (2006) *Children in Need in England: Results of a survey of activity and expenditure as reported by Local Authority Social Services' Children and Families Teams for a survey week in February 2005: Local Authority tables and further national analysis.*

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

6   Ibid. p. 44.

7   Ibid. p. 48.

8   Ibid. p. 48.

9   Department for Children, Schools and Families (2006) *Care Matters: Transforming the lives of children and young people in care.* p. 22.

10   Social Justice Policy Group (2006) 'Fractured Families', in *Breakthrough Britain*. The Centre for Social Justice.

- Alcohol-related hospital admissions are rising by 80,000 admissions a year[11]
- Domestic violence accounts for almost a quarter (18-25 per cent) of all violent crime[12]
- UK personal debt has grown at the rate of £1 million every 5 minutes[13]
- There are a quarter of a million more families with children living in severe poverty[14]
- Fewer people are getting married, more are cohabiting with children and more are getting divorced[15]

The following sections describe the risks to which these trends expose children and the worrying implications for the population of children in care. In addition, they highlight a number of key obstacles to the delivery of services which would better protect children at risk of entering the care system. These barriers are:

- Insufficient focus on whole family problems
- Inadequate investment in prevention
- Ineffective use of the voluntary sector

The scale of family breakdown, addiction, domestic violence and financial distress is so great that unless a determined effort is made to tear down these barriers, engage with whole families, direct more investment to prevention and unleash the power of the voluntary sector, then more children will be placed at risk and taken into care.

1.2.1. DRUG AND ALCOHOL ADDICTION

'My mother was very unstable and depended on alcohol and due to this my parents couldn't cope and I was taken into care at the age of 11.'

Care leaver, in evidence to the CSJ

Our survey of former children in care revealed that 22 per cent had parents who were drug and alcohol addicted. Last year Breakdown Britain[16] showed

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11   Department of Health (2008) *Safe, Sensible, Social – Consultation on further action.* p. 7.
12   Home Office (2005) *Domestic Violence: A National Report.* p. 28.
13   Credit Action (2008) *Debt Facts and Figures - Compiled 1st August 2008.* Available from: http://www.creditaction.org.uk/debt-statistics.html
14   Social Justice Policy Group. (2007) *Breakthrough Britain: Ending the costs of social breakdown Volume 2: Economic Dependency and Worklessness.* Centre for Social Justice.
15   Social Justice Policy Group (2007) *Breakthrough Britain: Ending the costs of social breakdown Volume 1: Family Breakdown.* Centre for Social Justice.
16   Social Justice Policy Group (2007) *Breakthrough Britain: Ending the cost of social breakdown Volume 5: Serious Personal Debt.* The Centre for Social Justice. p. 8.

> 'Alcohol is a popular problem among the parents of looked after children – but social services just leave the parents to do their thing; there aren't enough adult support services. The parents need support. If these adults were helped to be better parents it would benefit the child. But that would take a lot of social work time.'
>
> Care leaver, in evidence to the CSJ

that 350,000 children in Britain have drug addicted parents, and one million have parents who abuse alcohol. Indeed alcohol abuse is associated with over half of all child protection cases[17] and more than one in two children of drug dependent parents are being cared for outside the family.[18]

The CSJ's work is supported by other national studies showing that 41 per cent of all children entering care under the age of 11 come from families where there was strong evidence of 'substance abuse or domestic abuse.'[19] Similarly, more local research presented as part of *Care Matters* identified that, in three central London Boroughs, over 60 per cent of cases in care proceedings involved parental substance misuse as a key issue.[20]

Figure 3: Increasing levels of alcohol consumption between 1900 and 2005

British Beer and Pub Association, Statistical Handbook 2006
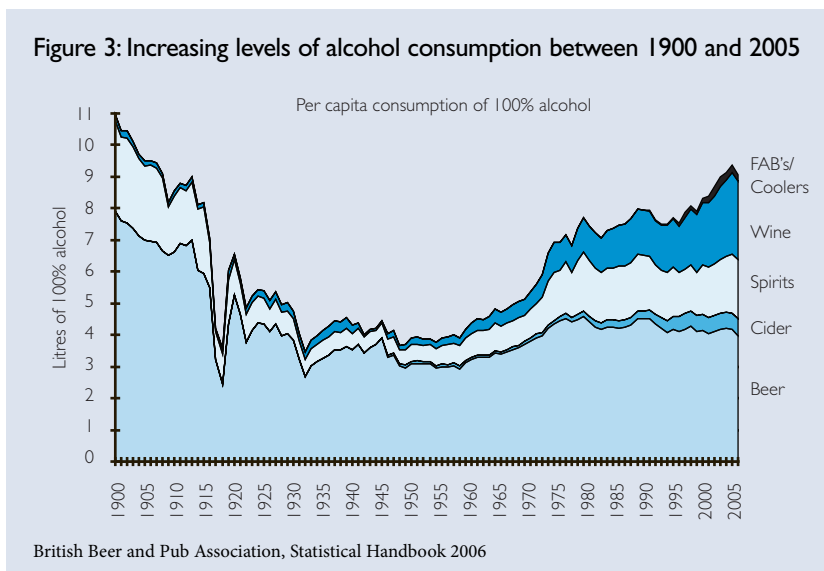
The extent of this addiction is extremely concerning and the consequences for children are disastrous. The following key problems exist:

● **Insufficient focus on families** – The Government has not implemented key actions flowing from the widely acclaimed Hidden Harm Report which highlighted the needs of families affected by drug and alcohol

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17 Alcohol Concern. (2000) *Alcohol Problems Costing Britain £3.3 billion* [online]. May 11. Available from: http://www.alcoholconcern.org.uk/servlets/doc/282
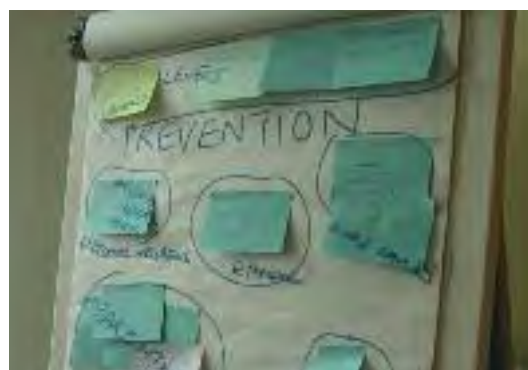18 The Advisory Council on the Misuse of Drugs (2003) *Hidden Harm.* Home Office.
19 Sinclair I, Baker C, Lee J, and Gibbs I. (2007) *The Pursuit of Permanence: a Study of the English Care System.*
20 Department for Children, Schools and Families (2006) *Care Matters: Transforming the lives of children and young people in care.* p. 29

abuse. Substance misusing families and their children fall into a gap between child protection services and adult-oriented community drug teams/substance misuse services.[21] Their needs are not met. Adults entering treatment are still not routinely asked whether they have children and what their family responsibilities are.[22]

- **Lack of residential provision for families** – There are only three residential family services left for drug-addicted parents and their children – including those where children can visit their parents regularly – yet this is a key service for such parents.[23] Residential family services provide a haven where families affected by substance abuse are helped to deal with all the issues affecting their children in an environment which is supportive of and caring for the children. Most importantly, they protect against family break-up and the removal of children into care and, with a good resettlement infrastructure, can help to achieve the kind of change of behaviour which lasts when they return home.

- **Inadequate investment in prevention** – The Government's alcohol strategy exists merely on paper and many health authorities across the country have no alcohol treatment provision at all. Alcohol policy is effectively limited to giving guidance at the local development level, but without any supportive funding.[24] The £15 million nominally earmarked to improve alcohol interventions is not ring-fenced[25] and neither the NHS nor the statutory social work services use Alcoholics Anonymous as effectively as America does, if at all.[26]

- **Ineffective use of the voluntary sector** – Across the country, third sector organisations fighting addiction complain that support from statutory services is overly bureaucratic and too short-term to allow them to plan and perform. For example, the Safer Families Project, developed to provide services for families whose children were on the edge of care or in it, received just six months of experimental funding– too short a time to test and assess the project. Even basic crèche support for parents in adult treatment programmes is scarce: The Living Room runs what they believe to be one of only thirteen in the country.

> There are only three residential family services left for drug-addicted parents and their children – including those where children can visit their parents regularly.

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21   The Advisory Council on the Misuse of Drugs (2003) *Hidden Harm.* Home Office.
22   Social Justice Policy Group (2007) *Breakthrough Britain: Ending the costs of social breakdown Volume 5: Serious Personal Debt.* Centre for Social Justice.
23   Ibid.
24   Ibid.
25   Ibid..
26   Alcoholics Anonymous operates a 24 hour, seven day a week 'free' service with 3500 meetings across the country a week.

Given this history of ineffective interventions and poor focus on the family, it is not surprising that in June of this year, The UK Children's Commissioners' Report to the UN Committee on the Rights of the Child commented:

Across the UK, concern has been expressed about the huge demands being placed on social services, particularly by the increasing number of children living in drug and alcohol misusing families.[27]

Our policy recommendations in section 1.4. aim to reverse these trends, put fewer children at risk and keep them safely in their families rather than taking them into care.

'We'd had an interest in developing whole family-type approaches…the Community Drug and Alcohol Team were working with the adults, and Children's Services were working with the children …we couldn't get a serious commitment from the Community Drug Team to do the work with the adults at the Family Centre.'

Bolton Safer Families Project Manager in evidence to the CSJ

1.2.2. VIOLENCE IN THE HOME

Our survey of former children in care found that 23 per cent had experienced domestic violence. National statistics show that domestic violence now accounts for up to a quarter of all recorded violent crime,[28] and 33 per cent of domestic violence victims are children.[29] The risk of domestic violence for women is nearly doubled if there are children present in the household,[30] and Government statistics demonstrate that over 750,000 children a year experience violence in their homes.[31] Of these, nearly three quarters of children on the 'at risk' register are in families where violence occurs, and over half of all child protection cases are connected with domestic violence.[32]

Research also suggests that children with parents who have drinking problems are more likely to witness domestic violence and to experience parental relationship breakdown.[33]

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27   UK Commissioners' Report (2008) *UK Children's Commissioners' Report to UN Committee on the Rights of the Child.* p. 17.

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

29   Cawson P, Wattam C, Brooker S and Kelly G (2000) *Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect.* NSPCC.

30   Walby S (2004) *The Cost of Domestic Violence.* Department for Trade and Industry: Women and Equality Unit.

31   Department of Health (2002) *Women's Mental Health: Into the Mainstream. Strategic Development of Mental Health Care for Women.* p. 16.

32   Alcohol Concern (2000) *Alcohol Problems Costing Britain £3.3 billion.* May 11. Available from: http://www.alcoholconcern.org.uk/servlets/doc/282

33   Turning Point (2006) *Bottling it Up: The Effects of Alcohol Misuse on Children, and Families.* Available from: http://www.turning-point.co.uk/NR/rdonlyres/33C57B5C-BB5E-49A2-8232-B77B081BDC41/0/Bottlingitup06report.pdf

Recent data released by the National Health Service suggests that the incidence of intentional harm against children is rising dramatically. In 2003, 16,600 children suffered deliberate harm and in 2007, this number rose to 21,859 – a staggering 32 per cent increase in five years. As an absolute figure this is likely to underestimate the true extent of physical abuse: it can often be hard to spot deliberate injury, and these figures do not include children admitted to casualty, or those who die upon leaving hospital. Moreoever, many children will not go to a medical professional, and injuries go unreported.[34]

Figure 4: The increasing incidence of harm against children between 2003 and 2007

The incidence of intentional harm against children is rising
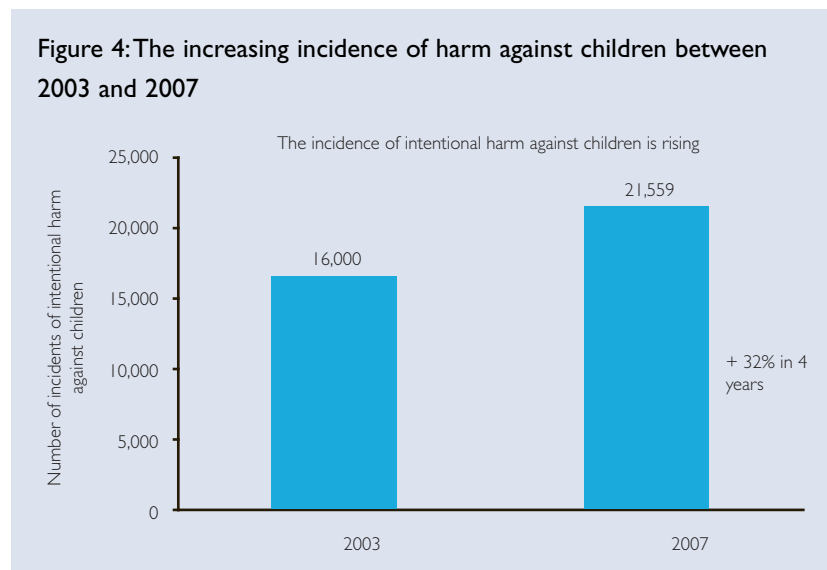
The magnitude of this violence in the home against children is troubling but local services seem unable to act in a consistently coordinated manner to protect children. As the New Local Government Network concluded in June 2007, it seems that

Domestic violence is still seen as 'too difficult' to be dealt with locally which can lead to inertia and inaction both politically and at the level of service provision.[35]

We have identified the following key problems:

• **Inadequate investment in prevention** – Studies reveal that the cost to the taxpayer of domestic violence is as much as £25.3 billion.[36] However, 'Supporting People', the main source of domestic violence funding (and

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34 *The Observer* (2008) 'Shock rise in violence against UK's children'. April 20. Available from: http://www.guardian.co.uk/society/2008/apr/20/children.nhs

35 Brand A (2007) *Domestic Issues: The Role of Local Authorities in Tackling Domestic Abuse.* p. 4. Available from: http://www.nlgn.org.uk/public/wp-content/uploads/domestic-issues.pdf

36 House of Commons (2008) *Home Affairs Select Committee Inquiry into Domestic Violence: Conclusions and Recommendations.* para. 107.

from which also comes support for the homeless, refugees, those living with HIV/AIDs, and many other groups) is tiny in comparison to this cost, with Local Authorities allocated £1.6 billion in 2008/09.[37] Moreover, there are huge variations in standards across the country: the 2007 Map of Gaps report concluded that '[w]hilst a minority of women live in an area where there are good services, too many women face patchy provision at best, and at worst there is no support at all.'[38]

The Family Haven

- **Insufficient focus on whole family problems** – There are only a tiny number of 'one stop services' in which multiple agencies co-locate. Moreover, criminal justice services do not focus on the circumstances of the whole family in which domestic violence has occurred. This is despite the success in the UK of US inspired models such as the Family Justice Centre in Croydon and the positive results of Multi-Agency Risk Assessment Conferences - the first one in Cardiff showed a 40 per cent reduction in repeat violence after one year.

- **Ineffective use of the voluntary sector** – Voluntary organisations focusing on preventative services and community outreach are being squeezed. National helplines run by charities report a budget crisis and spending per unit has gone down by 9 per cent between 2006 and 2007. In the words of Nicola Harwin of Women's Aid, 'we are seeing a loss of more generalist outreach domestic violence services which will have consequences for women who are low risk and medium risk and who need that kind of support.'[40]

If we are to stop more children being hurt at home and being taken into care then we must overturn the defeatism which views domestic violence as too complicated a problem to solve. Furthermore, we must put in place policies which support the development of positive relationships and safe families. Our policy recommendations in section 1.4. are designed to do just this.

The recent Home Affairs Select Committee inquiry into domestic violence summed up our concerns when it reported that

the Government's response to domestic violence, although it has improved, remains disproportionately focused on criminal justice responses at the expense of prevention. We therefore recommend that the

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37 Supporting People (2007) *Grant Allocations 2008-9*. Available from: http://www.spkweb.org.uk/Subjects/Finance/Grant+Allocations+2008-09/Grant+allocations+2008-09.htm

38 Coy M, Kelly L, and Foord J (2007) *Map of Gaps: The Postcode Lottery of Violence Against Women Support Services (Summary)*. p. 3.

39 Robinson AL (2004) *Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very High-Risk Victims in Cardiff, Wales: A Process and Outcome Evaluation*. p. 3. Available from: http://www.caada.org.uk/library_resources/WSU6.pdf

40 House of Commons (2008) *Home Affairs Select Committee Inquiry into Domestic Violence*. Chapter 11. para. 374.

Government should adopt a strategy on domestic violence, or on violence against women more generally, to include explicit emphasis of the importance of prevention.[41]

1.2.3. FINANCIAL PRESSURES

'Finance comes down to a lot – when you're a single parent living on benefits, it's stressful; it becomes too stressful and they give up.'

Care leaver in evidence to the CSJ

As the economy slows, food and fuel costs rise, house prices fall and jobs are cut. The financial pressures on families will increase. We need to ensure, especially in times like these, that our policies encourage family stability. But as this section shows, families are breaking down and children are being taken into care because of unresolved financial difficulties.

Financial pressure, particularly spiralling debt, often produces tension in relationships which precipitates family breakdown. In fact, our polling suggests that debt problems are the number one cause of relationship breakdown.[42]

This research is supported by Relate, the UK's largest provider of relationship support, which has found that money stress is the top cause of arguments among couples; and research by Payplan, the UK's largest provider of free debt management plans, has shown that debt is cited as a significant contributing factor to relationship breakdown by almost two out of every five couples who have parted.[43]

Last year, our *Breakthrough Britain* report on debt showed that British consumers are on average twice as indebted as those in Continental Europe, and indebtedness is one of prime causes of stress and worry. 74 per cent of British couples finding money the most difficult issue to discuss, and over a third reporting that they lose sleep as a result of financial concerns.

Britain's personal debt is increasing by £1 million every 5 minutes,[44] and the housing charity Shelter reported that, in June 2008, 400,000 households said they were falling behind with rent or mortgage payments. In 2005/06, 200,000 children lived in households that had four or more household bills in arrears.[45] Our own polling suggests that between 7 and 9 million adults have had a

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41 House of Commons (2008) *Home Affairs Select Committee Inquiry into Domestic Violence: Conclusions and Recommendations*. para. 107 – 108.
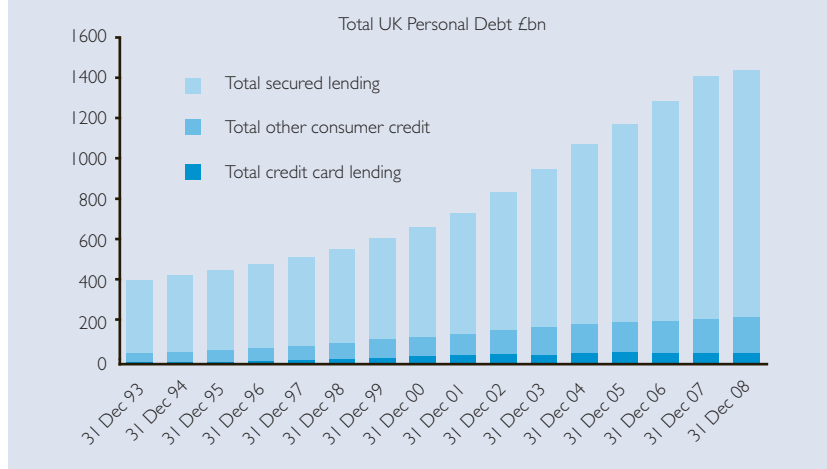
42 YouGov Survey, for the Centre for Social Justice, Cited in: Social Justice Policy Group (2006) *Breakdown Britain: Indebtedness*. Centre for Social Justice. p. 13.

43 Figures are based on a poll of 900 on-line respondents carried out by Payplan Research in February 2004

44 Credit Action (2008) *Debt Facts and Figures - Compiled 1st August 2008* [online]. Available from: http://www.creditaction.org.uk/debt-statistics.html

45 Department for Work and Pensions (2007) *Households Below Average Income: An analysis of the income distribution 1994/95 – 2006/07*. p. 62.

Figure 5: Total UK personal Debt[46] Credit Action
'Debt Facts and Figures' – 1st August 2008

Total UK Personal Debt £bn

- Total secured lending
- Total other consumer credit
- Total credit card lending

31 Dec 93, 31 Dec 94, 31 Dec 95, 31 Dec 96, 31 Dec 97, 31 Dec 98, 31 Dec 99, 31 Dec 00, 31 Dec 01, 31 Dec 02, 31 Dec 03, 31 Dec 04, 31 Dec 05, 31 Dec 06, 31 Dec 07, 31 Dec 08

serious debt problem. If we include the children of these adults, then the number of those affected by serious debt problems rises to between 9 and 12 million.[47]

In our study of indebtedness we identified the following key issues as contributing to the current personal debt crisis:

- **Inadequate investment on prevention** – There has been a serious lack of investment in 'money education' which leaves families fearful of finance and unable to manage their household budgets. A Mori poll in 2004 found that only 30 per cent could calculate a simple interest rate. Our own polling showed that 83 per cent of the public thought that there should be more time and resources dedicated to teaching people how to manage money.[48]

- **Insufficient focus on whole family problems** – Simple advice on where to resolve debt problems is not widely available in places easily accessible to families, such as shops and GP surgeries. The advice that is available is overwhelmed by demand and by large national providers and is increasingly telephone and web based. This type of service is less effective in understanding all the issues which hard-pressed families face than small and independent local organisations.

- **Ineffective use of the voluntary sector** – Small independent advice organisations are being hampered in their efforts to meet the needs of

46   Credit Action (2008) *Debt Facts and Figures - Compiled 1st August 2008* [online]. Available from: http://www.creditaction.org.uk/debt-statistics.html
47   YouGov Survey for the Centre for Social Justice, Cited in: Social Justice Policy Group (2006) *Breakdown Britain: Indebtedness.* Centre for Social Justice. p. 13.
48   Social Justice Policy Group (2007) B*reakthrough Britain: Ending the costs of social breakdown Volume 5: Serious Personal Debt.* Centre for Social Justice. p. 44.

vulnerable families because of unnecessary regulations and funding inequality.[49] Moreover, bureaucracy and over regulation prevents the UK's credit unions from expanding beyond their current tiny 1 per cent of the market[50] and thus they are not as prolific as they are in other countries, such as the US and New Zealand where they are highly successful in helping families.

Our survey of care leavers revealed that 18 per cent of them were taken into care because of financial pressures at home. Unless we invest more resources in supporting families from getting into serious financial distress then more children will be placed at risk and taken into care. Our policy recommendations in section 1.4. are focused on preventative strategies and using the community strength of the third sector to help families.

1.2.4. FAMILY BREAKDOWN

'The one consistent pattern is: poor family, poor parenting and family breakdown. Everything comes from that.'

Glen Rogers, Bethany Christian Trust, in evidence to the CSJ

Our poll of former children in care revealed that 76 per cent had experienced family breakdown and lone parenting prior to being taken into care. To place these findings in a national context, last year, our 'Fractured Families' report described how three significant trends were affecting families in the UK[51]:

- *Fewer people are marrying.* The number of UK weddings reduced from a peak of 470,000 in 1970 to 306,000 in 2003, and marriage rates per year have declined from 70 weddings per 1,000 adults to 26.

- *More people are divorcing.* The number of UK divorces increased from 63,000 in 1970 to 167,000 in 2004. Whilst divorce rates per year increased from 4 divorces per 1,000 marriages to 13 during the 1970s and early 1980s, they have barely changed in the subsequent two decades.

- *More people are cohabiting.* The number of UK children born outside marriage increased from 8 per cent of all births in 1970 to 41 per cent in 2003 (ONS). In some areas of the country, children born to married parents are now in the minority.

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49   Ibid. p. 44-47.
50   Ibid. p. 7.
51   Social Justice Policy Group (2006) *Breakdown Britain: Fractured Families*. Centre for Social Justice.

Figure 6: The increasing numbers of lone parents with dependent children between 1992 and 2006
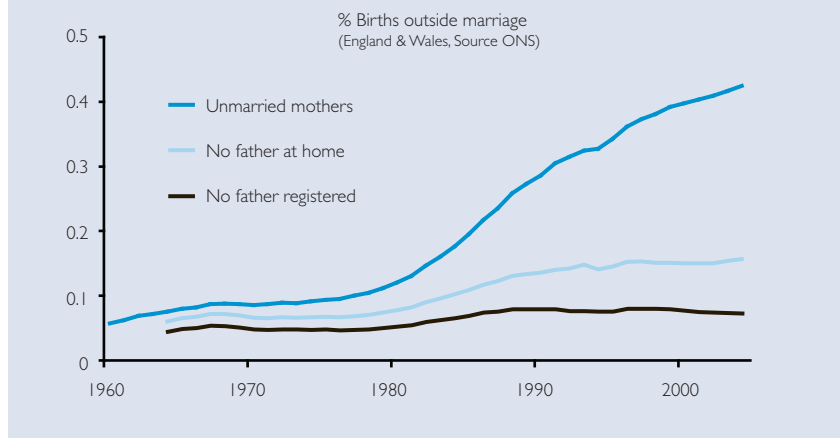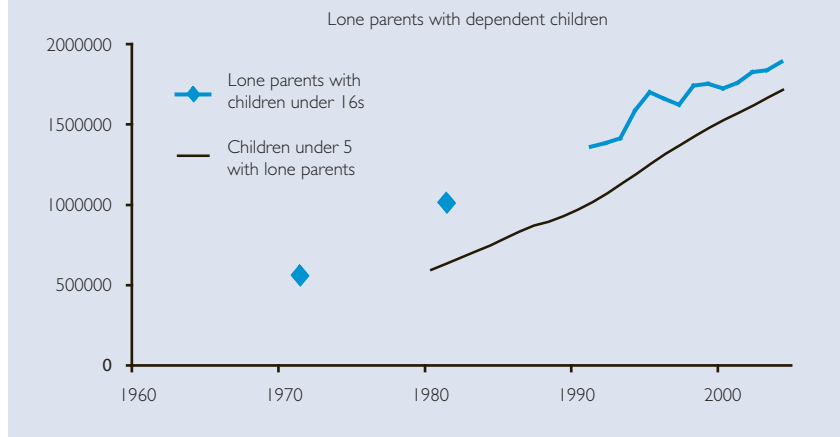

Figure 7: The increasing numbers of births outside of marriage in the UK between 1960 and 2006

The consequences of these trends can be very damaging to children: 20 per cent of 'cohabiting' couples – 32 per cent if we consider 'cohabiting' and 'closely involved' couples – split up before their child's third birthday compared to less than 6 per cent of married couples.[52] In the UK today, 15 per cent of babies are born without a resident biological parent,[53] one in four children now lives in a lone parent family, and more than 1 in 10 children lives with a non-biological parent.[54]

52   Benson H (2006) *The conflation of marriage and cohabitation in government statistics - a denial of difference rendered untenable by an analysis of outcomes.* Bristol Community Family Trust
53   Social Justice Policy Group (2006) *Breakdown Britain: Fractured Families.* Centre for Social Justice. p. 9.
54   The Office of National Statistics (2001) *Census* 2001.

There is a clear link between relationship stability and the neglect and abuse of children. NSPCC research indicates that children who experienced frequent changes in family structure are especially vulnerable to abuse. Those who had grown up in broken or lone parent families were at least five times more likely to have suffered physical abuse or emotional maltreatment than those in two-birth-parent families,[55] and Quilgar's work reveals that children on the 'at risk' register were eight times more likely to be living with their birth mother and someone other than their birth father.[56]

This is not to say that every child in every household where the parents have experienced relationship breakdown is at risk of neglect and abuse. However, the long-term growth of more unstable family units means that more children are at greater risk.

The following key policy errors are contributing to this instability:

- **Inadequate investment in prevention** – Of the estimated £20-24 billion[57] which family breakdown costs us each year, the Government spends only 00.02 per cent 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 – a ratio of 3:1.

- **Insufficient focus on whole family** – Research shows that families experiencing multiple disadvantage can cost the state up to £115,000 a year.[58] These families are likely to be pessimistic about services and hostile to offers of help.[59] Yet as a recent report for the Government reveals[60] many authorities were only just beginning to undertake an analysis of local needs and the needs of many families were not being met because of capacity constraints. As Mary MacLeod, Chief Executive of the Family and Parenting Institute has said

> *Some of the biggest issues that undermine family relationships –*
> *mental health difficulties, substance and alcohol misuse, domestic*
> *violence, and serious family conflict over relationship breakdown are*
> *dealt with by adult services who do not always think couple, think child.*[61]

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55   Cited in: O'Neill R (2002) *Experiments in Living: The Fatherless Family- Summary*. Available from: http://www.civitas.org.uk/pubs/experiments.php#children

56   Quilgar D (2001) *Poverty: the Outcomes for Children (Child Abuse)*. Economic & Social Research Council.

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

58   Department for Education and Skills and HM Treasury (2007) *Aiming high for children: supporting families*. p. 61.

59   Quinton D (2004) *Supporting Parents: Messages from Research*, Department for Education and Skills and Department for Health.

60   PricewaterhouseCoopers (2007) *DfES Children's Services: The Market for Parental & Family Support Services*. Department for Education and Skills.

61   Macleod M (2008) *Supporting Adult Relationships- time for a rethink?* p.1.Available from: http://www.familyandparenting.org/Filestore/Documents/SpeechesPresentations/APGPF/Supporting _Adult_Relationships.pdf

- **Ineffective use of the voluntary sector** – Funding for voluntary sector family services is highly fragmented and typically time limited, flowing from central government, often via a large number of discrete, time-limited funds, pilots and initiatives. The way in which Local Authorities organise themselves to commission services also impedes charities, with multiple parts of a single authority often providing funding to a single provider. As one voluntary sector organization said, 'A lot of time is spent on funding applications, rather than on service delivery.'[62]

Our policy recommendations in section 1.4. are designed to increase the stability of families and provide more support at times of stress, in order to avoid dysfunction or break up placing children at risk or in need of going into care.

1.3. Tomorrow's children in need and in care

'At the moment, people have to knock very hard on the door of the social services to get an answer.'[63]

Dr Ian Sinclair, Research Professor, University of York

The national social and economic trends outlined in the previous section mean that there are now thousands of hidden children in unstable families who are not getting the urgent and sustained help that they need to stay together safely and lead better lives. Children in care are the tip of this iceberg.

The Government commissioned the *Beyond Care Matters: Future of the Care Population* working group (chaired by Martin Narey) to examine future trends. It made a modest attempt to model future trends in the population of children in care, and concluded that the effect of the implementation of the Care Matters agenda would be a marginal net increase in the care population between 2007 and 2020.[64] However, the report contained one important caveat:

While its express focus was on the levers available to the care system to address the needs of children, the Group was conscious throughout that policies relating directly to children in care can have only a partial effect on the size of the care population. Far more significant may be the impact of inequality and different manifestations of social exclusion on families' capacity to care for children.[65]

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62   Ibid.
63   In evidence to the Centre for Social Justice
64   Narey M (2006) *Beyond Care Matters: Future of Care Population* Working Group Report. p. 18
65   Ibid. p. 19.

We are failing to prevent these underlying problems. We are acting too late and not taking the entire family into account when we formulate care solutions. Britain's care system is therefore straining to cope with the immense pressures being placed upon it.

Unless efforts are made to 'turn off the tap' of children coming into care by tackling the underlying causes of family breakdown, such as addiction and indebtedness, then our society is faced with three unattractive alternatives –

- increasing the number of children we place in care;
- raising the threshold at which we take children into care; or
- letting children revolve in and out of care.

The next sections deal with these alternatives in more detail.

## 1.3.1. INCREASING THE NUMBER OF CHILDREN IN CARE

This report shows that the outcomes that we are delivering for so many children within the existing system are so poor that few would encourage society to take more children into care. While care will be a positive option for some children whose families abuse and neglect them, our work shows that too many children enter the care system because not enough work has been done to prevent the breakdown of their families. Indeed 62 per cent of our survey of former children in care and foster carers think that more should be done to prevent children going into care.

The taxpayer contributes over £2.5 billion each year towards looked after children, a total of £40,000 per child.[66] Yet as Chapter 6 describes in detail there is an unacceptable gap between the life chances of care leavers and their peers. Care leavers are much more likely as adults to experience unemployment, substance abuse, emotional problems, educational failure, homelessness and involvement with the criminal justice system.

Moreover, the costs of these poor outcomes for the individuals and society are huge. At an individual level our Chapter 4 shows that care leavers are 4-5 times more likely than the general population to experience mental health problems with 55 per cent experiencing depression. For society as a whole, Chapter 5 shows that the cost of young people with a background in care reoffending is approximately £3 billion a year.

As Figure 8 shows, by not investing money on preventative measures when family problems can be more easily resolved, the ultimate cost is greater. Not only does the taxpayer spend a great deal whilst the children are in care, but they also pick up the greater cost in the decades afterwards. This is spread across the benefit system, criminal justice, health and adult social services.

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66   Sergeant H (2006) *Handle With Care,* Centre for Young Policy Studies.,

Figure 8: The revolving door
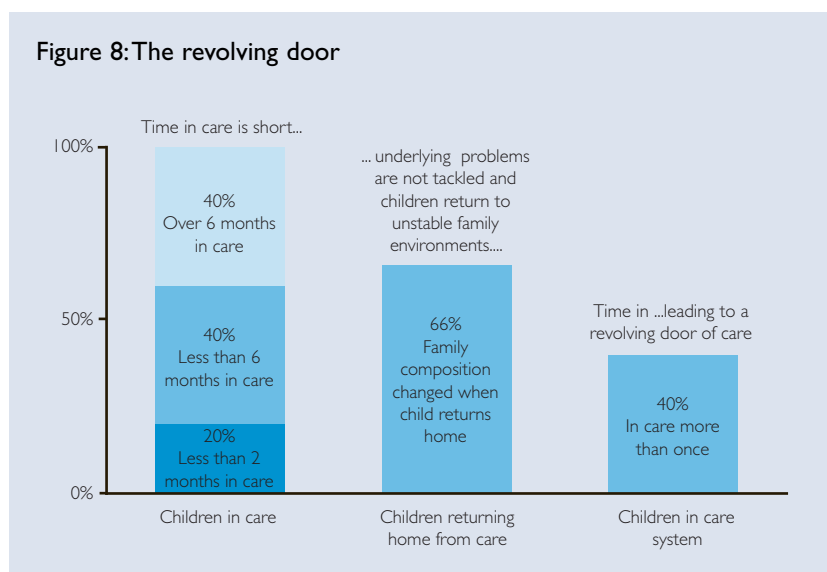
1.3.2. RAISING THE THRESHOLD AT WHICH WE PLACE CHILDREN IN CARE

'The care system will not wave a magic wand over some of the badly damaged children that come in.'[67]

John Coughlan, Director of Children's Services, Hampshire County Council

The threshold for entry into care has risen over the past twenty years. This is for two principal reasons. Firstly, the 1989 Children Act, brought about a new emphasis on supporting children in their families rather than bringing them into the care system.[68] In theory, this should mean that 'children in need' receive preventative support outside the care system, thus reducing the need for them to be taken into care. In practice, as the previous section illustrates, there is not enough preventative investment or focus on whole family solutions.

Secondly, reports suggest that rising thresholds of admission into care are the result of higher pressure on resources within the care system.[69] Our work in Chapters 2, 3 and 4 shows how these strains are manifested and how children are now admitted into the care system later with more complex needs such as emotional and behavioural difficulties. These difficulties place yet more strain on our overstretched care system contributing to a cycle that places vulnerable children at risk.

Most Local Authorities have established clearer thresholds for access to children's social care services but there is evidence that thresholds are still not

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67   Centre for Social Justice Hearing
68   Biehal N (2007) 'Reuniting children with their families: reconsidering the evidence on timing, contact and outcomes.', *British Journal of Social Work*, 37:5. pp. 807-823.
69   Ibid.

well understood by referring agencies and are sometimes raised by Local Authority children's services in response to workload pressures, staffing shortages and financial resources.[70]

When problems develop to a critical point before receiving attention from local services, they can become entrenched. Raising the threshold at which we take children into care places more children at risk of living in families where they are no longer safe. Moreover, it means that problems are likely to be more difficult and expensive to solve later. Our policies are designed to intervene early to support children in their families and reduce this harm and cost.

1.3.3. THE REVOLVING DOOR TO CARE

'It seems illogical to offer less support to birth parents than to foster carers.'

Social Work Research and Development Unit, University of York[71]

Our research shows that many children enter care for short periods of time, almost as periods of respite from their families. Our YouGov poll showed that 28 per cent of care leavers had been in care for less than a year. National research shows that up to 20 per cent of entrants into the care system stay for less than two weeks,[72] 40 per cent of entrants stay for no more than 6 months,[73] and the average length of time spent in care is 2 years and 51 days.[74]

> 'There is hardly any work going on with families while their children are in care.'
>
> Jenny Robson, Director of Programmes at The Who Cares? Trust

Existing services tend to focus on children rather than supporting whole families. However, if little is done to help the family prepare for the return of their child, then it is more likely that the child will be placed in care again.

In his groundbreaking study, *The Pursuit of Permanence*, Dr Ian Sinclair estimates that over 40 per cent of children in the care system had been looked after more than once. In some authorities, up to 59 per cent of children have experienced repeat admissions, oscillating in and out of care.[75] This situation is tragic for everyone in the family.

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70   HM Chief Inspector of Education, Children's Services and Skills, Chief Executive of Healthcare Commission, Chief Inspector of the Commission for Social Care Inspection, HM Chief Inspector of Constabulary, HM Chief Inspector of the Crown Prosecution Service Inspectorate, HM Chief Inspector of Court Administration, M Chief Inspector of Prisons, HM Chief Inspector of Probation (2008) *Safeguarding children: The third joint chief inspectors' report on arrangements to safeguard children.*

71   Social Work Research and Development Unit, University of York (2006) Y*ork Research on Foster Care and Adoption* [online]. Department for Education and Skills, University of York. p. 7. Available from: http://www.york.ac.uk/inst/spru/pubs/pdf/foster-care-research.pdf

72   Department for Children, Schools and Families (2006) Care Matters: Transforming the lives of children and young people in care. p. 114.

73   Ibid.p. 16.

74   Ibid. p. 113.

75   Sinclair I, et al (2007) *The Pursuit of Permanence, A Study of the English Child Care System.* pp. 104 – 5.

> 'Parents said that they wanted to have their children home with them, but didn't know how to cope.'
>
> Jenny Robson, Director of Programmes at
> The Who Cares Trust[76]

The Who Cares? Trust also recently published a report revealing that children and parents did not feel sufficient work had been done to prepare them for the child's return.

All councils surveyed believed that children should ideally be looked after at home and made efforts to ensure that this happened: just under half of those taken in to care left the system within a year of arrival; nearly two thirds of these (63 per cent) went home. But the returns were not always successful and more than half of those looked after over the age of 11 had experienced at least one attempt to return them home.[77]

Careful planning and support is essential if the family is not to break down again. Children may not only have experienced severe trauma before leaving home but two thirds of children who return home find that the composition of their family has changed.[78]

Follow up support for families on the child's return home can be patchy. Only 25 per cent of children in a recent study had contact with their social worker after returning home from care.[80]

> 'The evidence suggests a need for adequate support to both children and parents to ensure positive outcomes on return. Yet, the research indicates that this is rarely provided, despite the fact that there may have been little change in the problems that led to placement.'
>
> Nina Biehal[79]

This lack of support for the whole family whilst the child is in care and on their return home creates a 'revolving door' effect for children on the edge of the care system.

The Government has responded to this issue by saying that it will use the revised Children Act 1989 guidance to address the need for effective care planning to ensure that work continues with birth parents while the child is in care, and that appropriate services are delivered for the child and family to support the return home. It will also require all children who return home from care to have a Child in Need Plan which identifies areas in which parental capacity needs to be strengthened in order to safeguard the returned child. The plan will be reviewed regularly until the child is no longer considered a child in need.

However, it is unclear how this vision will be delivered without a radical change which addresses the paucity of whole family focused services within our communities. A child in need, even with a Plan, still has a *family in need.*

The Government's failure to tackle the root problems which put children at risk means that expenditure and services that are committed to children and their families come too little and too late.

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76 Fletcher B (2006) *The Journey Home: How children's services can support the reunification of children with their families.* The Who Cares? Trust.
77 Ibid.
78 Ibid. p. 28.
79 Biehal N (2007) 'Reuniting children with their families: reconsidering the evidence on timing, contact and outcomes.', *British Journal of Social Work*, 37:5. pp. 807-823.
80 Department for Children, Schools and Families (2006) *Care Matters: Transforming the lives of children and young people in care.* p. 26.

> **Case Study 1: Olmsted County, Minnesota, USA**   53
>
> Olmsted County has pioneered a new approach to keep families together after abuse has taken place. Social workers go to families as listeners and counsellors, seeking strengths and attempting to address the fundamental problems behind the abuse or neglect. Resources such as money for food and petrol are also given. A social worker commented that
>
> *The top priority is to keep the family intact: even if the parents aren't perfect, it's better to keep the family together than to send the children to the best foster care.*
>
> In theory, this method is already supposed to be in place for children in need in the UK, but the overworked nature of social work means that quality time is rarely given to families, with the focus being on children in care. As a result of Olmsted County's methods,
>
> - The percentage of children who had another report of abuse or neglect after six months dropped from 14 per cent in 2001 to zero last year
> - The number of cases that went to court fell from 133 in 1999 to 80 last year
> - The number of children removed from their homes fell from 259 in 1999 to 134 last year

1.4. Policy Solutions

OBJECTIVES

This chapter has described how Government's failure to tackle the root problems of family breakdown puts children at risk and means that they are more likely to be taken into care. Investment comes too little and too late. Existing provision is disjointed and ineffective in dealing with multiple problems.

Failure to act early, despite well-known signs, lets acute problems turn into long term chronic conditions which are more damaging, more difficult and more costly to solve. The inability of services to deal with these escalated needs is a major reason for the severe strains being placed on the care system.

We have shown how this failure results from an insufficient focus on whole family problems, inadequate investment in preventative policies and the ineffective use of the voluntary sector. Our policy recommendations therefore have three key objectives:

- To engage services with whole families
- To direct more investment to prevention
- To unleash the power of the voluntary sector

The following section describes our proposals to meet these objectives.

To achieve our first policy objective of engaging services with whole families, we recommend:

'Looking at cost-effectiveness, if we don't sink money into prevention and rehabilitation, then we are setting up extremely expensive adult services because these kids are going to grow up with serious problems and will find it hard to take their place in society.'

Jenny Robson, Director of Programmes
The Who Cares? Trust

1.4.1. FORMING MORE SPECIALIST 'WHOLE FAMILY' DAY CARE FOR FAMILIES AT RISK

We propose the expansion of more specialist 'whole family' day care for families at risk.

These services are located in the heart of communities and offer support for families at risk of breaking down and children in danger of being taken into care. They offer counselling, advice and practical support to help families pull together other local services to solve their particular problems.

Case studies 2 and 3 below describe examples of the small number of services currently provided available to families at risk. Both these examples involve the voluntary sector working creatively to meet the needs of families with multiple problems. They show that keeping families together is possible, if problems are identified early on, and the wide spectrum of family needs is catered for at the same time. For example, 80 per cent of the 83 families that The Family Haven supported in 2007 have stayed together as a result of their family-centric support.[81]

We would wish to see schemes such as these expanded across the country in every Local Authority.

Case Study 2: The Family Haven

The Family Haven was established in 1988 to help 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 service can only accept 22 children at any given time and families are allocated days according to their level of need. For example, a family living in B&B accommodation will be offered 5 days a week as their need is the greatest. Where there is high demand for support, The Haven allocates 2/3 days to a family, thereby ensuring that every family in need has access to the many services and facilities provided at the centre.

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 addition to the on-site support available, The Family Haven acts as a centre for The Mother's Union and their 'Away from it all' fund, giving these families the opportunity to escape from stressful lives and take their children for a holiday by the sea, or a trip to the zoo.

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81   The Family Haven, in evidence to the CSJ.

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Case Study 3: The Phoenix Project

The Phoenix Project is a joint venture, run by NCH (formerly National Children's Home), one of the UK's leading children's charities and funded by Merton Social Services.

It is an excellent example of a rapid response service which keeps families together. It accepts referrals from workers in Merton children's services teams, from the social inclusion team and from Merton Child and Adolescent Mental Health Services (CAMHS).

The Phoenix Project works with young people and their families in times of crisis where there is a risk that the family could break down. The aim is to enable young people to stay at home instead of being accommodated by social services or, if this has become necessary, to work with families to try and enable young people to successfully return home.

The service responds within 24 hours to referrals and uses a method called 'Solution Focused Brief Therapy' that supports people to find a way forward using their own strengths and resources. This may mean simple, practical solutions such as the child staying with grandparents for the first few nights, for example, or looking for more creative solutions to entrenched family problems.

Often crisis situations have their roots in long term problems but flare up under stressful conditions- the team get a lot more referrals during holidays such as Christmas. They believe that front loading support is better in the long run, as it prevents children from coming into care.

The team stresses family intervention, trying to find common ground between parent and child. Sometimes when the situation has become really severe, parents come into a therapy session, saying that they hate their child. But even then they don't want their child put in care.

Families can be very volatile and the team has found huge variation: some of the families can make big strides towards reconciliation very quickly, others need to be dealt with a little bit at a time and not forced to tackle everything at once.

Phoenix's solution focused approach works because it looks at what is or was working in a family and goes back to basics, taking small steps forward and taking the whole family with them.

Merton Children's Services are hoping to expand the project by introducing family intervention workers to work within their other teams. Under the umbrella of NCH they would wish to 'step in' at an even earlier stage, moving the threshold of service down to families that are starting to experience problems, rather than those on the brink of breakdown.[82]

1.4.2. CREATING MORE 'FAMILY FOSTERING' SCHEMES

We propose the expansion of more 'family fostering' schemes for families at risk.

These services are located away from the communities where families are encountering problems. They offer residential help to the whole family and children who are at risk of being taken into care can stay together with their parents while complex problems are solved.

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82   Merton council. *Phoenix Project*. Available from:
      http://www.merton.gov.uk/community/familyinfo/phoenix-project.htm

Case Study 4: Save the Family

Save the Family, set up in 1982, provides sheltered accommodation for families in North-West England and North Wales.

These are families rejected as 'lost causes' by all other agencies, often removed from their accommodation for disruption, or non-payment of rent. Their only alternative is for their children to be taken into care and the family broken up.

Save the Family receives more than 400 referrals every year but only has enough resources to help about 12 per cent of these.

Many of the people Save the Family support come from the poorest 10 per cent of neighbourhoods in Britain – places blighted by poor housing conditions, criminality, unemployment, poor health, low educational achievement and debt. Social housing is over-stretched, and waiting lists massively over-subscribed. So Save the Family offers families a place to live and practical support to help parents get their lives back on track, while keeping their children with them.

Homework clubs support children whose education has been disrupted. Parents are given help with literacy and numeracy if necessary, as well as practical activities such as cooking and IT. Parents are given support to find steady employment and the charity's resettlement team help families to work their way out of debt.

When the time comes for families to move on they are not simply left to fend for themselves. Instead they graduate to an outreach programme consisting of a number of community based 'move on' houses in the Chester and North Wales area where families are supported as they look for more permanent housing opportunities.

As Case Study 4 shows, Save the Family provides the opportunity for whole families to 'go into care'. Using a family centric stepwise approach to care, they effectively foster the whole family until they are ready by mutual agreement to move off site and into their own housing. Whilst on site, children and families are encouraged to engage with the very basics of cooking, washing, working, learning and playing. In this way, not only are the children supported, but crucially, intergenerational transmission of problems is prevented.

'Save the Family' provides a model for taking whole families into care, rather than just the children. This could be used for circumstances where the children were not at direct risk of abuse. If successful, this would leave the traditional form of care for those who are seriously at risk of harm. We would wish to see schemes such as these expanded across the country in every Local Authority.

1.4.3. ESTABLISHING FAMILY SERVICES HUBS WITH AN ENHANCED ROLE FOR HEALTH VISITORS

In *Breakthrough Britain* we proposed putting families at the centre of local services by the creation of Family Services Hubs.[83] These hubs would be placed at the heart of communities to enhance current, community-based service provision, and allow a greater degree of integration of services, maximising efficiency and coordination of professionals and voluntary sector providers. Projects in the UK and overseas have already been established which provide a good model for what we are proposing and Case Study 5 describes some of their functions.

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83   Social Justice Policy Group (2007) *Breakthrough Britain: Ending the costs of social breakdown Volume 1: Family Breakdown*. Centre for Social Justice. p. 36.

Each Local Authority would make use of existing local facilities with additional central government grants available when services co-locate. Services should vary according to need, including perhaps GP's surgeries, Children's Centres, health clinics, Extended Schools, registry offices, community centres and Citizens Advice Bureaux.

Case Study 5: Models for Family Services Hubs

Family Relationship Centres in Australia
Heralded as the Australian government's cornerstone for their new family law system, these centres are said to be 'a source of information and active support for families at all stages, including people starting relationships, those wanting to make their relationships stronger, those having relationship difficulties and those affected when families separate.' The Australian Government has committed to setting up 65 new Family Relationship Centres across the nation, based upon one centre for every 300,000 of the population. 15 are already open, 25 are opening in 2007 and a further 25 in 2008.

The CEO of Relationships Australia (New South Wales) told us that FRCs are being built on a significant foundation of existing relationship support which is not yet as well-developed in the UK, but the approach would stimulate increased capacity in this field of service provision.

The Croyden Family Justice Centre
The Croydon Family Justice Centre has been running since December 2005 and provides a location for over 20 statutory and community based organizations. It mirrors a facility in San Diego which is arguably the most comprehensive centre in the US for victims of domestic violence in terms of centralised, coordinated multi-partnership services. The Croydon FJC is, however, limited to serving the victims of domestic violence.

New infrastructure could include one-stop shops for disability services, the Australian model of Family Relationship Centres or the Croydon model of Family Justice Centres. All of the services need not be located within a single building or site in a neighbourhood, but there should be an access point to which people can go in order to be signposted onto the correct provider.

The aim is to see a significant improvement in the range, quality and accessibility of services to every family. But while each Local Authority should be required by law to provide or facilitate the full complement of community-based services which we have outlined, they will be given a high degree of autonomy in how they deliver them.[84]

Save the Family Childcare Centre

To achieve our second policy objective, of directing more investment to prevention, we recommend:

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84   Ibid.

1.4.4. CREATING AN INTEGRATED PREVENTATIVE APPROACH TO ADDICTION

In *Breakthrough Britain's 'Towards Recovery'*, we proposed that there should be a devolved responsibility to local Addiction Action Centres (AACs) for identifying local need. These centres would commission 'One Stop Shops' for people with urgent problems, whom they would assess, refer and maintain responsibility for, through continual monitoring of a care plan for example. Ideally all of these addiction services would be available on one site.[85] Workers at these centres would be trained to support the individual's role within the family, as well as in isolation. This would include keeping agencies such as Children's Services informed of parents whose children are potentially in need.

1.4.5. FORMING A NATIONAL PARENTING EDUCATION 'INVITATION' SCHEME FOR FAMILIES TO PREVENT FAMILY BREAKDOWN

We have proposed[86] a national relationship and parenting education 'invitation' scheme for couples and parents at key stages of life such as pre-marriage and the birth of a child. These universal services would reach over 800,000 families every year at full capacity. Current provision of relationship and parenting education represents less than 5 per cent of what is needed but extensive research from the United States has shown that lower income couples were particularly interested in such opportunities, which resulted in lower conflict and lower divorce rates, both of which help to keep children with their parents.

1.4.6. IMPROVING RELATIONSHIP EDUCATION IN SCHOOLS TO BUILD STRONGER RELATIONSHIPS AND PREVENT FAMILY BREAKDOWN

We have proposed[87] that the PSHE curriculum should include specific opportunities to learn about, explore and discuss the nature of marriage, family and relationships and that the voluntary sector be actively encouraged and welcomed in providing PSHE resources for relationship education. Young people might reasonably be expected to learn about family structure, stability, process and breakdown. It is clearly important to avoid stigmatising young people whose personal experience of family and relationships may be very negative. However, the priority is that any curriculum must focus substantially on successful relationship formation and maintenance. Such classes might also encourage children suffering at home to speak openly with members of school staff and seek help.

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85   Social Justice Policy Group (2007) *Breakthrough Britain: Ending the costs of social breakdown Volume 1: Family Breakdown*. Centre for Social Justice. pp. 77 – 78.
86   Ibid. p. 7.
87   Ibid. p. 7.

1.4.7. PROVIDING MORE 'MONEY EDUCATION' IN COMMUNITIES AND EASIER ACCESS TO DEBT ADVICE SO THAT FAMILIES CAN MANAGE THEIR BUDGETS MORE EFFECTIVELY AND AVOID BREAK DOWN DUE TO FINANCIAL PRESSURES

We have proposed[88] that schools offer the potential for a uniform 'money education' strategy to be implemented to communities across the whole of the country with the goal that pupils leave school competent in basic money management skills such as budgeting and the sensible use of credit. We support the proposal made by the Tomlinson Report that financial education should be incorporated into the new core element of the post-fourteen school curriculum. However, in order to be effective, money education needs to be made much more relevant and stimulating so as to better capture the attention and imagination of pupils. We therefore wish to invite representatives of the finance industry to consider funding the creation and delivery of an engaging model for teaching money education. Alongside this, we recommend encouraging successful providers of adult money education in the community (almost exclusively from the third sector) to expand.

We have also urged non-threatening locations, such as GP surgeries and supermarkets to display debt related information and advice. The Government should also encourage, and fund small, independent advice agencies that can help families in danger of collapse under the strain of financial debt.[89] These effective often faith-based agencies should be exempted from unnecessary regulation and experience a financial level playing field with bigger organisations so that they can help more families.[90]

To achieve our second policy objective, of unleashing the power of the voluntary sector, we recommend:

1.4.8. PLACING THIRD SECTOR ORGANISATIONS AT THE HEART OF SERVICES FOR FAMILIES

Our report shows that volunteers provide non-stigmatising and effective support which keeps families together because they are rooted in the community with highly motivated and dedicated teams. This understanding should be central to any approach to families services, with successful third sector techniques and organisational models considered at the planning stages for new initiatives.

Our proposals throughout this report leverage the skills of key volunteers such as foster carers (see Chapter 2) and use the third sector as a key delivery mechanism for our recommendations such as:

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88   Social Justice Policy Group (2007) *Breakthrough Britain: Ending the costs of social breakdown Volume 5: Serious Personal Debt.* Centre for Social Justice. p. 37 – 38.

89   Ibid.

90   Ibid. p. 44 – 47.

1.4.8.1. Expanding specialist residential care for families suffering from addiction

It is clear from our research that the third sector is a valuable ally in the battle against addiction and has been responsible for developing innovative solutions to entrenched addiction within families. The reasons for its success at a local level are various but key recurring themes include the holistic and family wide approach of charities and their abstinence-based methodologies.

The number of family residential services has halved, and their future is in jeopardy. The decline in the numbers of family focused residential facilities must be reversed. These centres provide more than just respite: they allow time for parenting skills to be taught and relationships to be mended, and they also help with resettlement once the programme is finished.[91] Residential centres often have a good resettlement infrastructure. This is vital if change is to be lasting in the real world. The CSJ saw this in action at Phoenix Futures in Sheffield as the following case study shows:

Case Study 6: Phoenix Futures

Phoenix Futures runs two of only three residential family services in Great Britain, taking in whole families affected that have been affected by drug misuse.

'We've got two centres that work with families, in the majority its single mums, but we also work with mums and dads, or single dads, and any number of children up to eleven. We very often take pregnant women, work with them on detox along with our GP and on other health issues to take them to the end of their pregnancy. Then they will come back to us with the baby, stay with us for six months and we'll work with them on family issues and deal with their addiction and so on. That will cost £1200 a week for that period. I don't know what the health economist would say to that, but my guess is, if that is more expensive, it's not much more than taking a child into the looked after system.'

Bill Puddicombe, former CEO Phoenix Futures

We have proposed a major expansion in funding for the development of creative projects. We would suggest that the three proven existing providers, *Gilead, Addaction and Phoenix Futures* should be supported to roll out these services to other areas, increasing the number from five back to 15 as soon as possible. We would wish to see schemes such as these expanded across the country.

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91   Social Justice Policy Group (2007) *Breakthrough Britain: Ending the costs of social breakdown Volume 4: Addictions.* Centre for Social Justice. p. 89.

1.4.8.2. Strengthening credit unions so they can help families with financial needs

We have recommended[92] reversing the over-regulation 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. Regulations such as geographical and occupational restrictions and imposing low ceilings on interest rates are largely responsible for the paucity of credit unions in this country and for their struggle to become financially viable, and should be loosened.

1.5. Conclusion

This chapter demonstrates how the failure to devise and implement effective policies to prevent family breakdown means that thousands of children are placed in a care system which is not meeting their needs.

The care system is struggling to cope with massive and increasing demands placed upon it by a society afflicted by factors including addiction, violence and debt. The Government has increased expenditure on children in care and has pledged to spend more. But its record is tainted by over ten years in which it has failed to focus on whole family problems, made inadequate investment in preventative policies and made poor use of the voluntary sector.

Unless our society focuses policy on the reasons why children come into care, we will be faced with three unappealing alternatives: taking more children into care, placing more children at risk or letting children revolve in and out of care. We have put forward a radical approach to the timing and focus of services which places the family at the centre of preventative and restorative policies and which will improve the lives of children in need on the edge of care.

It will take time for these policies to have their desired effect because a great deal of structural and cultural change is required to heal our broken society and so the rest of this report focuses on improving the lives of children in care who are already in the system.

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92   Social Justice Policy Group (2007) *Breakthrough Britain: Ending the costs of social breakdown Volume 5: Serious Personal Debt.* Centre for Social Justice. p. 30 – 32.

Foster Carers
and Kinship Carers

'How to drive change on the ground – that is the big question.'

Caroline Abrahams, Local Government Association, in evidence to the CSJ

The next two chapters demonstrate how the social care workforce is struggling to meet the demands placed upon it by our broken society and the damaging effects this tension is having upon children in care.[1] Our research includes a new survey of over 300 foster carers and kinship carers[2] and a further 369 former children in care.

This chapter describes how many foster and kinship carers are being asked to care for children with more complex needs but are inadequately supported and badly treated. 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.

In Chapter 3 we show how social workers often lack the time and resources to support children in care. We believe that there must be a significant shift in our perceptions and treatment of social workers if we are to attract and retain talent in this most important and challenging role.

2.1. Foster Carers

Foster carers play an incredibly important part in the life of the majority of children in care. They are the backbone of the care system with 71 per cent of children in care now in foster placements, compared to 67 per cent five years ago[3] and net expenditure on fostering services growing at 13.4 per cent p.a. between 2000/01 and 2003/04 when it reached £800m.

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1   These chapters focus on foster carers, kinship carers and social workers but there are similar lessons to be drawn for all those helping children in care.

2   Carers chosen from a child's relatives and friends.

3   Department for Children, Schools and Families (2007) *Children looked after in England (including adoption and care leavers) year ending 31 March 2007*. p. 11. Available from: http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000741/SFR27-2007rev.pdf

Foster carers are in a unique position to change the lives of children in care and we have received serial testimony from care leavers describing how foster carers made a difference to their well-being, aspirations and futures:

'They showed they loved me. That's what I needed.'

Care leaver, in evidence to the CSJ

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

Care leaver, in evidence to the CSJ

Indeed, as Case Study 1 shows, foster carers are capable of turning around huge tragedy in children's lives and giving them a stable, family environment in which to rebuild.

Case Study 1: Samantha's story, told at a CSJ hearing (foster child's name has been changed)

Samantha spent the first three years of her life being sexually abused by her father. Her mother was unable to care for her. She lived in total squalor and so found herself in the care system.

As soon as she arrived at her foster parents' house, they immediately took her to a doctor. Her speech was barely understandable; her eating habits were unimaginable; and her sleep was so disturbed that she would go into her foster parents' room up to twelve times a night. She was unfit and wanted to go in the car for even the shortest journey. Her foster parents were soon exhausted, but slowly Samantha started to turn a corner.

Now, 14 months later, her health is much improved; she not only speaks clearly, trying out new words all the time, but she is also reading and enjoying books. She stays at the table for meals and eats well. She sleeps well at night – she still often pops in once a night just to see how her foster parents are! But when she wakes in the morning, she is happy to get her reading books and amuse herself. She can walk a mile or two without a problem, and rides a bike.

Samantha still has the occasional incident, but overall she has made huge progress. At school they are pleased with her progress. She sometimes can be rough with other children, reflecting her early upbringing, but she is learning all the time about what is and is not acceptable.

Although recognising that she has a long way to go, social workers and foster parents are very hopeful that Sam will continue to progress well.

Despite the positive impact foster carers can have, this country is suffering a massive shortage of foster carers. The following section explains the reasons for this by exploring who fosters and why; the reasons behind rising demand for foster care; and the problems faced by foster carers.

Figure 9: Looked After Children by Placement Type 2003 - 2007
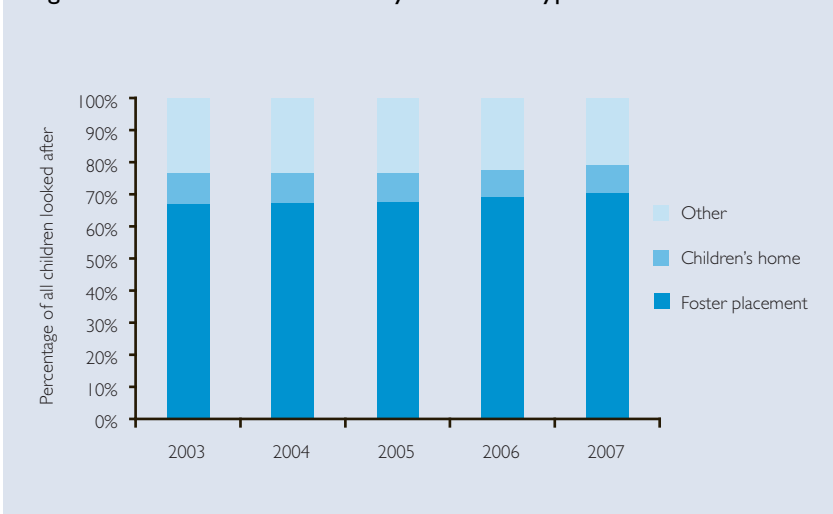
2.1.1. WHO BECOMES A FOSTER CARER?

Our survey of foster carers revealed that 55 per cent were aged 35-54 and living in two parent families. This resonates with other research which describes the similar characteristics of most foster families.[4] The typical foster family has one full-time working male and one female whom is a full time carer, aged 31-55 and already the mother of children aged five and over. They have a house with three or more bedrooms. This profile is matched by only 8 per cent of the general population but accounts for 30 per cent of foster carers. Unsurprisingly, areas with fewer of these kinds of families will exhibit a correspondingly lower level of foster carers.[5]

> Our survey of foster carers revealed that 55 per cent were aged 35-54 and living in two parent families.... This profile is matched by only 8 per cent of the general population but accounts for 30 per cent of foster carers.

Such evidence suggests that the supply of foster carers is likely to be severely affected by the massive changes going on in British society with regards to family structure.[6] Trends described in Chapter 1 such as rising divorce rates and more single-parent households, together with increased female employment and smaller houses are likely to diminish the number of families coming forward to foster and increase the costs of fostering for Local Authorities.

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4   For example: Bebbington A and Miles J (1990) 'The supply of foster families for children in care' *British Journal of Social Work 20:4, 283-307; Sinclair I, Gibbs I and Wilson K (2004) Foster Carers: Why They Stay and Why They Leave*; Pithouse A and Lowe K (2004) 'Foster carers who care for children with challenging behaviour A total population study' *Adoption & Fostering* 28, 20-30.

5   Bebbington A and Miles J (1990) 'The supply of foster families for children in care'. *British Journal of Social Work* 20:4, 283-307.

6   Owen C, Carr-Hill R and Dixon P (2007) *Foster Cost Adjustment to the Formula for Children's Social Services.* Department for Children, Schools and Families. p. 7.

As one Local Authority manager recently put it,

We just can't recruit in large numbers. It's partly to do with the population here – either well off, young families or pretty deprived – but also the space. It's hard to find people with suitable spare space.[7]

The potential impact on the population of available foster carers and welfare of children in care is huge. Especially, as we go on to explain, even *current* demand for foster carers is not being met.

2.1.2. WHY DO PEOPLE FOSTER CHILDREN?

'Fostering can be one of the most rewarding jobs around, but it can also be challenging.'

The Fostering Network[8]

The majority of foster carers take on the role because they want to help the vulnerable and put something back into society. We have conducted a major survey of over 300 current and former carers which found that 61 per cent of foster carers said they started to foster in order to 'help disadvantaged young people', 48 per cent said it was because they 'wanted to make a difference' and 29 per cent liked the challenging nature of the role.

2.2. Rising demand for foster carers

Foster care has quickly become the placement of choice for Local Authorities and there is a rising demand for foster families. This is due to an increasing number of children in care; a growing belief in the value of the family environment; and the cost incentive of placing children in foster care. The following paragraphs explain these factors specifically:

2.2.1. THE NUMBER OF CHILDREN IN CARE

As Chapter 1 shows, the population of children in care has risen as the numbers entering care have increased relative to the numbers leaving and the duration of placements has lengthened. We have argued that the upward trajectory of family breakdown associated with substance abuse, debt, dependency and violence, will further increase the number of children in care or place higher numbers of children at risk unless significant investment is made in preventative services.

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7   PricewaterhouseCoopers (2006) *Children's Services Children's Homes and Fostering*. Department for Education and Skills. p. 30.

8   The Fostering Network (2008) *Thinking of Fostering?* Available from: http://www.fostering.net/start_fostering/

2.2.2. FAMILY ENVIRONMENT

There is an increasing recognition that foster carers contribute positively by keeping children within a family environment. In the words of the 'Care Matters: Placement Working Group' report:

Foster care gives children the opportunity of living in a family environment, and of experiencing positive role models. With the right support, it offers an effective means of meeting children's needs and at the same time recognises that these young people are likely one day to have their own families.[9]

As we identify in our *Next Generation report*,[10] family relationships are crucial to brain development in the young, as well as emotional and relational well-being. Chapter 4 shows how nurturing foster families can provide a safe, stable environment for children in care who have behavioural and attachment problems stemming from early childhood trauma.

2.2.3. COST

Foster care costs a fraction of residential care. The Cost Calculator for Children's Services confirms that the standard unit cost for maintaining a child for a week in residential care was eight times that of the cost of foster care.[11] Despite these financial advantages it is important to note that many children have told us that they still want and need good quality residential care. Indeed, Lord Laming has argued that 'Whilst the high cost of residential care is widely acknowledged, foster care must not be seen as a "cheap" option.'[12]

However, it is forecast that demand for children's homes on the part of Local Authorities will continue to decline as corporate memory adapts to the entrenched high usage of foster care, and that they will continue to close as a result.[13] The number of registered beds closing per year in children's homes has increased each year for the last several years, and others are having financial difficulties.[14] It is therefore sensible to assume that this trend will continue and Local Authorities will continue to place children primarily in foster placements.

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9   Lord Laming (2006) *Care Matters: Placements Working Group Report.* Department for Education and Skills. p. 11.

10   Centre for Social Justice (2008) The Next Generation.

11   Centre for Child and Family Research (2007) *Costs and consequences of child care provision.* Available from: http://www.lboro.ac.uk/research/ccfr/Research/costsandconsequences.htm

12   Lord Laming (2006) *Care Matters: Placements Working Group Report.* Department for Education and Skills. p. 11.

13   PricewaterhouseCoopers (2006) *Children's Services Children's Homes and Fostering.* Department for Education and Skills. p. 7.

14   Department for Education and Skills (2006), *Children's Services Children's Homes and Fostering,* p. 13

2.3. Demand for foster carers outstrips current supply

So there is rising demand for foster care but supply is not keeping pace. The number of foster families rose from 21,000 families in 1991 to 37,000 families in 2006 but this rise is still not big enough to satisfy the current demand.[15] A joint report by the British Association for Adoption and Fostering (BAAF) and the Fostering Network suggests that there is a current shortage of at least 10,000 foster carers across the UK.[16] As one Local Authority commented to Government:

> *The shortage of foster carers is getting more acute. This is owing to a combination of more children in the system, people retiring and not being replaced, and households taking on fewer children.*[17]

The BAAF and Fostering Network have argued that to continue to meet the shortage of foster carers, there needs to be a 5 per cent increase in the number of foster carer households per annum for the next five years.[18]

In order to meet these challenges, changes must be made. The next section explains the issues facing foster carers, so that we can begin to understand how to design solutions that meet their needs, encourage them to remain caring for disadvantaged children and also recruit much needed additional foster carers.

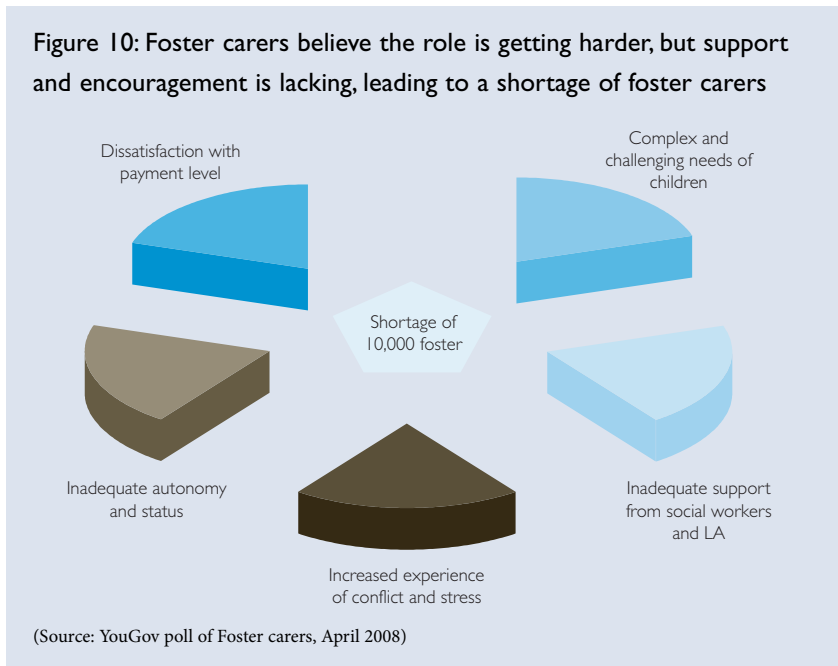## 2.4. The problems facing foster carers

Our poll of foster carers revealed that 38 per cent of foster carers are dissatisfied with their Local Authorities' provision of services. The following key issues impact their satisfaction levels:

- Children with increasingly complex needs
- Experience of conflict and stress
- Inadequate support and training
- Poor funding
- Insufficient autonomy and status

The biggest concerns for potential new carers were media coverage, public perception and affordability but current carers had other significant worries. Our research has found that the experience of many foster carers is characterised by frustration and obstacles that inhibit their care of the children

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15   Children's Workforce Development Council (2008) *The state of the children's social care workforce: A statistical overview of the workforce providing children's and families social care in England.* p. 39.

16   Collier F and Tapsfield R (2005) *The Cost of Foster Care: Investing in our children's futures.* British Association for Adoption and Fostering. p. 1.

17   PricewaterhouseCoopers (2006) *DfES Children's Services Children's Homes and Fostering.* p. 30

18   Collier F and Tapsfield R (2005) *The Cost of Foster Care: Investing in our children's futures.* British Association for Adoption and Fostering. p. 28

Figure 10: Foster carers believe the role is getting harder, but support and encouragement is lacking, leading to a shortage of foster carers

Dissatisfaction with payment level

Complex and challenging needs of children

Shortage of 10,000 foster

Inadequate autonomy and status

Inadequate support from social workers and LA

Increased experience of conflict and stress

(Source: YouGov poll of Foster carers, April 2008)

who live with them. It is also a 'postcode lottery' where the practices of different Local Authorities mean that the treatment of foster carers can vary greatly from one council to the next.

The key issues arising from our research are examined in further detail below:

2.4.1. THE INCREASINGLY COMPLEX NEEDS OF CHILDREN IN CARE

'Social services called me in desperation – they needed me to look after a teenage girl who apparently had been held against the fridge by her mother with a knife to her throat. When I went to pick her up, I found that it was the child who had held her mother against the fridge with a knife. …She came back to sleep in my house under my roof with my children.'

Foster carer, in evidence to the CSJ

As discussed in Chapter 1, current trends within society mean that many children now being taken into care have sustained terrible levels of abuse and neglect connected with drug and alcohol addiction, poverty and domestic violence. For many children these traumatic experiences may have taken place over an extended period, leaving them insecure and emotionally troubled. As a result, children in care are 4-5 times more likely to struggle with mental health issues than their peers.[19]

An Office of National Statistics study of the mental health of children in care in England in 2002 found that 37 per cent of five to seventeen year olds had

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19   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.*

conduct disorders, 12 per cent had emotional disorders and seven per cent were diagnosed with hyperkinetic disorders. This was significantly higher than children from private households.[20] In the cases of some children, these mental health struggles manifest themselves through challenging behaviour: "Arson, sexualized behaviour, violence and abusive behaviour"[21]

Furthermore, as Chapter 4 explains, the mental health of children in care is deteriorating. Our survey revealed that 50 per cent of foster carers believe that the mental problems of children in care have got worse over the last ten years and 71 per cent of foster carers surveyed felt that the emotional needs of the children they fostered had been badly met by the care system.

And with the reduction in the number of high cost specialist residential facilities described earlier in this chapter, the availability of places to meet complex needs is reduced and the relative complexity of children being placed with foster carers has risen. As one former Children Services Assistant Director told us,

> 'Children now have more complex and challenging behaviour with fraught backgrounds. Once a month we get children who have seen their own parents kill themselves or each other, it used to be once in a career event to place a child like that, not any more.'
>
> An urban Local Authority[22]

We have to be willing to place more challenging children with foster carers now partly because our budgets do not afford residential alternatives but also because, in many cases, the alternative doesn't exist any longer.

Our surveyed foster carers were particularly concerned about the quality of information about their foster child's needs and background which they received. With over half (52 per cent) complaining that they got poor information about the child placed with them due to an emergency placement. Nearly one in two (47 per cent) carers surveyed believe that this oversight is due to poor planning by councils.

Pre-care information is vital to providing a good standard of child-centred care, particularly in more complex cases and the failure to provide it negatively impacts both the well-being of the child and foster carers.

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20 Office of National Statistics (2003) *The mental health of children looked after by Local Authorities.* Available from: http://www.statistics.gov.uk/downloads/theme_health/ChildrensMentalHlth.pdf

21 PricewaterhouseCoopers (2006) *Children's Services Children's Homes and Fostering.* Department for Education and Skills. p. 21.

22 Ibid.

'We experienced allegations against us – we were treated as guilty from the start even though there was no evidence that the children had been mistreated. It was all the more distressing because social services wouldn't tell us what we were accused of, just treated us as if we had committed some terrible crime. When the charges were finally dropped, we discovered what it was that we'd been accused of - something so small I can't even remember what it was.'

Foster carer in evidence to the CSJ

2.4.2. CONFLICT AND STRESS

'Get attached and they move on and break your heart, don't get attached and they notice.'

Foster carer at CSJ hearing

Incomplete information and children who need greater support compound the high levels of stress and conflict that foster carers are likely to experience while caring for a foster child. Our research found that nearly one in two (46 per cent) of foster carers have been in conflict with social services while 38 per cent experienced conflict with the birth family of the fostered child. These conflicts were the cause of personal stress for over half (54 per cent) of carers while nearly four in ten (38 per cent) have experienced strain on their family because of a foster placement.

Furthermore, over a quarter (27 per cent) of current foster carers had faced false allegations being made against them and more than one in three (36 per cent) of all foster carers had experienced placement breakdown. Allegations made against foster carers can often be overwhelming and contribute to a carer's decision to discontinue fostering. The Fostering Network has pointed out how these allegations are often unsubstantiated, but an investigation can take months or years.[23]

Our findings are supported by the findings of a York University study which revealed that two thirds of carers surveyed had experienced at least one of the following:[24]

- Strong disagreement with social services
- Severe difficulties with birth parents
- Severe family tensions because of difficult placements
- False allegations
- Children being removed against their strong advice

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23   Fostering Network (2008) *Towards a Professional Fostering Service.*
24   Sinclair I, et al (2004) *Foster Placements: Why they succeed and why they fail.*

Worryingly, the carers who had these experiences were more likely to describe themselves as suffering from mental health problems and were less likely to continue fostering.[25] Given the increasingly complex needs of children coming into fostering and the stressful nature of the role, it is significant that in our survey, only 12 per cent of foster carers felt very well emotionally supported by social services while 44 per cent felt very or fairly badly emotionally supported: support which becomes more important if the children have more complex problems.

Not only does the stress experienced by foster carers threaten retention and recruitment, it also affects outcomes for the children in their care. Young people are highly sensitive to stress in their home, and for those who have come from troubled backgrounds this can prove even more problematic. By failing to support foster carers appropriately, we also fail the children whom are reliant upon them.

> 'At times of stress, parents and carers can easily get caught up in escalating negative behaviours. Their responses may unwittingly trigger further inappropriate behaviour on the part of the child... Both parties may end up feeling increasingly annoyed, angry and out of control.'
>
> Training Manual, BAAF[26]

2.4.3. INADEQUATE SUPPORT

> *'Unless you have well motivated, well trained, and well supported carers, you're not going to have success.'*
>
> Foster carer, in evidence to the CSJ

One way to reduce this stress would be to provide better support, consistently, to foster carers but our research illustrates that many foster carers are dissatisfied with the support they receive from Local Authorities. A mere 34 per cent of current foster carers were satisfied with the quality of help and support they received from councils and only 17 per cent believed that 'the Local Authority cared about them'. Furthermore, 60 per cent of foster carers are clear that greater support from Children's Services would produce the biggest improvement in the experience of fostering but there was little faith in this changing, for only 27 per cent felt that councils were ever 'held accountable for their actions'.

From these figures it is clear that Local Authorities need to do much more to improve the quality of their relationship with foster carers and to take their views into account. This exchange is not happening at present as only 32 per cent of foster carers felt that they had 'honest and open communication with their Local Authority'.

In this context, of poor communication between councils and foster carers and lack of support, it is not surprising that 43 per cent of current foster carers

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25   Ibid.
26   Pallett C, Blackeby K, Yule W, Weissman R and Scott S (2005) Fostering Changes: How to improve relationships and manage difficult behaviour. British Association for Adoption and Fostering. p. 63

feel the expectations of Children's Services departments are 'unrealistic'. Carers looking after severely emotionally troubled children can sometimes go weeks without receiving requested advice from social workers. This severely impairs their ability to do their job well.

Social workers are the face of the Local Authority for most foster carers and many of the issues affecting carers stem from their feelings about their relationships with social workers. Though these will be covered in greater length in Chapter 3, they form an essential component of the foster carer's experience and we have therefore summarised them below.

A recurring theme in our research amongst foster carers is the belief that social workers are too overstretched to truly support them. As one carer reported to us:

> *They don't have the time or the resources to give us the quality time we need. It's always a different face, we have to chase up all the time to get simple questions answered. They're not lazy, just overwhelmed.*

Thirty per cent of current foster carers thought that if 'the social worker had more time to get to know them' it would make a big difference to the entire care system while over a third felt that the biggest problem facing the entire care system was that professionals had 'too little time to dedicate.'

Worryingly, a large number of carers believe that part of the reason that their needs are not being met is because social workers do not have the skills to do the job. Only 9 per cent thought that 'social workers were well equipped to carry out their role properly' while over one in two carers felt they were badly equipped.

As one told us, 'they are poorly trained and inexperienced'.

Chapter 3 places these poor opinions of social workers in the context of the pressures being placed on the profession by a Government which is failing to deal with both demand and supply issues.

Foster carers feel that they must step into the breach caused by restricted social worker time and training. As Robert Tapsfield, Chief Executive of Fostering Network, said:

> *Foster carers are increasingly required to undertake fostering as a full-time profession. They are expected to take on a range of duties such as attending court and case meetings, and have to be skilled in many areas such as child development and education.[28]*

'Our carers look for support above everything else really. They need access to someone all the time in case something goes wrong or even if they just need a chat or some help in accessing other services. If you support your carer you will get better stability and a better result.'

Independent Fostering Agency to DfES[27]

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27   PricewaterhouseCoopers (2006) *Children's Services Children's Homes and Fostering.* Department for Education and Skills. p. 31

28   Cited in: BBC News (2007) *Children in care plans "fall short"* [online]. 21st June. Available from: http://news.bbc.co.uk/1/hi/uk/6227954.stm

Yet too often foster carers are not being offered the resources to do this effectively. Little or no training is given, even when they are dealing with very complex young people.

2.4.4. POOR FUNDING

'I struggled to support the foster child and my own children.'

Foster carer, in evidence to the CSJ

Our survey found that nearly one in two (46 per cent) foster carers felt 'badly supported financially' while just one in ten (12 per cent) said that they felt 'very well' supported. Indeed 69 per cent of current carers said that increased payment would do the most to improve their experience of fostering.

This research accords with that of a 2007 Fostering Network survey which showed that only 60 per cent of foster carers were paid any fee for their work, with only 25 per cent receiving a living wage and 17 per cent of foster carers relying on state benefits for additional income.[29]

We have received evidence from foster carers that their Local Authority allowances do not cover their foster child's weekly needs, meaning that the foster carer has to find funds elsewhere to pay for them, or the child has to go without. One comment was typical:

'We feel sometimes as if we have to go cap in hand for the necessities.'

Foster carer, in evidence to the CSJ

The financial rewards for foster carers working with independent fostering agencies were usually better than for those working for Local Authorities. As one foster carer recently commented to Government,

I can get £400 a week per child with an agency compared to £279 a week from the LA. £280 a week isn't enough to support my mortgage and life though. I have to supplement my income. A lot of the single parent foster carers that I know are using benefits to boost their income.[30]

As we have shown above in section 2.1.2., foster carers are attracted to this vital role for the noblest of reasons and, despite its pressures, can help transform the lives of the children for whom they care. We believe it is essential that we do not abuse this

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29   The Fostering Network (2007) *Can't Afford to Foster.*
30   PricewaterhouseCoopers (2006) *Children's Services Children's Homes and Fostering.* Department for Education and Skills. p. 23.

motivation, but instead provide foster carers with the financial resources, and the support, that they deserve and need in order to fulfil this heroic role.

Some Local Authorities are reluctant to increase payment to foster carers, out of a fear that it could encourage people to foster out of motivation for money rather than to 'make a difference'. The working group, however, is keen to acknowledge the fact that foster carers look after sometimes emotionally troubled children 24 hours a day, seven days a week, and should receive recognition of that fact. This is especially the case when Local Authorities require that the primary carer does not take on additional work.[31] In cases such as this, inadequate payment for foster carers amounts to a 'shocking under-investment in the care of looked after children throughout the country'[32] and experts from all sectors of the field warn us of the results:

> *The consequence of not investing in this service now will mean poorer outcomes for children, as well as the need for more expensive residential care placements which are often the result of poor early placement decisions. The long-term economic and social costs of failing to invest in foster care must clearly outweigh the costs of running a properly funded foster care service.*[33]

2.4.5. INADEQUATE STATUS AND AUTONOMY

> *'The role of foster carers truly is unique; no other activity impacts in quite the same way on private home life…We should treasure foster carers.'*

Lord Laming[34]

We have received testimony that carers feel poorly regarded by others working with the child they foster, despite the importance of their role and the enormous responsibilities and risks they assume.

Our survey found that only 32 per cent of foster carers believed that they 'received recognition beyond payment for their contribution' and a mere two in ten (21 per cent) felt their 'ideas count'. Over a third of foster carers felt that greater autonomy would improve their experience of fostering. In general foster carers wanted better communication with their Local Authority but many were also concerned about other agencies: only half of foster carers felt they had open and honest communication with their foster child's school.

31   The Fostering Network (2008) *Towards a Professional Fostering Service*

32   John Kemmis, Chief Executive, Voice for the Child in Care, Cited in: British Association for Adoption & Fostering. *The Cost of Foster Care* [online]. Available from: http://www.baaf.org.uk/about/campaigns/costfost.shtml

33   Collier F and Tapsfield R (2005) *The cost of foster care: Investing in our children's future.* British Association for Adoption & Fostering. p. 6.

34   Lord Laming (2006) *Care Matters: Placements Working Group Report.* Department for Education and Skills. p. 11.

Foster families also feel very strongly that petty bureaucracy frustrates their efforts to care for the children entrusted to them. At a grass roots level this is manifested in reports of foster carers being required to ask permission from Local Authorities for children to go on school trips or get haircuts.

Our research is supported by work from The Fostering Network which found that attempts by carers to involve foster children in activities as part of a normal family life are undermined by rules and attitudes which leave carers feeling disempowered.[35] Lord Laming's Care Placements Working Group report agrees:

> *Often foster carers are not involved in discussions about children's care or in decisions about their care planning and they may not be empowered to take basic administrative decisions. As a result they sometimes feel like second class members of the workforce.[36]*

Not only does this approach make foster carers feel undervalued and powerless, but it does little to remove the stigma often experienced by children in care. Indeed, these regulations 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 and being exposed to criticism from Local Authorities. How can a foster family begin to replicate a normal family environment when so many carers feel that their behaviour is tightly circumscribed?

If we are to improve the lives of children in care we need a motivated and empowered group of foster carers. This means we need a fundamental change in attitude and practice by Local Authorities towards foster carers.

'Foster carers play a key role in the lives of children and young people in care... Their commitment and expertise, together with the quality of the relationship they form with the children they foster, needs to be fully recognised in terms of their status, authority, remuneration, learning and development and support. Strengthening the role of foster carers in a professional service is key to improving the lives of children and young people in care.'

The Fostering Network[37]

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35   The Fostering Network (2008) *Towards a Professional Foster Care Service*. p. 9.
36   Lord Laming (2006) *Care Matters: Placements Working Group Report.* Department for Education and Skills. p. 24
37   The Fostering Network (2008) *Towards a Professional Fostering Service.* p. 12.

Case Study 2: Ben and Nicola (Foster Carers)

'Nick was our first foster child. We'd only had basic training, and so weren't supposed to get the more difficult children, but he was a very challenging child with severe emotional and behavioural difficulties. It wasn't that he didn't know how to behave. It was just that sometimes he refused.

We'd never seen anything like it. Sometimes he would foam at the mouth or scream through the night. At school he would have outbursts of rage, destroying equipment and attacking teachers. The school called the police! He was constantly being excluded from his school – sometimes for two weeks at a time – during those exclusion periods we had to look after him 24 hours a day – his previous foster worker had called the police too. He would throw bricks, try and smash furniture. We had to restrain him – we didn't want to, but we didn't have a choice when he was a danger not only to us but also to himself.

Thankfully, our social worker was wonderful, she gave us her mobile and home number and we would be calling her two or three times a week.

Still, in the end we had to give up. It wasn't that we didn't love him, we were just exhausted – Nicola had lost a stone and a half in weight. The court said that they would give us as much support as we needed, but we just didn't believe them.

He moved to a placement with a private fostering agency, where he received a lot more support and attended a special school. If we had received that level of practical support, I think we could have achieved a lot more.'

2.5. The impact of failing to focus on foster carers

The Government's failure to tackle this growing list of problems has had a severe impact not only on care provided by existing foster carers but also on the numbers willing to work within the state system.

2.5.1. THERE ARE SIGNIFICANT RETENTION PROBLEMS AMONGST EXISTING FOSTER CARERS

> *'Support is very important in recruitment and retention of carers.... Placements break down often because carers can't cope because the support's not there or they've had no respite from a difficult child 24 hours a day 7 days a week.'*
>
> Local Authority[38]

The shortage of foster carers is exacerbated by problems with retention: 1 in 10 foster carers gives up the role every year.[39] Our survey found that only 1 in 5 foster carers said that they rarely think of stopping fostering, and only 44 per cent of foster carers said that they would recommend fostering to others. In addition, nearly half of our surveyed carers fostered for less than five years.

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38   PricewaterhouseCoopers (2006) *Children's Services Children's Homes and Fostering.* Department for Education and Skills. p. 32.

39   Collier F and Tapsfield R (2005) *The cost of foster care: Investing in our children's future.* British Association for Adoption & Fostering. British Association for Adoption & Fostering. p. 28.

Fostering is a demanding role. It is therefore understandable if, having fostered a child, foster carers decide they have made the contribution they wished to make to society. Moreover, foster carers' lives change too and their commitments, stage of life and employment prospects can have a big impact on their ability to continue to foster.

However, as the research presented above demonstrates, there are serious problems with the current treatment of foster carers which deter potential carers and distress existing ones.

The response to these issues is not just spending more money on recruiting new foster carers. One report has suggested that the total cost of recruiting a new foster carer was £11,500 per carer.[40] This figure is more than twice the yearly allowance given to foster carers in some Local Authorities. This discrepancy shows clearly that we need to channel effort and funds into supporting existing foster carers in order to encourage them to stay and recommend fostering to their friends and relations.

2.5.2. THERE IS AN INCREASING DEPENDENCE UPON INDEPENDENT FOSTERING AGENCIES (IFAs)

'I've looked at both local authority and independent agency fostering. The money is a lot better in IFAs and there is quite a lot of support. They have better access to everything; there is more therapy for example, and respite services.'

Foster carer to a Government review[41]

Foster carers are recruited and supported by a combination of Local Authorities, private companies and charities. In March 2005 there were 146 Local authority providers, 188 private companies and 46 voluntary providers.[42]

'Originally I thought I had to be something more than 'just a mum', but with a really good support network you can be fine. One girl who was fostered with TACT by friends is now supported by my family as well, as she's finding it hard living on her own. The TACT foster carers all support each other's children – there's always family with an interest in the child and that's what kids need – to feel secure, to feel part of a family. You might not get it all right, but to see them smile and be happy, you know you've got something right. If they go on to be successful in college or other things, even better.'

Foster Carer, TACT Annual Review 2006/7. p. 6

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40   Ibid. p. 25.
41   PricewaterhouseCoopers (2006) *Children's Services Children's Homes and Fostering.* Department for Education and Skills. p. 23.
42   Ibid. p. 25.

Our surveyed population of foster carers found that 66 per cent work with Local Authorities and 26 per cent with independent providers. A lack of availability of foster carers sourced by Local Authorities has led to a growing dependence upon the independent sector, which is expanding, having placed 2,500 more children since 2001. Meanwhile Local Authorities have placed 800 fewer children with their own foster carers.[43] Those carers working with independent providers were much more satisfied and supported than those working with Local Authorities.

Relations between some councils and private providers have been characterised by mistrust, and Local Authorities try to avoid making placements with these providers because they believe they cost them more.[44] This assumption may be misplaced. In the words of one independent provider who spoke to us,

> *Most of those making placements have no idea what the cost structure of their Local Authority is and make no connection between what it costs us to invest in and support foster carers and our enhanced ability to recruit and retain them.*

This view finds some support in a recent report for Government which suggests that taking all costs, including shared overheads into account, the real cost to Local Authorities of 'in-house' fostering services is higher than they typically recognise.[45] As one Local Authority in the South East commented in the report:

> *In many cases, the PSS [Personal Social Services] expenditure returns do not reflect the real total fostering cost. That said, you have to ask the question, how much money would I save if I outsourced all fostering services and the support services and so on. I suspect that would be a more useful statistic.[46]*

Whatever the costs of the service, many Local Authorities continue to use independent providers extensively, particularly when trying to match more challenging criteria: for example teenagers, sibling groups, ethnicity matching and disabled children. Independent agencies can provide the variety that Local Authorities do not, and can expect more from foster carers because they give greater support and remuneration.

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43   Collier F and Tapsfield R (2005) *The cost of foster care: Investing in our children's future.* British Association for Adoption & Fostering. p. 28.
44   PricewaterhouseCoopers (2006) *Children's Services Children's Homes and Fostering.* Department for Education and Skills. p. 6.
45   Ibid. p. 33.
46   Ibid.

2.5.2.1. *The better experience of foster carers working with independent providers*

We have also found a striking difference in the satisfaction levels between independent and Local Authority services:

> A greater proportion of foster carers with independent agencies feel well or very well supported compared to their public counterparts:
>
> ● 33 per cent more feel well or very well emotionally supported
>
> ● 31 per cent more feel well or very well financially supported
>
> *YouGov poll April 2008*

These results send some important messages to those seeking to increase the number of foster carers and retain their goodwill and commitment. There are clear indications that many carers report feeling more supported by voluntary and private sector fostering providers. This improved support is expressed in terms of the quality of relationship between the foster carer and the provider, such as communication and praise, as well as in practical ways such as training and valuable feedback. It is also expressed in financial terms through higher payments.

It is therefore unsurprising that nearly one in three foster carers wanted a greater part of social workers' responsibilities to be assumed by those they believe perform better such as charities and private companies. In the words of one respondent: 'At the agency I get a prompt response. The Local Authority always took a message but rarely got back to me.'

As summarised in the box below, the best companies to work for have certain attributes that keep employees content and contribute to the success of the business. These attributes include being concerned for the employees' well-being, and making sure that employees have a positive opinion of employer and organisation. The evidence that the group has heard suggests that many Local Authorities would not qualify as 'good companies' for whom to work.

> **Attributes of the best companies to work for**
> ● Staff have a positive opinion about the head of the company and its senior managers
> ● Staff have high levels of well-being, with managed stress, pressure and a good balance between home and work duties
> ● Staff have a positive opinion about the company they work for
> ● Staff feel that companies put a great deal back into society and the local community
> ● Staff feel healthily stretched and challenged
>
> *Source: Sunday Times Best 100 Companies to Work For*

2.6. Kinship Care

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 but there are no official statistics.*[47] This 'kinship' care is invaluable because it holds families together and prevents many thousands of children from coming into the care system and being placed with strangers.

2.6.1. THE BENEFITS OF CARE BY THE EXTENDED FAMILY

'Oh, I'm not in care, I live with my Nan.'

Susie, aged 9, to the Grandparents' Association

Last year the 'Beyond Care Matters: Future of Care Population Working Group Report' acknowledged that 'family and friends care should be the first option

considered when determining a care placement for a child.'[48] A large body of work shows better outcomes for those children at risk of going into care when they are looked after by members of their extended family and friends of the family. These placements tend to be more likely to exhibit the stability which 40 per cent of our survey of foster carers and kinship carers think makes the biggest difference to the outcomes of children in care. Moreover, studies show that those involved in kinship placements are more satisfied than those in other forms of placement.[50]

Case Study 3: A Grandmother's Story[51]

Soon I realised that heroin had taken over Beth's life. As Beth became increasingly dependent, I realised that she was becoming less capable of looking after her young son. He was missing school because she couldn't always get him there, so I suggested that I could look after him during the week. Soon he was living full time with me. I work at night and then take him to school in the morning. Caring for him has made me less anxious and depressed because I've got to be strong for him - and I'm optimistic about his life.

47 Family Rights Group. *Family and Friends Carers.* Available from: http://www.frg.org.uk/working_with_family_and_friends_carers.html
48 Narey M (2006) *Beyond Care Matters: Future of Care Population Working Group Report.* Department for Education and Skills. p. 28.
49 Hunt J, Waterhouse S and Lutman E (2008) *Keeping them in the family: Outcomes for abused and neglected children placed with family or friends carers through care proceedings.*
50 For example see: Roskill C (2007) *Wider Family Matters. Family Rights Group*; Doolan et al (2004) *Growing up in the Care of Relatives and Friends.* Family Rights Group.
51 Adfam. *Suzanna's Story* [online]. Available from: http://www.adfam.org.uk/index.php?content=story_suzanna&include=no

2.6.2. THE PROBLEMS FACING KINSHIP CARERS

Despite the sterling work that kinship carers are doing, usually for little or no reward, our work strongly suggests that much needs to be done to improve their experience. We surveyed kinship carers at the same time as our survey of foster carers. An overview of the results shows that they suffered similar problems:

Inadequate support

- Only 18 per cent of kinship carers are satisfied with the quality of support they receive
- 45 per cent felt greater support from Local Authorities would improve their lives
- 32 per cent felt that social services did not fully understand their situation

Experience of conflict and stress

- More than half of kinship carers (53 per cent) felt poorly emotionally supported.
- Over one in four (26 per cent) had experienced conflict with social services
- 29 per cent wanted more support to help them cope

Poor financial support

- 50 per cent of kinship carers felt badly financially supported
- 40 per cent were caring for children supported solely by their pension
- 53 per cent said being a kinship carer had a detrimental effect on their finances

Insufficient status and autonomy

- Only 11 per cent of kinship carers felt that their Local Authority cared about them
- Only 13 per cent felt they had honest and open communication with their council
- Only 13 per cent felt that their ideas counted
- Over a third felt greater autonomy would improve their experience

Overall only 21 per cent of kinship carers felt that the care system had got better over the last ten years while double this number (42 per cent) felt it had got worse. This is understandable given the experience our survey results revealed.

Our research is supported by work by Family Rights Group Survey which found that 85 per cent of grandparents looking after their grandchildren had to make financial sacrifices with 72 per cent experiencing financial hardship and 36 per cent having to give up work.[52]

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52   Richards A (2001) *Second Time Around.* Family Rights Group

As Jean Stogdon, Chair of Grandparents Plus, reported to us, 'Our members often have to fight for benefits to which they are clearly entitled.'

This fact was acknowledged by the 'Beyond Care Matters: Future of Care Population Working Group Report' which found support for kinship care to be highly variable. This partially stemmed from confusion among Local Authorities regarding the legality of using Section 17 payments, under the provisions of the 1989 Children Act, as a form of long support for kinship carers.

> ## 'We shouldn't have to beg.'
> Headline of Grandparents First Newsletter April 2008

The Government has acknowledged that, despite the provisions of the Children Act 1989, which states that social workers should go to relatives before placing the child in stranger foster care, many Local Authorities are failing to utilise the resources of the extended family and friends.

Indeed, The Children's Plan 2007 states 'We will require that relatives and friends are considered as potential carers as part of a child's care plan.'[53]

The challenge this objective presents to current practice is made clear by research which reveals that, in over half (55 per cent) of those cases reviewed where children were placed outside their network of family and friends, there was no evidence that kinship care had been investigated.[54] Moreover, where it is an option, results are not optimised because insufficient support is given to help placements succeed.

The cultural change required amongst some Local Authorities to support kinship carers is demonstrated by the story of one kinship carer presented at a recent Community Care Conference:

> *We then asked for some financial support from Social Services and were told that the amount would be at their discretion but that as relatives we could not expect payment at the usual level. At this point we were told about the Munby judgement by a friend [entitling them to financial support]. We put this to the Social Services but they informed us that the Munby judgement did not apply. We wrote to the then children's minister…(copied to Social Services and several MPs.) Within a week we received a letter from Social Services informing us that we would receive the full grant.*

Our research shows that kinship care remains an under-utilised but potentially powerful force in improving the lives of children for whom the alternative is entry into the formal care system and living with strangers. A fundamental change is required in the attitude and activities of some Local Authorities for more kinship carers to be identified and properly supported to provide homes for children at risk.

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53   Department for Children, Schools and Families (2007) *The Children's Plan: Building brighter futures.* p. 25.
54   Broad B (Ed.) (2001) *Kinship Care: the placement of choice for children and young people*; Farmer E and Moyers S (2005) *Children Placed with Family and Friends: Placement Patterns and Outcomes.* Department for Education and Skills.

This state of affairs is in direct contrast to the approach taken by authorities in New Zealand, where 45 per cent of care placements are kinship placements and it is the automatically preferred route encouraged by social workers. These placements are given more financial support than their British counterparts and the amount varies depending on the carer's status. Such figures compare very favourably with the 1 per cent of kinship placements in Britain that are initiated by social workers.

2.7. The state of the nation's foster carers and kinship carers

Our survey shows that four in ten foster carers and kinship carers think the care system has got worse over the last ten years and fewer than two in ten think it has got any better. Furthermore, one in three foster carers think that the thing that would make the biggest difference to the outcomes of children in care would be Local Authorities simply doing what they are supposed to do.

Foster carers and kinship carers are split in their opinions as to the causes of this failure by local councils to do their duty. One in three believes that the biggest problem facing the care system is that there is too much work for professionals to cope with so they don't have enough time to dedicate to care. However, one in four foster carers and kinship carers think the most significant problem facing the care system is purely 'mismanagement by social services'.

The pressures on Local Authorities and specifically their social workers are discussed in the following chapter. Meanwhile, the views expressed in this chapter by foster carers and kinship carers are an indictment of the quality of relationship between foster and kinship carers and local authorities, and demand action.

2.8. Policy Solutions

OBJECTIVES

The objectives of our policy recommendations are to increase the number of foster carers and kinship carers, to treat them as valued and supported partners in the care of children and thereby improve retention rates and the stability of placements.

Our recommendations are as follows:

2.8.1. Pay all Foster Carers a living wage that is separate from allowances

We think that we should recognise the 24/7/365 nature of foster care by providing foster carers with a living wage. Foster carers should not be forced to make financial sacrifices and the state should recognise the increasing burden being placed on foster carers. A living wage would improve the retention of foster carers and encourage more people who cannot make the financial sacrifice necessary at present to become foster carers.

Furthermore, this wage would have the advantage of being simple and transparent minimum to which local authorities could add their own allowances to cater for children with more complex needs.

The Government has claimed that such a living wage would be complicated and expensive to implement. Instead it has proposed that all fostering services publish details of their payment structures for foster carers, in relation to the nature of the task and level of training required.

Complexity seems like an insubstantial excuse from a Government that introduced a national minimum wage for all workers. Moreover, any short term increase in expenditure should be seen in the context of the wider benefits of lower turnover of foster carers, such as lower recruitment costs. BAAF and Fostering Network have produced a well constructed proposal for a national system of fostering allowances[55] and we support their recommendations.

Later in this report we will expand on this recommendation by proposing to extend these arrangements, allowing foster carers to continue to accommodate care leavers up to the age of 21 (see Chapter 6).

2.8.2. PROVIDE MORE SPACE FOR FOSTERING CHILDREN BY HELPING FOSTER CARERS WITH HOUSING IMPROVEMENT GRANTS

One of the key reasons for the shortage of foster carers is inadequate housing space (see paragraph 2.1.1.). Some excellent foster carers are willing but not able to take any additional children. We would provide financial assistance to help existing committed carers to look after additional children.

We recommend introducing a scheme that provides grants to existing foster carers in order for them to carry out home improvements (a loft conversion for example).

This will allow successful and committed foster carers to accept more children if they wish to by creating more space. This would be an effective method of expanding supply with carers who are already tried and trusted. It would also help to increase the number of foster carers who can continue to look after young people as they enter their late teens and early twenties (see Chapter 6: Leaving Care).

We would suggest a pilot of this scheme in fifteen local authorities.

According to our YouGov poll, 54 per cent of the British public agreed that foster carers should be given home extension grants to expand the accommodation available they had that was available for children.

> According to our YouGov poll, 54 per cent of the British public think that foster carers should receive a living wage.

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55   A summary of Fostering Network's minimum allowances by age can be found at
      https://www.fostering.net/campaigns/allowances/minimum.php

2.8.3. Make kinship care the preferred placement and pay kinship carers the same rates as foster carers

Despite various attempts, 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 to Local Authorities and back our words up with action by paying kinship carers the same rates as foster carers.

Only 18 per cent of those surveyed thought social services should select a foster carer over someone from the child's own family, and the Government has already agreed that kinship carers represent a valuable and underused resource in keeping children well and happy despite family upheaval. However, this approach is not widely used by social workers and other professionals and few families understand the options available to them.

We recommend that a significant training exercise be undertaken to place kinship care at the heart of any initial social care response, and that extended family members be given as much information as possible regarding instruments such as Special Guardianship.

To reinforce this, and ensure that kinship carers get the same respect and support as other carers, we recommend extending an entitlement to the living wage to all kinship carers. We think that it is illogical to provide extended family members, who have to make the same sacrifices as foster carers, with less support.

Though this initiative would cost money, in training costs and increased allowances, many more children who are otherwise taken into care would be able to stay within their family, providing better outcomes which cost less in the long run. Moreover, some of the allowances to which kinship carers will become entitled would simply be redirected, from foster carers to kinship carers, and thus not be an extra expenditure.

Greater use of kinship care will also free up capacity, allowing the system to cope with increased demand and low supply of foster carers.

2.8.4. Introduce a Fostering Charter between Local Authorities and carers

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 believe that the Government should devise and publish a simple Fostering Charter to which all Local Authorities must sign up. It should specify the basic support which all foster and kinship carers should receive. It should provide a kite mark which would allow foster carers to know if they are receiving the help to which they are entitled and hold local authorities to account.

The Charter would include reference to items such as the a living wage; respect for foster carer opinions and support from education, social care and mental health professionals. In return foster carers would be clearly shown what was expected of them, such as their training obligations.

This proposal would help to reverse the postcode lottery in the treatment of foster carers. It would encourage a better quality of relationship between foster carers and local councils and thus improve recruitment and retention.

2.8.5. Encourage a level playing field between independent and Local Authority fostering agencies

This chapter has shown (2.5.2) that there is an increasing reliance upon independent providers to meet Local Authority needs. We have also identified higher satisfaction levels experienced by foster carers working for independent agencies in terms of quality of relationship, financial benefits and overall support.

Our survey revealed that 66 per cent of the current foster carers polled work for Local Authorities and 26 per cent for independent providers. This is too large a segment of the market to ignore.

Our earlier recommendations should help to make being a foster carer for a Local Authority as attractive as working for independent providers and improve overall levels of recruitment and retention.

However, alongside these improvements we think that to help drive up standards across the sector and meet the needs of children in care, it is time to encourage much more cooperation with independent providers in meeting the massive demand for foster carers across the country. This will involve much greater focus on the relative outcomes of different types of providers alongside more cost and service transparency on the part of local authorities.

By creating both a level playing field and a better regulated sector we can attract more creative providers to meet the national demand for foster carers and drive up the quality of outcomes for children in care.

2.9. Conclusion

Foster carers play an incredibly important part in the lives of the many children in care, yet we have shown how they are struggling to meet the demands placed upon them by our broken society. Carers are being asked to look after children with more complex needs but are inadequately supported and badly treated. Unless we treat them better we cannot hope to meet the needs of children in care.

Our policy recommendations will help increase the population of foster and kinship carers, support them more comprehensively and thus improve the stability and quality of placements for children in their care.

CHAPTER THREE
Social Workers

Introduction

The decisions of social workers are crucial to the fortunes of children in care. They have a major impact on where children live, who looks after them, what type of contact they have with their families and what happens to the children when they leave care. Moreover, social workers can provide much needed continuity and form a significant relationship with children in care who have been let down by their parents and society.

This chapter shows that social workers join the profession for the noblest reasons but that there is an unacceptable gulf between what social workers wish to do and the service that children in care receive. Children in care prize stability. They want someone who knows them and understands them, who will listen to them and is there when they need it most. But our work shows that these modest requests are denied by a care system in which high staff turnover, administrative overload, stress-related illness and heavy case loads are endemic. As a result, social workers are feeling squeezed and the needs of children in care are not being met.

A staffing crisis exists because the escalating demands of our broken society outstrip the current supply of social workers. Government is doing too little to solve this problem or to improve the conditions in which social workers perform their roles. This leads social workers to be demoralised and suffer from a toxic combination of unrealistic expectations of their role and negative media coverage. Our policies therefore aim to strengthen the support we give to social workers and thus enhance the implementation of our other policy recommendations.

3.1. Social workers

'The role of the social worker is immensely important. It is often the front line in the support and protection of children who need help or are at serious risk of injury or abuse.' [1]

Baroness Butler-Sloss of Marsh Green Former
President of the Family Division

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1   Loughton T (2007) *No More Blame Game.* p. 7

Social workers play a hugely significant role in the lives of children in care. They are involved with decisions to take children into care and monitor and manage their welfare throughout their time in the system.

Research shows that social workers apply and train for their jobs because they want to 'make a difference' to people's lives. A recent survey found that 40 per cent of people working in care said that the main reason that they started in the first place was because they enjoyed working with the people they looked after, while 99 per cent of care workers said that they enjoyed the feeling that they were helping people.[2]

Barnett Children's Services

However, there is a large and unacceptable gap between the service which social workers want to be able to deliver and the reality on the ground. The modest requests of children in care with regard to their social worker are still not being met. Our survey of former children in care found that 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. The opinion of foster carers was even worse with 68 per cent thinking social workers were poorly equipped.[3]

It is a poor reflection of the state of the current system that the vast majority of social workers join the profession to help others, yet those who receive this assistance feel so negatively towards social workers.

Former children in care and foster carers are very clear about the top three attributes of being a good social worker (see box below). 56 per cent think that having enough time to dedicate personally to the child was very important. Yet our survey revealed that children in care and foster carers feel that the system is too overstretched and poorly managed to deliver. Over a third of care leavers (34 per cent) felt that the biggest problem facing the care system was that professionals didn't have enough time while a further 31 per cent blamed mismanagement by social services.

> **YouGov April 2008**
>
> **Care leavers' opinions on important qualities for social workers**
>
> - 61% – An understanding of/skill with children
> - 56% – Enough time available to dedicate personally to the child/foster family
> - 49% – Being willing to stand up for the interests of the child
> - 45% – Motivated to help children/families

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2   Skills for Care (2007) *National Survey of Care Workers.* p. 61.
3   YouGov poll for Centre for Social Justice (April 2008)

3.2. SOCIAL WORKERS ARE UNABLE TO MEET THE NEEDS OF CHILDREN IN THEIR CARE

We believe that social workers' ability to meet the needs of the children in their care has been impaired. These children receive a raw deal because demand for social services is outstripping supply and Government is doing too little to strengthen and support the social work profession which is suffering from problems of recruitment, retention and pressure on those still in the job.

3.2.1. THERE ARE NOT ENOUGH SOCIAL WORKERS TO MEET SOCIETY'S DEMANDS

Key social worker organisations and voluntary sector providers have consistently argued that there simply are not enough social workers to meet society's needs. The pressure that social workers are under is increasing as societal problems such as family breakdown and substance abuse get worse (see Chapter 1).

> 'Call social services and you get an answer phone message. When you get through to a person, it's a call centre and they offer to call you back… the trouble is that you've only just found the thirty seconds to call them while the child runs riot.'
>
> Foster parent, in evidence to the CSJ

A Unison survey in 2002 showed that six out of ten social workers said that, even if all of the vacant posts in the profession were filled, there would still not be enough staff.[4] 96 per cent said case loads were too heavy, while 88 per cent felt that new staff were 'thrown in at the deep end'.[5] The working group has heard a wealth of testimony from social workers and foster carers that supports these views. Typical comments include:

'They don't have the people to deal with these complex kids.'

Foster carer at a CSJ hearing

'Case loads are far too heavy and rising because of ineffective planning and staff vacancies.'

Social worker at a CSJ hearing

3.2.2. FAILURE TO RECRUIT TO MEET DEMAND

The high levels of demand for social workers mean that successful recruitment is paramount. But despite Local Authorities nationally spending an estimated £7.7 million on children's social care recruitment advertising over six months in 2005,[6] 66 per cent of authorities indicated that they found it difficult to

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4   Unison Survey, 2002, quoted in http://news.bbc.co.uk/1/hi/england/1922470.stm
5   Ibid.
6   Local Authority Workforce Intelligence Group (2006) *Adult, Children and Young People Local Authority Social Care Workforce Survey 2005.*

recruit field social workers[7] and this figure has increased from 48 per cent in 2001. These problems have led Local Authorities to look overseas for recruits. However the state of the care system has been a shock to these recruits. One foreign social worker was quoted recently as saying:

I started work in the UK two years ago and have been really disappointed by my experience of employment here. I was offered no induction, no supervision and no support...[8]

The inability of many Local Authorities to recruit new social workers to meet spiralling demand for services is compounded by the large number of social workers leaving their posts.

3.2.3. SOCIAL WORKERS ARE LEAVING THEIR POSTS

In 2005, almost half of all Local Authorities reported difficulties in retaining field social workers. This figure has increased from 30 per cent in 2001.[9] This is unsurprising given that one recent report discovered that 78 per cent of social workers had, at some point in the past year, considered leaving their jobs, and 39 per cent were actively looking for another job.[10] Indeed, one in every ten field social workers in England left his or her position in 2006, a figure that increased to one in eight for London and the South East.[11]

The reasons why social workers are leaving are summarised in the box below and discussed in detail in section 3.4.

Reasons that social workers consider leaving their jobs
- 61% – Felt undervalued in current job
- 61% – Lack of resources to do job as well as would like
- 53% – Job is too stressful
- 56% – Having to compromise on standards

3.2.4. THE INCREASING DEPENDENCE ON AGENCIES

One of the clearest signs of shortages is the increasing dependence of Local Authorities on private sector agencies to fill posts. The latest figures show that

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7   Loughton T (2007) *No More Blame Game*. p. 30.
8   Department for Education and Skills and Department of Health (2006) *Options For Excellence, Building The Social Care Workforce of the Future*. p. 42.
9   Local Authority Workforce Intelligence Group (2006) *Adult, Children and Young People Local Authority Social Care Workforce Survey 2005*. p. 18.
10   Topss England Workforce Intelligence Unit (2003) *The State of the Social Care Workforce in England Volume 1 of the first Annual Report*. p. 97.
11   Local Authority Workforce Intelligence Group (2006) *Adult, Children and Young People Local Authority Social Care Workforce Survey* 2005. p. 24.

agency staff accounted for 13 per cent of the total Local Authority children's social care workforce, and more than one in five of the London workforce.[12] In 2006, Local Authorities spent 5 per cent (£110 million) of the total children's services payroll on agency workers – rising to 10 per cent in London.[13] In comparison, the NHS, an organisation known for its critical dependency on agency workers, spent 4.2 per cent of its overall payroll on them in 2004/05.[14]

There is nothing wrong with using agency staff appropriately. They may be very competent and highly qualified. They can also offer a good quality flexible service which is necessary when social workers are ill or on maternity leave. However the degree to which social services rely on them is symptomatic of the deeper problems within the social care workforce, and adds to its transient nature. Heavy reliance upon agencies can also increase dissatisfaction among Local Authority employed staff, as agency staff sometimes receive higher wages.[15] Moreover, the extra spending to employ agency workers would arguably be better invested in schemes to retain Local Authority workers.

> 'The social workers are so hectic that they can't get to know the child, but are making major decisions on the child's behalf.'
>
> Foster parent, in evidence to the CSJ hearing

3.3. The impact of shortages on children in care

We have seen that there is a shortage of social workers and that there is a serious problem with retention and recruitment of social workers. These issues matter because of their significant effect on the quality of care children receive.

In 2005 the report of the Joint Chief Inspectors on 'Arrangements for Safeguarding Children' concluded that continuing difficulties in recruitment and retention in some services affect their ability to safeguard children effectively and may restrict their capacity to deliver the new Every Child Matters arrangements.

As Chapter 4 (Emotional Well-Being and Mental Health) shows, children in care come from unstable backgrounds and prize stability. In fact, our survey of the foster carers that look after them reveals that 41 per cent think that increased stability for children in care would make 'the biggest difference' to the care system. Yet high staff turnover and labour shortages mean that some children in care experience up to thirty social workers[16] and this basic human need for a stable, trusting relationship is jeopardised.

> 'The longest I had a social worker was 3 months then from there I've had 14 different social workers. It's hard because you get to know and trust one and they leave.'
>
> Care leaver, to Children's Rights Director

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12 Children's Workforce Development Council (2008) *State of the Social Care Workforce,* p. 16
13 Ibid. p. 36.
14 NHS (2006) *Workforce – Acute Trusts.* p. 1. Available from http://www.productivity.nhs.uk/Form_GetReport.aspx?period=2006-Q2&report=t33&orgCode=RTE
15 Topss England Workforce Intelligence Unit (2003) *The State of the Social Care Workforce in England Volume 1 of the first Annual Report.* p. 121.
16 Morgan R (2006) *About Social Workers: A Children's Views Report.* Commission for Social Care Inspection. p. 9.

Furthermore, the discontinuity of personnel impedes good and prompt decision making about children in care as new social workers, without a deep personal knowledge of individual case histories, take time to get up to speed. As Wes Cuell, a former social worker and senior officer in the NSPCC, recently commented:

> *The main problem we have is a lack of continuity in council social services departments due to a shortage of permanent, experienced social workers...[17]*

3.4. The impact of shortages on social workers

The failure to recruit enough social workers to meet demand, and also to replace those staff that have left the profession, increases the strain on those staying in their roles.

In 2005 around 11 per cent of field social worker posts were vacant.[18] To put this in perspective, prison officers have described themselves as being 'in crisis' as a result of having 5 per cent of prison officer posts vacant.[19] These staff vacancies multiply the work loads of social workers covering for former colleagues who have left. A recent Unison survey showed social workers to have the highest increased workload and pressure out of all local government social services departments.[20] In 2005, 81 per cent of social workers said that workload and pressure had become worse over the previous year.[21]

'If we weren't so dedicated, the vacancy rate would be a lot higher.'

Social worker in evidence to the CJS

Our research indicates that these increased pressures result in stress, sickness, administrative overload and job dissatisfaction amongst social workers:

3.4.1. SOCIAL WORKERS ARE STRESSED AND SICK

Increased workloads caused by rising demand, together with staff vacancies, have increased stress levels within the social workforce. More than nine out of ten social workers have reported acute levels of stress and staff 'burn-out'. This situation has deteriorated since 2002, when 78 per cent of social workers said that the stress levels had increased within their department over the previous

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17   The Telegraph (2008) 'Khyra Ishaq: Why did her neighbours not come to her aid? 24 May. Available from: http://www.telegraph.co.uk/news/uknews/2017378/Khyra-Ishaq-Why-did-her-neighbours-not-come-to-her-aid.html

18   Local Authority Workforce Intelligence Group (2006) *Adult, Children and Young People Local Authority Social Care Workforce Survey 2005*. p. 22.

19   Prison Reform Trust (2003) *Prison Staffing Crisis.* June. Available from: http://www.prisonreformtrust.org.uk/subsection.asp?id=363
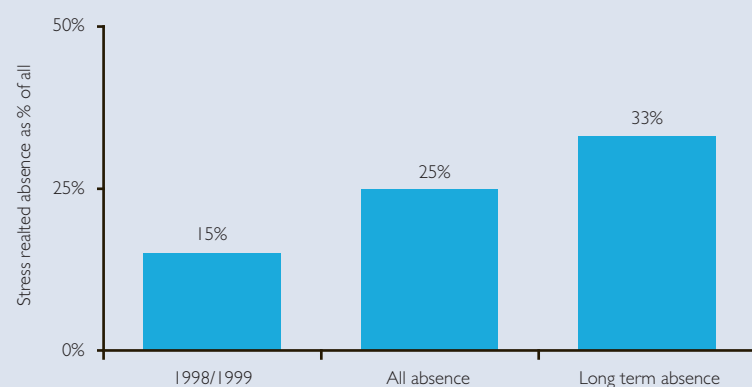
20   Cited in Topss England Workforce Intelligence Unit (2003) *The State of the Social Care Workforce in England Volume 1 of the first Annual Report*. p. 96.

21   Ibid.

Figure 11: Social work shows a high vacancy rate

Figure 12: Social worker stress levels are increasing

year.[22] Indeed, Community Care, a key publication for those working in social care, recently commented on the difficulty of finding a social worker who '...is not so stressed that they leave to be replaced by agency staff.'[23]

High levels of stress have, in turn, led to continuously high levels of sickness among social workers. The Employer's Organisation survey from 2002 revealed that stress or depression and related health and fatigue illness accounted for 25 per cent of all social service staff absence, and over a third of

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22   Unison (2002) *Unison members in Local Government.* p. 126.
23   Williams C (2008) *Developing Social Work Practises for Looked after Children.* Community Care
        Online. 22 May. Available from:
        http://www.communitycare.co.uk/Articles/2008/05/22/108268/developing-social-work-practices-for-
        looked-after-children.html

long term absence.[24] This figure has risen over several years: in 1998/99, the proportion of total sickness absence attributable to stress was 15.5 per cent.[25]

Absence due to sickness is endemic within social services. The median sickness absence level for social services staff in 2007/8 was 6.9 per cent per year (approximately 15 days per year).[26] This should be compared with all local government employees, where the absence rate was 4.5 per cent (10 days) and teaching staff, who, in 1999/2000 had absence rates of 3.5 per cent (approximately 8 days). The only groups with absence levels due to sickness comparable to social workers are the prison service (between 13-15 days), and the police force (12 days).[27]

Difficulties with recruitment, sickness and turnover within the social care workforce have further increased the dependence of Local Authorities upon agency workers and 84 per cent of them use agency staff to cover sickness absence or leave. Indeed, it has been suggested that some social workers choose to work for agencies, instead of Local Authorities, as a 'self preservation' strategy, reducing stress and 'burnout'. If an agency worker is placed in a poorly managed or stressful team it is much easier to leave the placement than if they are employed directly by the Local Authority.[28]

3.4.2. ADMINISTRATIVE OVERLOAD

The rising demand for the services of social workers coupled with staff shortages means that the responsibility for administration of heavy case loads falls on fewer heads. The group has heard evidence that increasingly, much of a social worker's time is spent on administrative work, often at the expense of time spent with children, birth families and foster carers. As one social worker said:

> *The crucial problem to be addressed for children in care is that **no one is doing any direct work with them.** There's a culture of 'we don't have time to do direct work.'*

> Witness in evidence to the CSJ (emphasis added)

This is supported by evidence presented by The London Borough of Sutton to Tim Loughton MP which stated that, twenty years ago, only 30 per cent of a social worker's time was spent on paperwork. Recently, however, the General Social Care Council have found that paperwork takes up at least 60-70 per cent

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24   Local Government Employers' Organisation (2003) *Social Services Sickness Absence Survey 2001/2.* p. 4.

25   Cited in Topss England Workforce Intelligence Unit (2003) The State of the Social Care Workforce in England Volume 1 of the first Annual Report. p. 117.

26   Children's Workforce Development Council (2008) *State of the Children's Social Care Workforce 2008.*

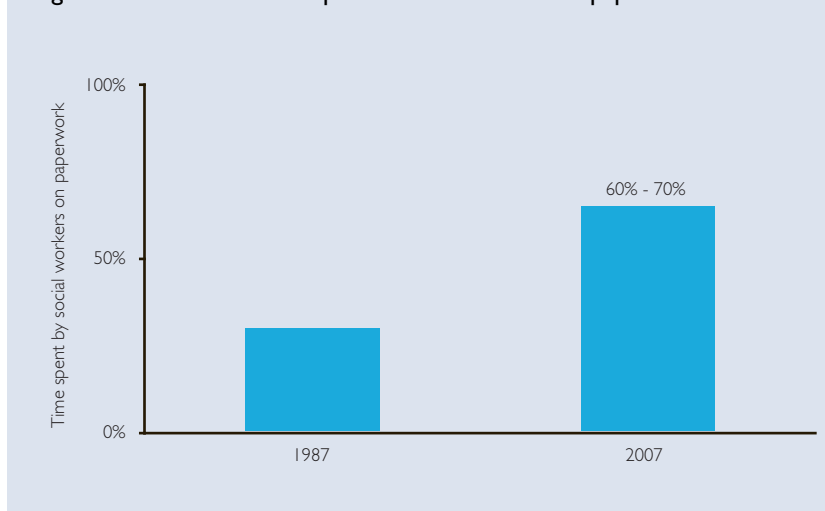27   Topss England Workforce Intelligence Unit (2003) *The State of the Social Care Workforce in England Volume 1 of the first Annual Report.* p. 115.

28   Ibid. p. 121.

Figure 13: Social workers spend too much time on paperwork

of a social worker's time, leaving little time to spend with families.[29] For a job where the appeal is in helping and interacting with people this aspect has proved, unsurprisingly, to be the most unpopular. 41 per cent of qualified social workers said that out of all of their responsibilities, they disliked bureaucracy and paperwork the most.[30]

The group has heard evidence from social workers who feel deeply unsatisfied with their job as a result of minimal client contact and increasing bureaucracy. The pervasive lack of job satisfaction has been present for some time: one study from 2003 showed that, although social workers gained satisfaction from working personally with clients, the lack of ability to do this meant that job satisfaction levels decreased as a result.[31]

3.4.3. SOCIAL WORKERS ARE DEMORALISED

A combination of a highly pressured working environment and hindrances to doing the role that they trained to do, causes very low levels of morale among social workers. Morale has been low for some time. In 2002 a Unison study found that 68 per cent of social workers said that morale had decreased within their department. As a result, only 18 per cent of social workers said that they would definitely recommend their job to other people.

Low levels of morale are compounded by the poor level of support from management that many social workers say they experience. Social workers have reported to the group that the lack of support available limits their ability to cope effectively with the large case loads they are given. A Workforce

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29 Loughton T (2007) *No More Blame Game.* p. 43.
30 Cited in Topss England Workforce Intelligence Unit (2003) *The State of the Social Care Workforce in England Volume 1 of the first Annual Report.* p. 110.
31 Ibid. p. 101.

Intelligence Unit report acknowledged that line managers have a major impact on the morale of social worker staff 'yet are often inadequately trained and prepared for managing people.'[32]

This low morale is reflected in debates about pay. Some 60 per cent of social workers said that low pay has led them to consider an alternative career. Indeed, The Workforce Intelligence Unit annual report commented that

> *There is evidence that pay assumes greater importance as job dissatisfaction increases. When job satisfaction is high, low pay is tolerated, but when job satisfaction is low, pay becomes a major source of dissatisfaction, and a spur to seeking another job.*[34]

> '*How supported do I feel? I don't - I never have done.*'
>
> Social worker in evidence to the CJS

In addition to the internal pressures experienced by social workers, there is considerable evidence that external perceptions of their role have a significant impact upon morale. We have identified the unrealistic expectations of society and media negativity as key issues.

3.4.3.1. Unrealistic expectations

> '*Parents resist any suggestion that their child's behaviour might have anything to do with them: you're social services, you should be sorting it out.*'

> Social worker at a CSJ hearing

This report shows there are incredible pressures in society which place social workers on the front line in the position of 'picking up the pieces' of family breakdown. Rather than recognising the responsibility of the parents and their power to change their own lives and those of their children for the better, society too often places the burden on social workers. The working group has heard evidence of the high expectations of social workers to solve society's problems with little support or recognition.

This is exacerbated by a lack of appreciation that is also common in wider society. Only 37% of the public said that they were very confident or fairly confident that social workers are competent and well-trained, compared with 92% for GPs.[35] Indeed our own survey found that 53 per cent of the British public are not confident that social workers are competent and well trained.

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32   Ibid. p. 12.

33   Community Care (2008) *Editorial Comment: Social Workers Remain Poor relations in Public Sector. 5 March*. Available from: http://www.communitycare.co.uk/Articles/2008/03/05/107495/editorial-comment-social-workers-remain-poor-relations-in-public-sector.html

34   Topss England Workforce Intelligence Unit (2003) *The State of the Social Care Workforce in England Volume 1 of the first Annual Report*. p. 13

35   YouGov polling for the CSJ June (2008)

We believe the answer to reconciling these perceptions with reality is to implement the preventative policies described in Chapter 1 and, alongside this enhanced support for families, continue to emphasise the responsibilities of parents to their children.

3.4.3.2. Media negativity

Our survey found that 35 per cent of the public think that the media is responsible for the poor reputation of social workers.[36] Media coverage further reinforces a negative image of social workers. One recent trawl of the press revealed that a third of stories about the social workforce were negative.[37] Coverage of scandals such as the Victoria Climbé and Khyra Ishaq cases has also increased fear among social workers that they will be blamed should a similar event occur.[38]

As Judge Nicholas Crichton reported to Tim Loughton MP,

> *I believe that social workers are too scared to exercise balanced discretion. The sequence of cases involving Maria Colwell, Tyra Henry, Jasmine Beckford and Victoria Climbé …has led to such vituperative media criticism of the work of social workers that often their first thought is to protect their own backs. This is not conducive to good social work. As a result of these issues social work departments develop 'policies' which, when slavishly adhered to, can impede good social work practice.[39]*

> ‘Sometimes we have to remind ourselves that we haven’t done the abuse.’
>
> Social worker in evidence to the CJS

This is an ongoing problem, as shown by a Unison survey of social workers in 2003 which found that eight out of ten social workers said that they worked under a cloud of fear and a culture of blame and scape-goating.[40]

3.5. The Government’s Response

The Government recognises that there are issues surrounding the social care workforce and, as the box below shows, has put in place a series of initiatives to improve conditions.

It is too early to judge the impact of these initiatives. However, we are concerned that the Government’s agenda is too focussed on inward-looking restructuring and its attempt to explain to the general public the merits of social work will fall on deaf ears.

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36   Ibid.

37   Topss England Workforce Intelligence Unit (2003) *The State of the Social Care Workforce in England Volume 1 of the first Annual Report.* p. 267

38   For example: http://news.bbc.co.uk/1/hi/england/west_midlands/7414078.stm

39   Loughton T (2007) *No More Blame Game.* p. 25.

40   Unison (2003) *Climbie Inquiry – UNISON Reaction.* 28 January. Available from: http://www.unison.org.uk/asppresspack/pressrelease_view.asp?id=259

Government initiatives for social workers

The General Social Care Council (GSCC)
In 2001 the GSCC was created as a non-departmental public body accountable to the Department for Children, Schools and Families with a mandate to set new standards for social care workers, improve skills and to regulate the social care workforce. This has overseen the creation of the social work register; protection of the title 'social worker'; publication of the 2002 codes of practice and the introduction of a three year degree in social work. It has also introduced a new framework of post-qualifying awards for social workers in 2007.

The Roles and Tasks of Social Work: Published in March 2008
This is one of the more recent outputs of the GSCC. The statement was prepared at request of the Minister for Children and Care Services and is intended to:

- Explain what the public can expect from social workers
- Increase public confidence
- Provide a framework for workforce development
- Focus and improve social work practice, raising professional status and making better use of resources

Options For Excellence, Building The Social Care Workforce of the Future
Published in October 2006 its actions and options were grouped into 5 areas:

- Learning organisations, 'Including continuing professional development (CPD), improving support for newly qualified professionals and those new to managerial positions, further developing capacity for research in social care, and integrating the views and experiences of service users in workforce development.'
- Recruitment and retention, 'Looking at publicity campaigns to raise awareness, measures to reduce reliance on temporary staff, supporting informal and formal carers and developing a Code of Practice for international recruitment.'
- New ways of working, 'Covering the development of new roles and remodelling the workforce, the use of new technology and workforce development for personal assistant.'
- Improving leadership and management, 'With proposals focused on human resource management, workforce planning and workload management systems.'
- Commissioning, 'And in particular considering ways to ensure that those commissioning services have the necessary skills, and enhancing the role of commissioners in improving the quality of social care services.'[41]

The Remodelling Social Work Delivery Project
Led by the Children's Workforce Development Council, this project is currently testing out new approaches to social work deployment so staff expertise can be used more widely, enabling better direct work with clients.

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41   Department for Education and Skills and Department of Health (2006) *Options For Excellence, Building The Social Care Workforce of the Future.* p. xii.

In contrast, we believe it is necessary both to focus on the demand issues causing social workers to struggle as well as to revitalise and support the profession by bringing in fresh help and outside perspectives.

As Chapter 1 explains, the Government has not implemented policies to reduce the pressures placed on social workers coming from rising levels of family breakdown in society. Chapter 1 describes how we will reduce these strains.

However, it will take time for our preventative strategy to take effect, reduce workloads and improve care. It is, therefore, critical that our society makes the most of its social workers, encourages more able people to join the profession and treats them well.

The following policies, therefore, focus largely on workforce reform and in particular on recruitment, retention and training, which support the strengthening of the social workforce and enhance the implementation of our other policy recommendations. Our recommendations draw on the best ideas from the voluntary and private sectors as well as European experience.

3.6. Policy solutions

OBJECTIVES

We wish to expand the population and skills of social workers to meet the increasing demand for their services. We also wish to end the endemic high turnover, stress and sickness which affects the profession and has negative impacts on children in care and foster carers. We want to create a more stable workforce who are more satisfied with their jobs and can meet the needs of children in care.

Our recommendations are as follows:

3.6.1. INTRODUCING NEW 'CARE FIRST' AND 'CARE NEXT' RECRUITMENT SCHEMES

Increasing the recruitment of high calibre applicants is essential to revitalising social work as a profession. To increase the size and quality of the pool of potential social workers we propose the introduction of two new schemes – 'Care First' and 'Care Next'. We believe that these schemes would ease staffing problems and revitalise the status of social work in society.

3.6.1.1. Care First

Care First would recruit committed graduates from the top universities. The idea is modelled on the highly successful Teach First scheme. Teach First was introduced in 2003 and was an imitation of the US 'Teach for America' programme. It is an independent voluntary organisation and recruits high flying graduates to work in disadvantaged schools. It began in London, expanded to Manchester and is now rolling out to eleven cities between now and 2010.

Case Study 1: Teach First

London business leaders concerned about poor pupil performance hired consultants to recommend solutions to tackle educational disadvantage. The number of excellent teachers was found to be a key factor in pupil success and, inspired by the Teach for America programme, it was suggested that top flight graduates be recruited to spend two years in struggling schools.

On the job training, new skills and a leadership development programme make the scheme attractive to high achievers who would not otherwise enter teaching, and close partnerships with the business community mean that those who do not wish to stay in teaching find excellent jobs after the scheme finishes. In fact, around a half of the recruits stay on after their initial two year contract ends.

Teach First introduced their first year of graduates to schools in 2003 and have now placed more than 1,000 trainees. The scheme, which is funded from both private and public sources, has been a fantastic success and recently announced that it will be doubling in size by 2013. A recent Ofsted report praised the scheme, saying that Teach First trainees had 'a notable impact in transforming underperforming departments' and had raised the aspirations of older staff.

Graduates have to compete to be selected on to the Teach First programme and after an intensive period of training they begin work immediately, often in the most difficult schools, supported by structured mentoring. They sign up for a two year period after which they can use the skills they have acquired to enter other high flying jobs. However, such is the success of the programme that over 50 per cent now stay in the profession.

Teach First has been a great success in helping to turn around performance in the disadvantaged schools in which many children in care are educated. Ofsted reports have found that entire departments had been improved by the enthusiasm, skills and innovative techniques introduced by the graduates.[42] The feedback from schools and inspectors and children involved has been so positive that the Government announced that the scheme would more than double in size by 2013.[43]

As a model, Teach First offers some important lessons regarding funding and organisation: half of Teach First's funding comes from private donors; schools pay a small recruitment fee; the Training and Development Agency funds the Summer Institute- Teach First's training 'boot camp'; the Department for Children, Schools and Families pays Teach First a lump sum of £2,000 per trainee which is given to schools to cover training costs and time given by teachers for mentoring; and significant in-kind support is also donated (for example Teach First's offices in Canary Wharf).[44]

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42   Ofsted (2008) *Rising to the challenge: a review of the Teach First initial teacher training programme.*
43   *The Guardian* (2008) 'Number of high-flying teacher trainees set to double'. June 23
44   Teach First. *How we are funded* (online). Available from:
      http://www.teachfirst.org.uk/what_is_teachfirst/funding

By spreading the burden of funding the new programme across several responsible government departments and private donors, the scheme involves significant numbers of interested stakeholders, which not only protects the scheme's funding, but increases its attractiveness to trainees who then move on to work with donors. 'Care First' and 'Care Next' (see below) should seek to build a similar coalition, securing involvement of the Children's Workforce Development Council and the GSCC, with the overall scheme being coordinated by a new, independent body.

Applying such an approach to social work would tempt graduates who might never have considered working in care. Recruiters need to make sure that trainee selection focuses as much on interpersonal skills as academic factors but Teach First has the same requirements. Though some doubts have been raised over the depth of preparation that is possible during intensive training and early on-the-job experience, the same was said about Teach First. Moreover, much of this shortfall could be recouped by the continual professional development arrangements already put in place by the Government. Meanwhile enthusiastic, committed young people could fill some of the personnel gaps prevalent within the profession. More people working permanently on the ground would, in the long run, reduce our dependence on agency staff and increase the morale within the caring professions generally, tempting agency workers back into the mainstream system. This should also serve to reduce existing costs in order to pay for the new programme.

3.6.1.2. Care Next

We would also seek to introduce a 'Care Next' scheme. Care Next would be a scheme aimed at recruiting managers with a proven record of success in other areas who are looking for a more vocational challenge. Recruits would be selected by a similar process to Care First social workers, including rigorous interviewing and testing to identify their specialist skills. These could include finance or man-management. Care Next managers would then be placed in management positions within social services departments which would free senior social workers from more administration and allow them to spend more time with the people for whom they were trained to care. This scheme would help experienced individuals in other fields to switch over to social work, and encourage recruits from new backgrounds to improve quality and raise expectations. This would also bring in skilled line managers and better management practises which, as we saw in section 3.4.3, are vital to the improvement of morale.

The Government is attracted to the idea of using mature and experienced managers who want to apply their skills in a more vocational context to help in teaching,[45] and the notion has gained support from policy think tanks such

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45   'We wish to encourage men and women of talent to move mid or late career into teaching' Gordon Brown, Mansion House 20th June 2007

as the IPPR and Policy Exchange.[46] But plans are undeveloped. We believe that the successful lessons of Teach First should be applied to social care rapidly in the form of a scalable pilot and then developed into a national Care Next scheme.

3.6.2. FOCUSING TRAINING ON WHOLE FAMILY WELFARE AND WHOLE CHILD WELL-BEING

We believe that if social workers are better trained to focus on whole family welfare and whole child well-being then fewer children would need to be taken into care and the outcomes of care would be better.

As Case Study 2 shows, in continental Europe, there is great use of the 'social pedagogue', which is similar to the role of social worker, only with a much broader remit. Social pedagogy places much more emphasis on a psychological understanding of the child's situation and development as well as education. It can encourage broader investigations into family background and the quality of relationships. These highly trained 'social workers' are encouraged to have a deep level of commitment to children and are well respected by their societies. The higher standard of training means that fewer social workers are required, and also that there is a lower rate of staff turnover, resulting in greater stability for children.

Westminster recruits care leavers into Children's Services

The following case study from Denmark shows the benefits of encouraging individual progress, rather than enforcing a uniform pace for all; and of the socialisation of young people by equipping them to function well in groups. These attributes are particularly vital for children in care, whose educational attainment may well have been disrupted, as well as their relational well-being. Outcomes speak for themselves: some children's homes in Denmark send around 60 per cent of care leavers to university.[47]

The Government has called for piloting of the social pedagogue role but we believe that more immediate action is required to bring this already tried and tested European technique into the mainstream of British social care. In order to facilitate this, we recommend broad changes to the structure of diplomas and degree courses to include social pedagogy. In particular we would like to see this approach promoted through professional development courses so that the method could be rolled out nationally to all relevant social workers. Modules in these courses could be delivered by the voluntary sector as well as by existing educational and training institutions.

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46   For example: Freedman S, Lipson B, and Hargreaves D (2008) *More good teachers.* Policy Exchange.
47   Bunting M (2006) 'A Word to the wise' [online]. *The Guardian.* 8 March. Available from:
      http://www.guardian.co.uk/society/2006/mar/08/schools.childrensservices

Case Study 2: Social Pedagogy in Denmark

About 11 countries in continental Europe use social pedagogy extensively. In particular we will look at Denmark:

In one recent study 90 per cent of staff working in the residential care settings in Denmark held a degree level qualification, and the majority of these degrees were in Social Pedagogy. In contrast this figure was under 30 per cent in England. 48 per cent of those interviewed in England reported difficulties in retaining staff compared to 0 per cent in Denmark.[48] Social pedagogy in these countries has improved not only care outcomes for children, but the esteem in which workers in social care are held, and thus their job satisfaction and enjoyment.

In Denmark, there are 32 colleges dedicated to providing degree level training for pedagogues, a course that lasts three and a half years. Qualified pedagogues work with adults and young people, as well as children and the intensive training focuses on providing a general education, backed up by optional specialisms. About a third of the course is dedicated to full-time work placements, some of which may take place abroad. About 60 per cent of the workforce in care and education services for pre-school aged children and very nearly all of those working in residential care are qualified as pedagogues.[49]

The differences in training can be plainly seen from this account of a Danish placement in England:

Danish pedagogy students on 6 month full-time placement in English children's services were highly praised by their English supervisors. Reportedly, they accommodated well to existing modes of practice, they developed excellent relationships with children and staff, and they were creative. They were frequently allowed to undertake responsibilities beyond the normal remit of placement students. Some students were said to promote a questioning culture about practice and procedures, which was seen by staff as beneficial to institutional practice, overall.[50]

3.6.3. REWARDING SOCIAL WORKERS FOR STAYING IN 'FRONT LINE' PRACTICE

We wish to put the emphasis back onto the social worker's key role of working with children and families, rather than as administrators or managers. We hope to encourage more social workers to stay on the front line by ensuring they can choose a career path that doesn't lead to the back office. Senior social workers should be able to choose to specialise. Proven managers (particularly those brought in through Care Next – see section 3.6.1.2.) could focus on more administrative and management tasks.

With this policy we aim to provide a balanced and experienced workforce, reversing a situation where too many experienced social worker managers spend too much of their time trying to meet budgets and targets which are impossible to achieve without more experienced front line staff.

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48   Social Pedagogy UK. 'Research & Evaluation' [online]. Available from:
       http://www.socialpedagogyuk.com/index.php?option=com_content&task=view&id=12&Itemid=34
49   Cameron C (2006) *New Ways of Educating: Pedagogy and Children's Services.*
50   Petrie P, et. al. (2008) 'Pedagogy - a holistic, personal approach to work with children and young
       people, across services: European models for practice, training, education and qualification'.
       Available from: http://eprints.ioe.ac.uk/58/1/Pedagogy_briefing_paper.pdf

Case Study 3: Glasgow

'The department has returned its first line managers to practice, with small practice teams comprising an experienced, expert practitioner (the former manager); a less experienced social worker and two social care workers. The department did this to alleviate their recruitment, retention and allocation difficulties and considered that they were wasting the hands-on expertise of their managers and perpetuating a dependent, over-managed workforce. The department has improved staffing levels overall, and staff at all levels report a considerable decrease in 'managing up', more confident decision making at practice level and increased understanding, interest and contribution to strategic planning.'[51]

As the case study above shows, a model similar to this has been very effective in Glasgow, where first line managers return to the field as 'experienced practitioners' working with smaller teams. This approach has not only improved staffing levels but has also had other positive impacts.

In order to deliver this ambition, several big changes will have to occur: we will need to review the career and pay structures offered to social workers; reframe job specifications and role allocation; and set about changing fundamental attitudes about the meaning of progression within the social workforce.

Local Authorities will be key to these reforms but it is vital that they should also involve industry leaders such as GSCC and voluntary sector voices such as The Who Cares? Trust. We do not believe such changes will be easily achieved, nor simple to design. However, once in place, they should lead to improved retention figures as we allow our social workers to do what they do best and develop more specialists in the field, who create a beneficial repository of knowledge.

3.6.4. INTRODUCING MORE PRIVATE SECTOR METHODS OF RECRUITMENT AND RETENTION INTO LOCAL AUTHORITIES THROUGH PARTNERSHIPS WITH THE BEST COMPANIES

This chapter has shown how the private sector has the edge in recruitment and retention. We believe that more Local Authorities should follow its lead.

Good results have already been seen in Authorities that have been willing to trial innovative methods of bringing new faces into their social care teams. Barnet offered a two year traineeship, after which trainees spent two years at university before being contracted to work for Barnet council for two more years. Numbers of applications have been overwhelming and of outstanding quality.

We therefore propose that leading employers who have a good track record of hiring and developing staff such HSBC or Marks and Spencer be encouraged to lend their experience and expertise to councils. This partnership could be

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51   Social Care Institute for Excellence (2007) *Response to Care Matters Green Paper Consultation*

made attractive to companies by giving them a tax deduction for the time spent volunteering their services. This could form a key part of their corporate and social responsibility agenda, and in maintaining a more satisfied workforce Local Authorities would improve the welfare of children in care.

3.6.5. ENCOURAGING CARE LEAVERS TO JOIN THE SOCIAL CARE PROFESSION

Children want carers who understand their experiences, and who better to understand them than former care leavers? Westminster and Barnet Councils have both launched schemes that offer placements to care leavers within council departments, including Parks and Open Spaces, Customer Service, Strategic Development and Communications. Most importantly they are offering placements within their Children's Services departments.

We believe that schemes like this should be expanded nationally to give more opportunity to care leavers, and this recommendation is discussed further in Chapter 6: Leaving Care. For this chapter, though, it is important to note the potential of bringing young people with experience of care into the social care workforce, where they can help make a difference to the lives of children not so different from themselves. This would help councils to promote the concerns of children in care and care leavers in their plans.

3.7. Conclusion

This chapter has demonstrated that much of the legislation which has been enacted over the last decade to improve the welfare of children in care has been ineffective because Government has failed to support the social workforce. Our policies will strengthen the social care workforce and leave it better prepared to meet the demands of our broken society.

Emotional Well-Being and Mental Health

'The children I see today are much more disturbed now because they have more negative experiences. We can't just think that putting them with a good foster family will make all the difference when they have been traumatised by their own family. They need intensive long term help.'

Mental health worker in evidence to the CSJ

Introduction

This chapter shows how the severe mental health problems faced by many children in care are not adequately treated in the care system.

As we saw in Chapter 1, the state does not intervene in a timely way to help prevent family breakdown; and when children come into care, they are not helped sufficiently to restore or improve their mental well-being.

'We need to tackle the emotional problems before we move onto other aspects, like succeeding academically. We're not going to get big gains from looked-after children and young people in schools, unless we work with the emotional dimension.'

Dr Seán Cameron, Co-director of the professional doctorate programme in Educational Psychology, University College London

Child and Adolescent Mental Health Services and Local Authorities are struggling to meet the increasingly complex mental health needs of children in care and are failing to support those who look after them. 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 leave the care system. This is unacceptable.

Given the reasons that children come into care in the first place, it is not surprising that they experience disproportionately high levels of mental health problems. But the care system serves, in many cases, only to worsen these problems through instability of placements and an inadequate awareness and treatment of mental health needs.

We believe that the state can, and must, pay fuller attention to the emotional well-being of its charges and those who look after them. Our policy

recommendations are designed to prioritise the needs of children in care and result in an immediate improvement in the service they receive.

4.1. The mental health of the nation's children

'Adolescent mental health in the UK is deteriorating with emotional and conduct problems worsening over the past 25 years.' [1]

Before we consider the nature and extent of emotional and mental health problems for children in care it is necessary to put them in the context of the emotional well-being and mental health of all children in the UK. The situation is worrying and appears to be getting worse:[2]

- One in four people in the UK will experience some kind of mental health problem during their lifetime[3]
- One in ten children between the ages of one and fifteen has a mental health disorder[4]
- There has been a 70 per cent increase in emotional problems among UK teenagers over the past 25 years[5]
- Child and Adolescent Mental Health Services' (hereafter, CAMHS) caseloads have risen 40 per cent over three years[6]

In June 2008 The Children's Society's Good Childhood Inquiry found that children and young people are experiencing mental health problems in increasing numbers and concluded:

The truth is that there is a mental health epidemic in this country, far worse than in comparable countries, and children are always suffering the brunt of it. A growing proportion of UK children suffer from severe emotional and psychological distress.[7]

The Children's Society study showed that mental health problems are rooted in the family and the pressures placed upon it. As Chapter 1 and our *Next*

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1   YoungMinds (2006) *Stressed out and struggling. A call to action: commissioning mental health services for 16-25 year-olds.*

2   The Office for National Statistics (2005) *Mental health in children and young people in Great Britain.*

3   World Health Organisation (2001) *Mental disorders affect one in four people.*

4   Mental Health Foundation (2005) *Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime Impacts.*

5   Dixon J (2008) *Young People leaving care: health, well-being and outcomes.* Scottish Health Feedback Survey.

6   Department for Education and Skills (2006) *Report on Implementation of Standard 9 of the NSF for Children, Young People and Maternity Services 2002-2005.*

7   The Children's Society (2008) *The Good Childhood Inquiry: Health.* p. 5. Available from: http://www.childrenssociety.org.uk/resources/documents/good%20childhood/7081_full.pdf

Generation report demonstrate, it is clear that family relationships are fundamental in shaping a child's formative years and not receiving love and affection from an adult carer may affect growth, development and the child's ability to have controlled interactions and responses to others.[8]

The results of this recent work echo the findings of work by the Office for National Statistics & Department of Health in 1999, which found that children were nearly twice as likely to have mental health problems in lone parent families compared with two parent families and in reconstituted families rather than those with no step-children (15 per cent compared with 9 per cent).[9]

Moreover, parental mental health is a significant influence on children's well-being, with children whose parents have a history of mental health problems or substance misuse being at a greater risk of developing health problems themselves.[10]

Material deprivation also places strong pressures on families, and it appears to correlate with poor mental health in children. Studies show that there are many more children with mental health problems in families with a gross weekly household income of less than £200 compared with £500 or more (16 per cent compared with 6 per cent). Children in households in the most deprived ACORN band ('striving') are more likely to have mental health problems as those in the most affluent ('thriving') (13 per cent compared with 5 per cent).[11] A household's employment situation has similar effects on children: 8 per cent of children in families with at least one working member suffered from mental disorders, compared with 20 per cent where neither parent was working.[12]

Mental health problems are clustered in families which experience these issues and Chapter 1 describes how these problems often exist in families for many years before they breakdown and children are taken into care. As Rogers and Pilgrim observe in relation to the often cited figures for the prevalence of mental health problems: 'one in four yes, but not any one in four.'[13]

We have argued for a preventative strategy, which will tackle the root causes of mental health issues. If we don't act quickly, then, as the next section shows, the results are devastating for individuals, families and communities.

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8   The Centre for Social Justice (2008) *The Next Generation: A policy report from the Early Years Commission.* The Centre for Social Justice.

9   Office for National Statistics & Department of Health (1999) *Mental Health of Children and Adolescents.*

10   Ibid.

11   Ibid.

12   Ibid. p. 9.

13   Rogers A and Pilgrim D (2003) *Mental Health and Inequality.* Palgrave Macmillan.

4.2. The impact of childhood mental health problems on later life

There is growing evidence that some types of mental health problems are predictive of negative outcomes later in life.[14] For example, there is a strong, unfavourable relationship between childhood conduct disorder and social exclusion and poor inter-personal relationships and offending behaviour.[15] A recent report also revealed how 26 per cent of all young people with mental health problems had been in trouble with the police, compared to 5 per cent with none.[16]

Moreover, a powerful correlation exists between child and adolescent mental health issues and mental health problems in adulthood. In one study, 50 per cent of young adults with a mental health problem had been first diagnosed between the ages of 11 and 15.[17] In the words of the mental health campaigning organisation, YoungMinds: 'We know that improving the mental health of children also has a positive impact on their ability to form positive relationships with peers and adults, their success at school and a whole range of outcomes as adults.'[18]

The failure to identify emerging mental health issues in childhood and tackle them effectively comes at an enormous individual human cost. It is essential, therefore, that we see mental health as a priority in the care of children, both in families and in care.

> 'It's hard for kids in children's homes because they're not getting love or the right help. That's what turns them bad…because they're not having the love they need. They're just thrown into these care homes and told to get on with it.'
>
> Marc, care leaver, in evidence to the CSJ

4.3. The mental health of children in care and leaving care

Our YouGov survey revealed the distressing emotional and mental health difficulties that care leavers face. 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). As one foster carer told us:

> *A lot of the children in care have not had the affection normally given to a child by their parents causing attachment issues, as a result of this they do not know which emotion is appropriate in which social situation which can lead to frustration and rage.*

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14   Fraser M and Blishen S (2007) *Supporting Young People's Mental Health.* The Mental Health Foundation.

15   Rutter M, Giller H, Hagell A (1998) *Antisocial behaviour by young people.*

16   Office for National Statistics (2003) *The mental health of young people looked after by Local Authorities in England.*

17   Kim-Cohen J, et. al. (2003) 'Prior juvenile diagnoses in adults with mental disorder – Developmental follow-back of a prospective longitudinal cohort' *Archives of General Psychiatry,* 60:7, 709-717.

18   YoungMinds (2007) *Looking After Looked After Children: Sharing emerging good practice.* Available from: http://www.youngminds.org.uk/publications/all-publications/mental-health-of-looked-after-children/file

YouGov April 2008

The mental health of care leavers

- 60% reported low self-esteem
- 55% reported depression
- 46% reported problems forming relationships
- 37% reported problems with anger

This powerful testimony accords with a number of other studies, which indicate that children in care have greater mental health needs than other children.[19] It has been calculated that two thirds of children in residential care and two fifths of those in foster care suffer from mental health problems.[20]

Moreover, children in care are four to five times more likely than their peers to have a mental health disorder[21] and the National Children's Bureau has pointed to research that shows that 45 per cent of children in care were assessed as having at least one psychiatric disorder.[22]

Figure 14: Proportion of children with mental and emotional issues
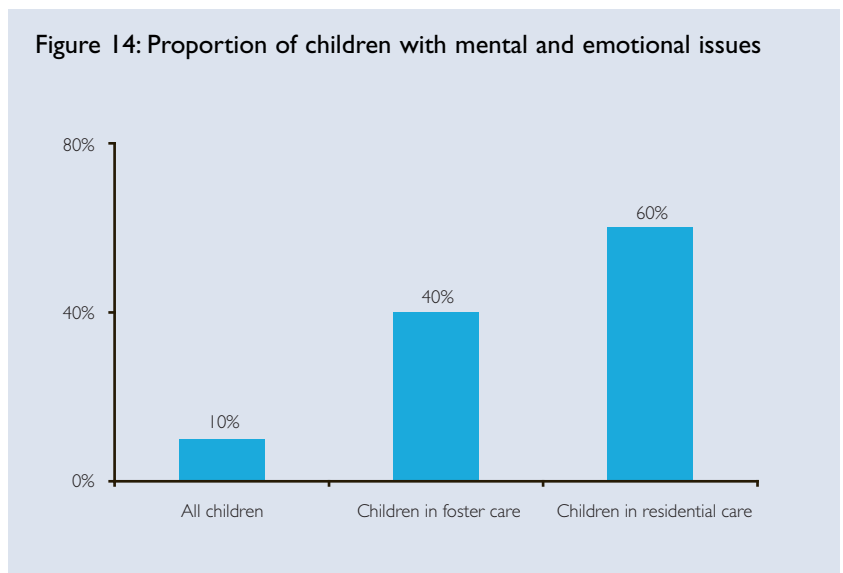
As Chapter 6 describes in more detail, the failure to address the mental health and emotional needs of children in care has considerable ramifications for their lives as adults after leaving care. A study of care leavers from 2001 revealed that 45 per cent had self-harmed and many presented with depression

19   McCann JB, James A and Wilson S (1996) 'Prevalence of psychiatric disorders in young people in the care' system. *British Medical Journal*, 313, 1529 – 1530.

20   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*

21   Ibid.

22   Meltzer M, et al (2003) *The Mental Health of Young People Looked After by Local Authorities in England.* National Statistics.

and low self-esteem[23]. Furthermore, when comparing the mental health of care leavers to other adults, the National Child Development Study found a higher incidence of emotional and behavioural problems, psychiatric disorders and a higher risk of depression among the care leaver group.[24]

Researchers point to a lack of information, partially resulting from poorly joined-up services,[25] regarding the number of children from care who go on to enter adult mental health services or that suffer major mental disorders at a later stage.[26] However, the results of our survey of care leavers and foster carers suggest that there is an urgent need for more and better research in this area and our policy recommendations take account of this need.

The poor outcomes for care leavers are intrinsically linked to their unaddressed emotional and mental health issues. The next sections explore this further before examining the effectiveness of the current system in helping children with mental disorders.

> Two thirds of those foster carers expressing an opinion thought that the level of mental disturbance among children in care had become worse during the last ten years.
>
> YouGov poll April 2008

4.4. The emotional and mental health needs of children in care

'Young People coming into Local Authority care will already have experienced trauma and difficulties over and above those experienced by their peers.'

Jo Richardson[27]

Research by The Royal College of Psychiatrists has shown that the major risk factors for childhood psychiatric disorders coincide with those that result in children being taken into care. These include severe parental marital distress, low social status, large family size, paternal criminality and maternal psychiatric disorders.[29]

> One report on care leavers showed that between the time of leaving care and 10 months later, the number of reported mental health problems had doubled from 12 per cent to 24 per cent. Stress and depression were particularly highlighted and at least four young people (4 per cent) had made suicide attempts during the 10-month follow-up.[28]

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23   Dixon J (2008) *Young People leaving care: health, well being and outcomes*. Scottish Health Feedback Survey.

24   This extensive longitudinal study has produced myriad publications on related topics, for an example see: Buchanan A, Ten Brinke J and Flouri E (2000) 'Parental Background, Social Disadvantage, Public Care and Psychological Problems in Adolescence and Adulthood', *Journal of the American Academy of Child & Adolescent Psychiatry*, 39:11, 1415-1423.

25   See Dixon J (2008) *Young People leaving care: health, well being and outcomes*. Scottish Health Feedback Survey. In our research we have noted a lack of information regarding care leavers outcomes, as well as a shortage of up to date, independent national studies of children in care.

26   Richardson J (2002) *The Mental Health of Looked-After Children,* Focus, Royal College of Psychiatrists, 17.

27   Ibid.

28   Dixon J (2008) *Young People leaving care: health, well being and outcomes*. Scottish Health Feedback Survey.

29   Richardson J (2002) *The Mental Health of Looked-After Children,* Focus, Royal College of Psychiatrists, 17.

All children, including children in care, have basic needs that are essential to their well-being. Beyond the basic physiological needs, such as for food and shelter, these needs are largely emotional: children need to be safe and to *feel* safe; they need love and appreciation; as they grow older they will need to feel valued by others.[30]

> '…one girl had been raped daily from an early age by a close relative. A boy had been frequently tied into a sleeping bag by his father. Another girl had had most of the bones in her body broken…'
>
> Social worker in evidence to the CSJ

However, given that 62 per cent of children come into care because of abuse or neglect (See Chapter 1),[31] it is clear that a number of these needs will not have been met in their childhood home. The damage caused by these experiences can last for years. Work by Cicchetti and Toth has shown that being a victim of abuse in childhood may distort key areas of functioning: emotional resilience, attachment, sense of self and peer relationships.[32]

Foster carers and social workers have reported to us on the profound psychological effects that separation from a birth parent has on a child. This is especially the case if the child in care perceives that they have been rejected by the parent or that they are to blame for being taken into care.[33] As one foster carer told us:

> *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.*

This foster carer's view is particularly pertinent when one realises that much of this trauma is likely to have taken place in the first three years of the life of a child in care. As we describe in our Next Generation report, these first three years are vital to the formation of cognitive process, educational attainment and the development of the emotional brain. Psychologists are arguing increasingly that neglect or trauma experienced by a child within these years can have severe and long lasting effects on their ability to form relationships, cope with their emotions, and succeed in education.

In the previous section we saw that children in care are more likely to struggle with mental health issues, and in this section we have suggested that this is precisely because of their prior family circumstances. Indeed there

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30   This is based on Abraham Maslow's 'hierarchy of needs'. See Maslow, A (1954) *Motivation and Personality.*

31   National Statistics (2008) *Children Looked After in England ending 31 March 2007.*

32   Richardson J (2002) *The Mental Health of Looked-After Children,* Focus, Royal College of Psychiatrists, 17.

33   Rohner RP (1970) 'Parental Rejection, Food Deprivation, and Personality Development: Tests of Alternative Hypotheses', *Ethnology,* 9:4, 416-430. p. 418.

should be an *expectation* that most children coming into care will need mental health support. The next section describes how the current system is struggling to meet their needs.

4.5. Current provision

'The mental health of children and adolescents is an area of ongoing concern for the Children's Commissioners across the UK.'

UK Children's Commissioners report to the UN June 2008[34]

The Government has recognised the importance of national mental health and over the last decade has increased annual investment in specialist mental health services by over £1.5 billion.[35] There are now 700 new mental health teams in the community and 118 early intervention teams for young people. Increasing awareness of the high level of mental health needs of children in care is also shown in the National Service Framework for children (NSF), Care Matters, and Every Child Matters.

Standard 9 of the NSF addressed the mental health and psychological well-being of children and young people. It stated that by 2014:

All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families. [36]

Testimony from our hearings and evidence from our polling suggests that the Government is a long way from meeting this target and that despite increases in mental health budgets, there is a large unmet need for help among children in care:

- 63 per cent of care leavers believe that the emotional needs of children in care are dealt with badly
- One in two foster carers thinks that the mental health of children in care has deteriorated over the last decade

We have identified five key problems, dealt with more fully in the following sections:

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34   UK Children's Commissioners (2008) *Report to UN Committee on the Rights of the Child.* p. 23.
35   Professor Louis Appleby, National Director for Mental Health.
36   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.* p. 4.

- Inadequate resourcing of CAMHS
- Failure to join up family, adult and children's services
- Poor support to foster families
- Instability of placements for children in care
- Discouragement to meet basic human emotional needs

4.5.1. INADEQUATE RESOURCING OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

'Sometimes they get pushed to go to child guidance and they won't go because they don't trust the professionals. They'll talk to someone that they trust.'

Nadia, care leaver, in evidence to the CSJ

Mental health services for children in care are delivered locally by CAMHS within a four tier framework shown in the box below. In 2005/06, there were 9,454 cases identified as children from care, 9 per cent of the total CAMHS caseload for that time.[37] The CAMHS budget for 2007/08 is £90.5 million of which £88.2 million is transferred to Local Authorities. CAMHS have been allocated additional funds over the past decade, which amount to a substantial increase (around £300 million or 60 per cent) to an unfortunately small pre-existing budget.

The Four Tier CAMHS Framework
- Tier 1: A primary level of care.
- Tier 2: A service provided by specialist individual professionals relating to workers in primary care.
- Tier 3: A specialised multi-disciplinary service for more severe, complex or persistent disorders.
- Tier 4: Essential tertiary level services such as day units, highly specialised out-patient teams and in-patient units.

Source: Department of Health

We have received mounting evidence that the service is under-resourced to meet the escalating mental health needs of young people in general and children in care in particular. As Chapter 2 shows, foster carers report that their foster children are displaying increasingly complex mental health

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37   Department of Health, Department for Children, Schools and Families, and Durham University (2007) *A Profile of Children Health, Child and Adolescent Mental Health and Maternity Services, England.*

problems but are not getting the treatment they need. This sometimes results in intolerable strains being placed upon their households. Furthermore, care leavers in Chapter 6 describe how the failure of local services to identify and resolve their emotional trauma can lead to lives characterised by loneliness and relationship problems.

These findings are supported by other studies showing that, although social workers believe that 80 per cent of the children in their care need mental health treatment only 27 per cent receive it.[38] Furthermore, it appears that only a quarter of those whose psychiatric disorder has been recognised are accessing mental health services.[39] Waiting lists to see a child psychiatrist can be as much as five months long.[40]

This is exacerbated by the fact that, despite increased recruitment levels, the average vacancy rates for clinical psychologists is still 10 per cent, though this has decreased from 14.8 per cent in 2004.   In the words of the British Medical Association, 'This increase is insufficient to meet a growing demand for mental health services among children and young people.'[42]

The UK Children's Commissioners' latest report suggests that the issue for children in care is strongly linked with the broader matter of resourcing CAMHS. In June 2008 they stated that

> *There is a demonstrable and urgent need for comprehensive and fully resourced child and adolescent mental health services (CAMHS) and recognition that mental health promotion is the responsibility for all those working with children…Despite considerable financial investment in England, CAMHS remain under-resourced across the UK.*[43]

4.5.1.1. There is a postcode lottery in CAMHS

Our polling shows that there is significant variation in experiences of mental health services across the country. This is unsurprising given that a standard method of delivery for mental health services for children in care has proved elusive. Funds are channelled through Local Authorities and primary care trusts and are not formally ring-fenced for these services. As result, both the type and quality of services available, as well as waiting times for them, differ across regions. This creates a postcode lottery in which some children are much better served purely because they happen to live on the right side of an electoral boundary.

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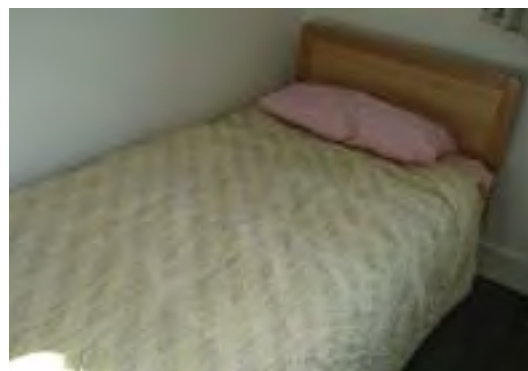
38 Richardson J (2002) *The Mental Health of Looked-After Children*, Focus, Royal College of Psychiatrists, 17.
39 Mental Health Foundation
40 Pulse (2006) 'Exposed: National crisis in access to depression services'. 2 March
41 Child and Adolescent Mental Health Service Mapping at: http://www.camhsmapping.org.uk/ www.camhsmapping.org.uk (Accessed August 2008).
42 BMA Board of Science (2006) *Child and adolescent mental health A guide for healthcare professionals.*
43 UK Children's Commissioners (2008) *Report to UN Committee on the Rights of the Child.* p. 23.

Fostering Network agrees and their work shows that foster carers report very different experiences of accessing CAMHS services.[44] Some foster carers and fostering agencies report easy access to supportive and understanding CAMHS services; in some cases they may even have a specialist with a specific focus on looked after children. Others, however, tell us that it is almost impossible to access services for looked after children and young people at all.

The group has also heard testimony that, in different CAMHS across the country, there appears to be some resistance on the part of some services to treat children in care because of the complex nature of their mental health needs. As one CAMHS manager told us, '[CAMHS] don't know where to begin. There is so much pressure that the more difficult cases tend to be pushed to the back of the queue.'

This reaction is understandable given that many CAMHS are under-resourced and looked after children move in and out of care and between placements in different authorities. This leaves children in care faced with a toxic combination of regional disparity and poorly coordinated community services.

4.5.2. FAILURE TO JOIN UP FAMILY, ADULT AND CHILDREN'S SERVICES

'There is a particular problem in the area of the link between Child and Adolescent Mental Health Services and adult mental health services. Many care leavers fall through the gap between these two services, being too old for CAMHS help and too young to be suitable for adult mental health services. This could be overcome by giving CAMHS a greater co-ordinating role up to a higher age for young people.'

Care Leavers' Association[45]

'Sometimes they get pushed to go to child guidance and they won't go because they don't trust the professionals. They'll talk to someone that they trust.'

Nadia, care leaver, in evidence to the CSJ

Children in care with mental health difficulties need the consistent support of multiple agencies and holistic support. Yet, only in very few areas are there effective links between CAMHS and adult services, such as jointly commissioned services providing for young people up to 25.[46]

Flexibility is the key to providing accessible and acceptable services and, because mental health services for looked after children are at the interface

44   Fostering Network submission to National CAMHS Review Interim Report (2008) *Improving the Mental Health and Psychological Well-being of Children and Young People.* Available from: http://www.dcsf.gov.uk/CAMHSreview/downloads/e-INTERIM%20REPORT%20-%20FINAL.pdf

45   In response to the Care Matters Green Paper, January 2007.

46   Mental Health Foundation submission to National CAMHS Review Interim Report (2008) *Improving the Mental Health and Psychological Well-being of Children and Young People.*

of health, education and social care, they do not fit a one size fits all solution.

Yet, work by the Mental Health Foundation reveals that an unintended consequence of the development of Children's Trusts may be to make joint working between adult and children's services more difficult to achieve. This makes vital work with families, or work across the transition years, harder to co-ordinate. In addition, there is no clear understanding of how CAMHS should fit within these structures.

This flaw is also noted in the July 2008 National CAMHS Review Interim Report which expresses concern that vulnerable young people 'are at risk of falling between services'.[47] This situation is exacerbated by the failure at local, regional and national level to implement successfully multi-agency working across the field. The report states that 'it is concerning that there is continuing evidence of unmet need and inter-agency wrangling regarding responsibility for vulnerable children in some areas of the country.'[48]

> 'CAMHS don't know where to begin. There is so much pressure that the more difficult cases are pushed to the back of the queue.'
>
> CAMHS manager in evidence to the CSJ

Such wrangling is damaging to the mental health of children in care. Professionals in the field face confusion over the availability and longevity of different services, resources and treatments, which impinges upon their ability to give children in care optimum treatment. Moreover, funding reaching vital services is often perceived as project-based or short-term 'grant funding', which leads to problems with long-term planning and staff continuity.

The disarray also prevents proper monitoring and evaluation of services to understand which forms of help work best. Poor coordination and communication has dogged the introduction of the government's new indicator, NI 58, which relates to the emotional well-being of children in care. We have heard testimony that little or no advice has been issued as to how assessments should be undertaken, for example whether children themselves or social workers should be responding to the survey. Nor have extra funds been provided to Local Authorities to pay for man hours used in the processing of the data. The group heard from Directors of Children's Services that they felt lost and impotent, unable to garner all of the information they needed to carry out their jobs effectively, let alone administer a poorly thought out survey to an unspecified group of people.

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47   National CAMHS Review Interim Report (2008) *Improving the Mental Health and Psychological Well-being of Children and Young People.* p.28.
48   Ibid. p.29.

4.5.3. POOR SUPPORT TO FOSTER FAMILIES

'In many areas foster carers are not able to access direct support when they need it.'

Evidence to the CSJ

Chapter 2 describes in detail the desperate need for foster carers to gain direct access to mental health services. Currently, foster carers struggle to manage difficult behaviours that really require a depth of understanding only gained through training and input from a mental health professionals.

Our research is supported by Fostering Network's recent submission to the current government review of CAMHS, which states that other professionals do not include foster carers when key decisions are made about the mental health of children in their care. As one foster carer commented,

> *'There is a place for formal therapy, but the child does not disclose the sensitive issue on the half an hour therapy session that happens twice a month. They do it randomly, spontaneously, usually at 2-00 am, when they can't get to sleep or in the car when you are in a traffic jam.'*
>
> Dr Seán Cameron, UCL, in evidence to the CSJ

I have been asking for four years for anger management sessions for my young person. She is about to turn 18 and it is like they can't wait to get rid of her. All they seem to think about is the cost not the caring of the child.

4.5.4. PLACEMENT INSTABILITY

'The little boy I'm fostering has been told that he has to go to other foster parents which then didn't happen and then that he is to be adopted. He is very insecure and has problems sleeping and accepting boundaries. He has made a strong attachment to me but I am not able to reassure him as to what is going to happen as I don't know.'

Foster carer, in evidence to the CSJ

As our work in Chapters 2 and 3 shows, a shortage of foster carers and staff turnover amongst social workers means that children in care are suffering more instability through movement between homes and relationship breakdown. Our polling revealed that almost one in ten of the care leavers interviewed had experienced more than six placements before they were sixteen and some had been in as many thirty.

4.5.4.1. Placement instability causes emotional problems

Moreover, 41 per cent of foster carers in our poll think that stability would make the biggest difference to children in care. As David Holmes of the British Association for Adoption and Fostering has said

The one thing that would make a difference to children is having a strong relationship based on strong attachment, intimacy and trust with at least one trusted individual which is going to be there for that child…

Research has shown the importance of stability and continuity of care, and its long term effects on mental health. In a study carried out by The Royal College of Psychiatrists, adults who had been raised in stable foster homes and had received specialist support from a dedicated fostering agency were found to be more socially 'well integrated.'[49]

At an extreme level, the working group has heard evidence of children going to school from one foster placement and going home to another, without having been informed in advance of the change.

These conditions make it hard for the child to form an attachment with anyone from the social care workforce. Inevitably, such high levels of disruption only reinforce perceptions of rejection, and lessen the chances of children in care being able to form trusting relationships throughout their lives.

This lack of understanding does little to help children to develop emotional well-being, thus limiting their ability to come to terms with what has happened to them or deal with any emerging mental health problems in a timely way.

If social workers don't have the time to get to know children in care then they are less likely to understand their true needs and make effective decisions about the right type of care. Furthermore, overstretched social workers find it much harder to support children and those who look after them throughout their placements.

4.5.4.2. Placement instability also increases the difficulty of getting treatment

As we have shown in Section 4.5.3. there is a chronic lack of 'joined-up' services to meet the needs of children in care with mental health problems. This situation is made worse by frequent moves in placements. Children in care are sometimes denied an appointment with a child psychotherapist if they are not in a stable placement.[50] The Fostering Network recently expressed the worries of foster carers that young people in care have to go to 'the bottom of the list' if they have moved into a new CAMHS area. This can cause major delays in accessing the services they need.[51]

> The working group heard of cases of children going to school from one foster placement and returning home to another without being informed of the change by their social worker.

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49   Dumaret A-C et al (1997) 'Adult outcome of children reared for long-term periods in foster families'. *Child Abuse and Neglect*, 21, 911–927.
50   Dixon J, Wade, J. et al (2006) **Young People Leaving Care: A Study of Costs and Outcomes**
51   The Fostering Network (2008) *Submission to CAMHS Review [*online]. p. 7. Available from: http://www.fostering.net/campaigns/consultations.php

4.5.5. DISCOURAGEMENT FROM MEETING CHILDREN'S BASIC EMOTIONAL NEEDS

Children in care and those that work with them are concerned that in our drive to protect children from inappropriate adult behaviour some of the basic building blocks of emotional well-being, such as showing affection and support through touch, are being lost through unwieldy regulation and fear of investigation.

An important emotional need of any child, and indeed any human, is for physical affection. It is essential that children within the care system are protected from sexual abuse, and that the social care workforce is protected from false accusations. However, the group is keen to stress that this should not be at the expense of the child's experience of a normal childhood, which includes physical affection. A lack of physical affection can cause long term emotional damage.

> 'I hardly ever got a hug from anyone, I went a couple of years without a hug. Most children get a hug every day, it's unhealthy not to. Not enough emphasis has gone into this.'
>
> Care leaver, in evidence to the CSJ

In theory, the government recognises that physical affection or 'touch' can be 'used appropriately in everyday situations to support, encourage, guide or comfort a pupil.'[52] In practice, however, the working group has heard testimony that many within the child care workforce, especially those in social care, feel discouraged from showing affection to, or even touching, the child in their care.[53] Dr Seán Cameron, an educational psychologist at UCL, told us:

> 'Sometimes you just need to ignore the rules – of course a child needs a hug.'
>
> Foster carer, in evidence to the CSJ

Can we bring back touch please? The hands-off procedure in professional child care is like a form of psychological abuse.

Our YouGov poll showed that almost one in three foster carers feels unable to show physical affection to a foster child in their care because they fear allegations or criticism from social services.

4.6. Policy Solutions

OBJECTIVES

The objectives of our policy recommendations are to give children in care priority within mental health services and to ensure that their needs are met by existing statutory and voluntary organizations.

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52   Department for Education and Skills (2003) 'Guidance on the Use of Restrictive Physical Interventions for pupils with Severe Behavioural Difficulties'. p. 9.

53   Piper H and Smith H (2003) *'Touch' in Educational and Child Care Settings: dilemmas and responses*, British Educational Research Journal, Vol 29. No 6

YoungMinds study on effective practice in mental health services –

What young people think is important:

- A personalised service that is about our needs rather than our age
- An improvement in transition services for young people
- A big drive on user involvement
- Have an understanding of the point of view and opinions of young people
- Ask young people their opinions
- Think what the impact is if you don't ask young people for their views
- Use real language
- Empower young people so that they can achieve the goals that are important to them
- Be able to access flexible services that meet the real needs of young people
- Understand the impact of excluding young people

We are aware that there is a huge diversity of existing services. Some of these services are clinical in nature. Some are not but are equally effective in improving emotional well-being. We therefore have not sought to be prescriptive as to which type of service children in care receive but rather focused instead on ensuring that children in care get what they need and deserve.

We also believe that it is easier to move funding around to meet need than create new structures just for the sake of it. We therefore have sought to work within the current spread of services rather than simply create new ones.

Our policies should be read in conjunction with our *Next Generation* report which urges that we place the emotional well-being of all children in the mainstream of services.

Our recommendations are as follows:

4.6.1. CREATE A MENTAL HEALTH CHAMPION FOR CHILDREN IN CARE

We believe that there should be a specific post created in every Local Authority to champion the mental health needs of children in care. This 'champion' would make sure that children in care are given priority within CAMHS and that Local Authorities fulfil their responsibilities.

The Mental Health Champion would become the primary port of call for queries and problems encountered by children in care, or their carers, attempting to access CAMHS. The champion would ensure continuity and be a public face to mental health services for children in care. They would also help improve the transition between child and adult services.

The evidence we have gathered strongly suggests that, although, in theory, children in care are supposed to be given priority access to CAMHS, the enormous pressure being placed on these services combined with the unstable nature of fostering placements prevents looked after children from getting help.

Moreover, children in care, and those who look after them, such as foster carers, have to navigate their way through a complex number of state and voluntary services, and funding arrangements, which our evidence shows are rarely joined up at a local level.

The role of the Mental Health Champion for children in care would be to coordinate and pay for services, not to provide them. The Champion would be responsible for ensuring that all children in care from a given Local Authority get the help they need even if they are located outside the Local Authority's boundaries; and for ensuring that our proposals for foster care mental health support (see section 4.6.3.) were delivered. The Champion would also be required to oversee our proposals for the improvement of the mental health of children in care in prisons (see Chapter 5).

The Mental Health Champion would commission services from the voluntary, private or public sector, ranging from mentoring to improving emotional well-being to more forensic help.

The group considered recommending a post that would be entirely independent from the Local Authority, but believes that in order to function at full potential that Champion must be empowered with a peer group of contacts and influence that closer alliance with local government can provide.

This would be a new position but has parallels with the idea of a 'virtual headteacher' used in some Local Authorities, such as Merton, to monitor and manage the education of children in care.

The following case study describes this scheme:

Case Study 1: Virtual Head Scheme in Merton

Social workers do not have teaching expertise, much as they do not have mental health expertise, and this means that they cannot effectively liaise with teachers and set targets. By introducing a virtual head teacher, Merton has raised educational standards and aspirations for their children in care.

The virtual head teacher knows all of the heads in the area, as well as those in other boroughs where Merton children in care are being educated. This personal interaction and head to head discussion focuses on getting children in care into the best schools and raising expectations. Previous experience has shown that children in care are often not 'stretched' in school and Merton hopes to combat this. This includes acknowledging gifted and talented children and finding the best place for them.

Essentially, the virtual head teacher commissions schooling and extra lessons where necessary but unlike other virtual head teachers, Merton's has a staff group in their virtual school: allocated teaching staff, education psychologists, education welfare officers, and CAMHS. Schooling doesn't need to be in the child's actual, physical school and this has been a big factor in the service paying for itself – it doesn't involve huge expensive placements. They have flying tutors who can provide help when and where necessary.

Currently no Merton children in care are permanently excluded from school. This is very unusual and a great step forward.[54]

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54   Merton Children's Services, in evidence to the CSJ.

Some councils, such as Camden, have appointed specific officers to oversee the mental health of their *entire* community in recognition of the toll that mental health problems can take on well-being and the economy. Recently a group of organisations including Mind, Rethink, the Sainsbury Centre for Mental Health, Together, the Mental Health Foundation, the NHS Confederation and the Association of Directors of Adult Social Services has begun a campaign lobbying for a Cabinet level advocate for mental health.

The impact of each Mental Health Champion would be measured by the requirement of each Local Authority to deliver an annual public report demonstrating how they had met the needs of children in care. This could include a number of key performance indicators such as: the number of appointments kept; the help given to foster families; the prompt assessment of and planning for children in care; and improved links with adult mental health services for young people. The report could also contain satisfaction surveys from children in care and those who care for them. (For greater discussion of indicators and evaluation see 4.6.5.)

We believe that the Mental Health Champion would be a key asset in realising our ambition that all children in care should have access to a suitably qualified mental health professional. This ambition is shared by 89% of the British public.

4.6.2. ENSURE THAT ALL CHILDREN IN CARE HAVE A MENTAL HEALTH ASSESSMENT INCORPORATED WITHIN THEIR GENERAL HEALTH ASSESSMENT WHEN TAKEN INTO CARE, AND THAT A PLAN IS DEVELOPED TO MEET ANY MENTAL HEALTH NEEDS THEY HAVE.

One of the first tasks of the Mental Health Champion would be to ensure that every child in care is given a mental health assessment promptly when they first come into care. This policy is supported by 90 per cent of the British public. We suggest that this assessment is done at the same time as more general health testing so as not to be stigmatising.

The CSJ has heard repeated testimony that the mental health needs of children in care are ignored because they have not undergone such an early stage assessment; and moreover, even if children in care do undergo such an assessment, we have received evidence that it does not result in a plan which is regularly monitored against agreed action.

We believe this universal assessment of children in care is essential because we know that as a group they are more likely to have mental health disorders. It is imperative that they are recognised and addressed as soon as possible and not left to get worse. This assessment should form a recognised and reliable statement of the child's mental health needs and emotional well-being, and one which, barring confidentiality concerns, can be accessed by

other relevant health professionals to avoid multiple costly and time-consuming assessments by many different services. This could be achieved through systems currently being developed, such as the Common Assessment Framework.

We would not propose that this assessment is repeated for children who move in and out of care unless there are specific signs they have developed a new problem since the last assessment. After the initial action plan has been

> 90 per cent of the British public believe that foster carers have a right to receive support to deal with their children's mental health problems.
>
> YouGov, July 2008

formulated, links between family services and CAMHS should be maintained so that when a child leaves care this plan continues to be in effect, thus negating the need for repeated 'initial' assessments.

We have seen a successful model of this at work in the London Borough of Harrow where mental health assessments are conducted for each child at the beginning of their time in care and this information is used to inform a child-centred approach. Harrow also use 'Harrow Live', an IT solution that brings information from healthcare and social services together into one place – a single electronic patient record – reducing paperwork and duplication of effort.

4.6.3. GIVE FOSTER CARERS THE RIGHT TO RECEIVE MENTAL HEALTH SUPPORT

We propose that foster carers are given the specific right to receive support and guidance about how to deal with any mental health problems their charges might have. We would enshrine this right within the Fostering Charter recommended in Chapter 2. This policy was supported by 90 per cent of the British public we surveyed.

The group has received powerful evidence from foster carers which shows that they receive inadequate information about the mental health needs of the children for whom they are asked to care and lack of training in how to best spot emerging mental health needs. These needs are of an increasingly complex nature and can put considerable strain on unsupported foster carers sometimes causing the foster placement to break down unnecessarily.

We therefore recommend that national guidelines give foster carers specific entitlement to receive appropriate information and training. We also propose that they have the same direct access to CAMHS as any other professional would and are involved and treated with the respect that they deserve. We suggest that the frequency and results of these requests for help be contained within the annual public report of the Mental Health Champion for children in care.

This proposal links strongly with our agenda for greater autonomy and status for foster carers, outlined in Chapter 2. Giving foster carers the right to contact with a suitably qualified mental health professional, guaranteed to them in a Fostering Charter and overseen by the Mental Health Champion, we

can support their needs better, increase stability of foster placements and restore some of the confidence in dealing with complex young people they sometimes lack.

4.6.4. GIVING CHILDREN IN CARE PRIORITY ACCESS TO QUALITY MENTAL HEALTHCARE

We believe that, as children in care are statistically more likely to have mental health problems and, as this chapter shows, the consequences of failing to deal with these issues are extremely damaging, children in care should be given priority access to quality mental healthcare.

Such a system can be put in place immediately and nationally. It has parallels with recent Government policy giving children in care priority for good schools, even when they are full.

The evidence we have received demonstrates that the mental health needs of children in care are often compromised by their Local Authority's lack of resources or failure to ensure that resources match local needs. Moreover, there are gaps in communication and budgets between adult and children's services and we were told that a better service can sometimes be found in the private and/or voluntary sectors.

Prioritisation would be overseen by the Mental Health Champion for children in care and the functioning of the system would be reported in the Local Authority's annual report.

However, we are aware that there is a risk that the impact of this recommendation could be diminished if funding is squeezed or general waiting lists are too busy. For this reason, we recommend the creation of a portable ring-fenced mental health budget, to be controlled by the Mental Health Champion. It could be used only for children in care, to purchase services from within the authority or elsewhere, in the voluntary sector for example. The specific amount allocated would be based on the results of their mental health assessment and plan.

Such an approach should facilitate longer term planning by care professionals. It would create more consistency between child and adult mental health services as it woudl allow young people to begin the transition between the two when it best suited them, rather than at an artificial age limit. It would also help non statutory services to flourish.

4.6.5. IMPLEMENT A NATIONWIDE MONITORING AND EVALUATION SYSTEM FOCUSED ON OUTCOMES FOR CHILDREN RATHER THAN INPUTS AND PROCESSES

Currently there is too little national measurement of the mental health outcomes of children in care and too little understanding and consolidation of best practice. Research is dominated by anecdotal testimony and partial

figures. In contrast to the paucity of data on successful interventions for children in care, there are masses of statistics on rates of offending and suspensions from school.

We believe that far more effort is required in developing a framework of evaluation *based on outcomes* for service users. We would increase the scope of programmes such as *CAMHS Outcome Research Consortium* (CORC) in order to map the success of Local Authorities and PCTs, as well as Mental Health Champions, in ensuring good mental health outcomes for children in care.

We would expect to consult users of services, carers and professionals in developing the framework, thus avoiding the implementation problems that have plagued the introduction of the government's new indicator, NI58 (see section 4.5.2.)

This research would be a powerful tool in not just gauging the impact of mental health policies for children in care but also in helping to direct funding to the most effective types of services.

4.7. CONCLUSION

Our research reveals that the emotional and mental health needs of children in care are poorly addressed and resourced by the current system and this failure to build good mental health can have long term repercussions for both individuals leaving care and society. The Government has recognised that there are problems within the current system and has commissioned an externally-led review of CAMHS by Jo Davidson and Dr Bob Jezzard. It has recently issued an interim report for comment and is due to report back fully in October 2008. We hope our research and recommendations will help inform this work and the Government's response.

CHAPTER FIVE
Criminalising Children in Care

'[We] have radically overhauled the youth justice system…which is having a positive impact both in terms of delivering justice and stopping the spiral into crime before it starts.'

Jack Straw, Home Secretary, 2007[1]

'Too many children are being criminalised and brought into the youth justice system at an increasingly young age.'

UK Children's Commissioners' Report
to UN Committee on the Rights of the Child 2008

Introduction

This chapter describes how a large and unacceptable number of children in care are in contact with the criminal justice system and face imprisonment. Children in care are being criminalised because Local Authorities are failing in their responsibilities to prevent them drifting into criminality. Mental health problems are left to deteriorate and neglectful Local Authorities provide more opportunities for children to be in contact with the police than to be in education or employment.

Once involved with the criminal justice system, it is difficult to disentangle children in care. The majority are placed in custodial settings: existing facilities do little to address the reasons why children commit crimes, nor do they teach them the skills necessary to live successful lives outside of prison. Local Authorities provide children in custody with poor support, both when they are in prison and when they leave it. As a result, many offenders with a background in care reoffend costing the taxpayer millions, and go on to experience a life burdened by unhappiness and dependency.

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1   Jack Straw (2007) Speech to The Howard League for Penal Reform AGM. November 21. London. Available from: http://www.justice.gov.uk/news//sp261107a.htm

Figure 15: Adults who were looked after children are disproportionately represented in the Criminal Justice System
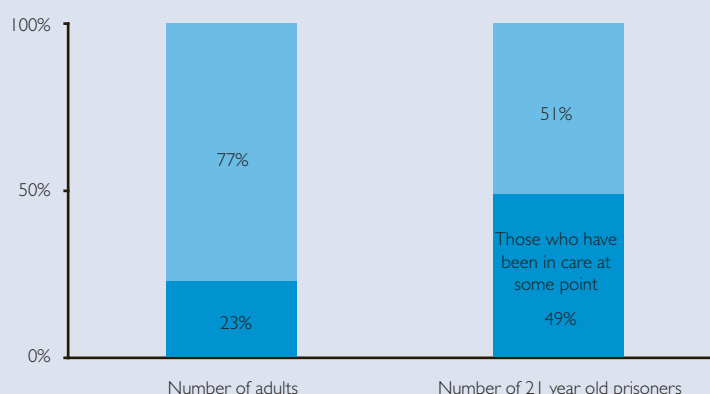
Our policy solutions seek to remove the perverse incentives that encourage Local Authorities to avoid their duties and which result in young people slipping from care into custody. We argue, instead, for more holistic support to help children in care avoid crime and prevent reoffending.

5.1. Children in care: in trouble and in prison

'Everyone I knew was in here, from the kids' homes. It was like a big family reunion!'

Care leaver in prison[2]

Chapter 1 demonstrated that children in care have backgrounds characterised by factors such as family breakdown, substance abuse and poverty. As this chapter shows, these factors predict a greater risk of being involved in criminal activity but, even compared to other similarly disadvantaged children, those in care are much more likely to be involved with the police, charged with offences or in prison. This is despite the fact that they were placed in care through no fault of their own and the vast majority had no cautions or convictions prior to entering the care system. Only 2 per cent of the current care population were placed there due to 'socially unacceptable behaviour' of their own, the majority are in care as a result of abuse, neglect or family breakdown.[3] The following statistics demonstrate the scale of the problem:

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2   Cited in Taylor C (2003) 'Justice for Looked After Children?'. *Probation Journal.* 50:3.
3   Department for Children, Schools and Families (2007) *Children looked after in England (including adoption and care leavers) year ending 31 March 2007* [online]. Available from: http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000741/SFR27-2007rev.pdf

- There are currently 11,672 under 21 year olds in contact with the criminal justice system, of whom 5,719 (49 per cent) have a background in care[4]
- There are 2,350 children in prison in England and Wales. 30 per cent of them have been in care,[5] and 71 per cent were classified as 'children in need' before they entered custody. (They had been involved with, or were receiving support from social services)[6]
- Children aged 10-17 who have been in care for more than one year are more than twice as likely to be involved with the police[7]

> '…you didn't need to be a fortune-teller to know drugs and prison were on the cards for me from an early age. The system knew this, but did very little to stop the inevitable. But did it have to be like that?'
>
> Care leaver, Craig, in *The Guardian* 7 May 2008

These figures are accompanied by a large body of research showing how adults with a background in care are disproportionately in contact with the criminal justice system and over represented in our prisons.

In 2002, The Social Exclusion Unit Report identified the following social characteristics of the general population compared to the prison population:[8]

Characteristic	General population	Prison Population
Taken into care as a child	2%	27%
Ran away as a child	11%	47% male and 50% female
Suffering two or more mental disorders	5% men and 2% women	72% men and 71% women

As Chapter 1 demonstrates, these factors often precipitate, or are concurrent with, a background in care. In other words, the fact that these children were deemed sufficiently at risk to be taken into care means that they are very likely to have experienced at least one or more of these important risk factors. Children in care are, in a sense, a pre-selected at-risk group. This means that extra precautions must be made to avoid early criminalisation of such vulnerable young people.

This chapter therefore addresses two main dilemmas: how to prevent children from entering custody in the first place, and how to improve outcomes for those who do enter some form of custody.

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

5   Prison Reform Trust. Available from: http://www.prisonreformtrust.org.uk/

6   Youth Justice Board (2007) *Accommodation needs and experiences.*

7   The Office for National Statistics (2008) *First Release: Outcome Indicators for Children Looked After: Twelve Months to 30 September 2007, England.* 9.5 per cent of children 10 – 17 years old who had spent 12 months or more in care were convicted or received a final warning or reprimand during the year. This compares with 4.1 per cent of the entire child population 10 – 17 years old.

8   Social Exclusion Unit (2002) *Re-offending by ex- prisoners.* The figure for 'General population taken into care as a child' in the table is higher than the current figure, as the table is based on a study from 1991 when a higher proportion of people had been in care.

5.2. The pathway to prison

Our research amongst care leavers and those looking after children in care, such as foster carers, reveals the following key reasons why looked-after children come into contact with the criminal justice system:

- Failure to deal with the emotional distress leads children into contact with the police

  'Lack of self esteem leads to non attendance at school which leads to low level criminal behaviour i.e. vandalism.'

  Foster carer, in evidence to the CSJ

- Excessive regulation and poor support leads to inappropriate use of policing powers and the judiciary

  'We shouldn't be encouraged to call a copper when a child breaks a window or runs away to blow off steam – I wouldn't as a parent – why should I as a manager?'

  Care home manager, in evidence to the CSJ

- Local Authorities are failing to prevent children in care getting involved with crime and to stop them from reoffending

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

  Youth Justice worker, in evidence to the CSJ

The following sections discuss these points in more detail:

5.2.1. EMOTIONAL DISTRESS

We have shown in Chapter 4 that local services do not currently support the foundations of emotional well-being and good mental health in our children in care sufficiently early and thoroughly. Responses to our consultation reveal a deep well of despair from which anti-social behaviour can spring:

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

  Care leaver, in evidence to the CSJ

- *'Aggressive outbursts are often caused by frustration when children don't have enough awareness of their own emotional needs.'*

  Social worker, in evidence to the CSJ

- *'They had a of lack of control of what happens leading to violence, aggression, failure to comply with house rules, general lack of respect for others and objects.'*

  Foster carer, in evidence to the CSJ

There is a clear link between experiencing mental health problems as a young person and committing crime. Recent 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 problem.[9] Moreover, young offenders are much more likely to suffer from poor mental health and substance abuse[10] and one in ten children in prison show signs of a psychotic illness.[11]

These trends have led the Mental Health Foundation to estimate that the rates of mental health problems amongst children and young people are at least three times higher amongst those within the youth justice system compared to those in the general population.

As Clare Tickell, Chief Executive of NCH, the children's charity, recently said,

> *Many young offenders face a variety of complex and difficult issues in their life. Family breakdown, substance misuse and mental health issues can often be a reality for them – but sadly it is often the case that these factors are only first spotted when they have already offended and are within the youth justice system.[12]*

Chapter 4 demonstrates that children in care, because of their background, are four to five times more likely to have a mental health illness than their peers. While not all children in care have mental health problems, and most will not go on to commit crimes, it is clear that our prisons are full of young people who have experienced emotional problems and have a background in care.

Until we meet the emotional and mental health needs of children in care by adopting the preventative approach and early stage action articulated in Chapters 1 and 4 of this report, more young people with a background in care will be imprisoned.

In contrast to our preferred approach, the current system often unnecessarily draws children in care into contact with the police which research shows can lead to their criminalisation.

5.2.2. THE IMPROPER USE OF THE POLICE AND JUDICIARY

> *'There is emerging evidence that the ways in which agencies respond to looked after children may be a contributory factor in this criminalisation and even accelerate their pathway to custody.'*

Nacro[13]

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

10   Singleton et al (2004) *Psychiatric morbidity among young offenders in England and Wales.* National Statistics.

11   The Prison Reform Trust (2008) *The Bromley Briefings:Prison Fact file.*

12   Commenting on findings from the Centre for Crime and Justice Studies June 2008.

13   Nacro (2005) *A handbook on reducing offending by looked after children.*

> 'We've all been through social services, fostering, children's homes, getting kicked out of school, secure units…I'm sure we've all been through that road. It's like a journey and we've all collected our tickets along the way.'

Various reports have shown that there is an increasing tendency for young people to be pulled into the orbit of the police, courts and prisons. Indeed, the most recent annual report of the Youth Justice Board (hereafter, YJB) recognises that there is a need to reduce the number of young people in custody.[14]

However, the evidence we have received suggests that 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:** *'The manual tells me to call the police – we do regularly.'*
  Care worker, in evidence to the CSJ

- **Running off:** *'The authority expects me to get the police involved asap.'*
  Home manager, in evidence to the to CSJ

- **Playground fights:** *'Because of my background it was never settled by the school.'*
  Care leaver, in evidence to the CSJ

This testimony is supported by other recent work showing that, when children in care do misbehave, they are brought to police attention.[15] A widely referenced survey found that 40 per cent of young people with no cautions or convictions prior to care had a criminal record after six months or more in a children's home.[16] Moreover, Home Office evidence presented as part of Care Matters, explains how children's homes report minor incidents, such as broken windows and use the police as a control measure.[17] Children who have stayed out late or run away are described as having a history of 'absconding' which, when brought to the attention of courts, influences decisions made.[18] Incidents that most families would deal with themselves thus become an issue for the police and courts, and children in care are more likely to gain a criminal record as a result.

Case Study 1 demonstrates vividly these problems:

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14   Youth Justice Board (2008) *Annual Report and Accounts 2007/8.* p. 24.
15   Goldson B (ed) (2008) *Dictionary of Youth Justice.* p. 219.
16   Sinclair I And Gibbs I (1998) *Children's Home: A Study in Diversity.*
17   Home Office (2007) *Care Matters: Transforming the Lives of Children and Young People in Care.* p. 81.Home Office (2004) *Preventative approaches targeting young people in local authority residential care.* Home Office Development and Practice Report. p. 1.
18   Goldson B (ed) (2008) *Dictionary of Youth Justice.*

Case Study 1: Culture of fear

'There is a culture of fear, which means that all children's home operators report to the police even the most minor incidents of indiscipline and misbehaviour involving children in care. The local police complain that we report too much but last week due to staff illness we didn't report a child involved in a scuffle for two days and then got told off. When one of our children broke a post office window and the local police got heavily involved, a local officer told us that it would be much better if the lads we look after were sent back home. We pointed out that would just be moving and worsening a problem rather than giving that boy the care he needed. I can understand the police's frustration. They haven't got the time or the resources to deal with broken windows and fights between children. We have to involve them because if we don't we get penalised. More importantly, if a child is reported for minor issues and, for example, cautioned by the police, this will be taken into account in future if they appear in court for other offences.'

Care Home operator, in evidence to the CSJ

There is also evidence that the personnel and funding pressures which we document in Chapters 2 and 3 may stimulate the criminalisation of children in care. The crime reduction charity Nacro agrees, arguing in its report 'Reducing Child Imprisonment' that staff who work with children in care can see them as a management problem which can be alleviated by removal to a custodial institution:

> *There is an inbuilt, if sometimes unconscious, tendency for staff who work with the children to consider custody a welcome reprieve.*[19]

Once brought to the attention of the criminal justice system, children in care can continue to face additional disadvantage because they are often labelled as 'troublesome' or 'criminal' and this can affect negatively the decisions made about them by Youth Offending Teams staff, lawyers or judges.[20] Work by the Prison Reform Trust shows that children in care may be more likely to be placed in custody rather than being placed in Local Authority accommodation or given a community order, on the grounds that these have both already been tried – in the form of care – and 'failed'.[21] Thus children in care may be placed in custody at an earlier stage than if they had they not been in care.[22]

5.2.3. MANY LOCAL AUTHORITIES ARE NOT FULFILLING THEIR OBLIGATIONS AS 'CORPORATE PARENTS' TO PREVENT CHILDREN IN CARE GETTING INVOLVED IN CRIME

At a time of rising concern about youth crime, and when the public is quite rightly calling for parents to take more responsibility for the actions of their children, it is striking that local councils as 'corporate parents' are allowing so

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19   Nacro (2005) A Better Alternative: Reducing Child Imprisonment. p. 21.
20   Goldson B. (ed) (2008) *Dictionary of Youth Justice*.
21   Ibid.
22   Nacro (2005) *Reducing offending by looked after children*.

many children in care to be criminalised. In the words of the Prison Reform Trust: 'The state itself is a problem parent.'[23]

This report showed, in Chapter 1, that the Government has failed to invest sufficiently to support the families of 'children in need' to prevent them breaking down. Moreover, we demonstrated how the pressures of the 'broken society' are threatening to overwhelm the care system. In Chapters 2 and 3 we have described how, as a result of these pressures and mismanagement of local resources, the current system for children in care provides a fraction of the support that they need. Chapter 4 shows that the mental health of children in care is one of the first casualties of family breakdown and local services do little to repair the damage caused resulting in long term problems including offending.

> 'To help a child live a law-abiding life, the youth justice system needs to put an emphasis on rehabilitating and helping troublesome children.'
>
> Care leaver, Craig, in *The Gaurdian,* 7 May 2008

Chapter 6: Leaving Care will demonstrate that children in care leave the system with little to show. Only 12 per cent of children in care leave school with GCSEs grade A*-C and only 6 per cent of care leavers enter higher education. In contrast, between a quarter and a third of people sleeping rough spent time in Local Authority care as children.[24] Local Authorities are not fulfilling their duty as corporate parents: care leavers leave too early; they are ill prepared for life outside the care system; and do not get the after-care and appropriate housing that would help them on the way to success. Many cannot find employment or engage in training and go on to live lives characterised by dependency on the state. In such circumstances there is a greater temptation to commit crime and less to lose.

Unlike other parents, there is little legal downside for corporate parents with children in their care who break the law. For example, councils are not subject to prosecution under the laws that hold parents accountable for the care of their children such as the Parenting Orders created by the 1998 Crime and Disorder Act. We tackle some of the issues raised by this discrepancy in Chapter 7: Keeping Our Promises, and offer solutions.

5.3.Children in care in custody

> *'Once you're in prison you're just forgotten.'*
>
> Care leaver in prison[25]

Our research has revealed that the chronic lack of support that many children in care experience before being taken into custody is mirrored by the neglect

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23   Available from: http://www.prisonreformtrust.org.uk/subsection.asp?id=1475
24   Randall G and Brown S (1999) *Prevention is Better then Cure.* p. 7. Crisis.
25   Hart D (2006) *Tell Them Not To Forget About Us.* NCB. .

by Local Authorities of their needs when they are incarcerated. The recent 'Safeguarding Children' report described how many of the children in young offender institutions who were still in Local Authority care had lost contact with their social worker.[26] It has been estimated that there is on average only one social worker to every 171 children in prison custody.[27]

The following case study of a witness to the CSJ illustrates some of the problems experienced by children in care in custody:

Case Study 2: Mark

Mark served eighteen months in two young offender institutions for a dangerous driving conviction. He describes the experience as follows:

'I understand that I had a penalty to pay but what strikes me is the astonishing waste of time and money. Custody ought to be a great opportunity to help young people move on to a better way of life. My experience shows that instead many young people with a background in care view prison as sanctuary from the harsh world outside. This was my first brush with the law. I was pretty compliant and motivated to get on and get out but many of my friends inside had been in before and would be in again. They looked forward to it, because compared to the lack of care they were receiving from their local authorities prison was safe. They were released onto the same scary streets that had got them in trouble. They often had poor or no housing and meagre allowances. There is little planning in the days before release and a confusing timetable after release which is easily breached.

Inside, the officers were surprisingly kind and almost fatherly and the food and facilities are good. However, there is little attempt to improve the chances for offenders upon their release. Education programmes are poorly coordinated, disjointed and delivered with low expectation. You learn little of any use in the outside world. Courses were left half finished and teaching was poor.

Once kids are inside the LA just forgets about them. Social workers don't turn up to visits which they promised to attend. Just imagine how that feels – the visit is a real privilege and everyone is geared up for it. People with parents come back from visits with a smile. Kids with a social worker who is a 'no show' feel like idiots and get really angry because they are let down.'

The CSJ site visit to Rainsbrook Secure Training Centre confirmed this testimony. Managers there reported that good practice was possible but all too often looked after children felt they had been 'dumped' in custody. They too cited the number of different schools and placements (sometimes 20-30 moves in 12 months prior to admission) and the difficulty in gaining full co-operation from responsible Local Authorities both in maintaining contact and in resettlement arrangements. Case Study 3 exemplifies this.

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26   Healthcare Commission, Commission for Social Care Inspection, HM Inspectorate of Constabulary, HM Crown Prosecution Service Inspectorate, HM Inspectorate of Court Administration, HM Inspectorate of Prisons, HM Inspectorate of Probation (2008) *Safeguarding Children.*

27   HMIP and the Youth Justice Board. *Young people in custody 2004-6 .*

> **Case Study 3: Nowhere to go**
>
> We were told about the case of a 15 year old boy, a looked after child from a Local Authority near Rainsbrook who was due to be released on the very morning after our visit.
>
> Because of poor planning and indecisiveness, his Local Authority had still not concluded a placement for him and, after 6 months of effort, achievement and progress, the boy himself had no idea where he was going to live from that very next day, let alone the arrangements to meet his continuing education and healthcare needs or those to prevent him re-offending.

Depressingly, rather than this being a one off aberration, we were told that system failures like this happened all too frequently and young people in care feel that their Local Authority wants to be rid of them, rather than provide solid solutions that will keep them from harm.

Such an approach is disastrous because once children enter the criminal justice system, it becomes very hard to disentangle them. This is due to three key factors:

- Perverse financial incentives to provide inappropriate kinds of custody
- Poor care, education and training in custody to prevent reoffending
- Inadequate planning for release and support after leaving custody

These factors are discussed in detail below.

5.3.1. PERVERSE FINANCIAL INCENTIVES TO PROVIDE INAPPROPRIATE KINDS OF CUSTODY

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

Criminal Justice worker in evidence to the CSJ

Children in care are likely to be disproportionately represented within the youth justice system because there is a perverse financial incentive for the Local Authority to push them towards cheaper forms of custody.

There are a number of custodial options for offending children:

Secure Children's Homes (SCHs)
Generally these are small 16-30 bedded homes that are run by Local Authorities and accommodate the most vulnerable children, young people and young offenders whose problems have contributed to their criminal behaviour. Young offenders in SCH's tend to be younger than those in secure training centres and young offender institutions.

They are licensed by the Secretary of State (DCSF) and inspected by Ofsted.

As registered children's homes, secure children's homes are more welfare orientated than secure training centres and young offender institutions (YOIs). Available for young offenders who have been assessed as 'vulnerable', these Local Authority institutions focus on the emotional, social, educational and health needs of the child, as reflected in their high staff-to-child ratio. As Goldson notes,

> *For children whose liberty is restricted in the youth justice system, secure children's homes provide a far more effective and child-centred service than young offender institutions.*[28]

SCHs typically cost £185,780 per child per year.[29]

Secure Training Centres (STCs)

These centres provide secure accommodation for offenders up to the age of 18. With 80 beds (usually 10 residential units each with 8 beds), they are smaller than young offender institutions and provide education and vocational training, as well as social, healthcare and offending behaviour programmes. They are run by the private sector (G4S and Serco) under contract to the YJB and are inspected by Ofsted.

STCs typically cost £164,750 per child per year.[30]

Young Offender Institutions (YOIs)

Young offender institutions are run by the Prison Service and are inspected by prison inspectors. Boys aged 15-17 are held in juvenile-only buildings or on sites shared with, but separate from, YOIs for young adult offenders. Young female offenders are placed in self-contained girls' units attached to adult prisons or existing female institutions, but these units work in the same way as young offender institutions. Some female prisoners under the age of 18 may be placed on a juvenile wing of an adult female prison in exceptional circumstances for childcare or medical reasons.

YOIs typically cost £50,800 per child per year.[31]

The group has heard much testimony of the pressures that Children's Services departments face to keep within Local Authority budgets. Typical comments include:

> *A handful of complex and challenging children can tear up our budget plans.*

Local Authority Children's Services Portfolio Holder to CSJ

> 'Crime was often said (by care leavers) to be a response to the need to gain money and materials for survival after being 'abandoned' by the care system.'
>
> Juliet Lyon et al, *Tell Them So They Listen*

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28   Goldson B (ed) (2008) *Dictionary of Youth Justice.*
29   National Audit Office (2004) *Youth Offending: The delivery of community and custodial sentences.* p.32.
30   Ibid.
31   Ibid.

It is hard to balance the needs of a small number of children with very complex backgrounds and offending behaviour with the everyday needs of most children in the Borough.

Local Authority Leader to CSJ

To put these comments in perspective it is useful to note that children in care represent a large proportion of overall children's services budgets for local authorities. For example, York County Council has an annual Children's Services Budget of £113.69m and 160 children in care. At a cost of £40,000 each, these children cost £6.4m per year, or 6 per cent of the budget. Hackney Borough Council averages 480 children in care and a Children's Services Budget of £93.61m. Using the same approximation, looking after the children in their care will takes up approximately 20.5 per cent of Hackney Local Authority's budget.

Local Authority budgets can become even more strained as the result of just one or two children in care with complex needs. In 2005, on average £1,350 was spent per week on a 'complex' child needing residential care for instance compared to the average of £680 spent on a less complex child in foster care.[32]

A criminally active child in care puts even greater pressure on the Local Authority's budgets. To place a child in a secure children's home costs the Local Authority £185,780 per child per year, five times as much as a 'normal' child in care. For local authorities that are already struggling to stay within their budget, this kind of cost can be crippling.

If a child goes into custody and is placed in a secure training centre or a young offender institution, however, they become the primary responsibility of the criminal justice system. This is financed centrally through the YJB, thus markedly reducing the fiscal burden upon the Local Authority. In this regard, Nacro has noted:

From a purely monetary perspective, it is accordingly in the interests of Local Authorities to reduce the levels of remands to Local Authority accommodation, either by increasing the use of bail or by an expansion in custodial or secure remands. Such financial imperatives inevitably impact upon operational decision making.[33]

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32   National Statistics, *Children in Need in England: Results of a survey of activity and expenditure as reported by Local Authority Social Services' Children and Families Teams for a survey week in February 2005: Local Authority tables and further national analysis*, Available from: http://www.dcsf.gov.uk/rsgateway/DB/VOL/v000647/vweb02-2006.pdf

33   Nacro (2005) *A Better Alternative: Reducing Child Imprisonment*. p. 22.

Placing a child in a Local Authority secure children's home is 3.5 times as expensive as a placement in a less welfare-orientated young offender institution. It is perhaps unsurprising then that in 2004, 84 per cent of the juvenile offender population – 2,550 children – were placed in YOIs with the remainder held in secure training centres or secure children's homes.[34] The financial calculation appears to have resulted in a fall in the use of secure children's homes by Local Authorities.

Capacity is being taken out of secure children's homes and the 'corporate memory' of them is also receding. For example in 2003 there were 29 Secure Children's Homes open in England and Wales, compared with 19 as at March 2008. This continued downward trend is spurred by falling occupancy statistics: in March 2008 only 81 per cent of the 340 available places were taken.[35] This has worrying child protection implications not only for children in care who have offended, but also for those who have been placed in a secure children's home for protection from themselves.

Children who are under care orders remain 'looked after' whilst in custody. Social services have to provide a service while the child is in custody, but do not have to pay for the placement during that period. The Local Authority, therefore makes a considerable saving. For example, the Personal Social Services Research Unit calculates that, in the year 2007, a high cost child — with emotional or behavioural difficulties and offending behaviour might cost the Local Authority around £3272 per week.[36] The savings to the Local Authority of a child being in custody for one year therefore can be as much as £170,194.

A young person who is remanded to Local Authority accommodation with a security requirement is, in law, a looked after child (with a Local Authority responsible for placement decisions within the care system) but the Local Authority is only required to pay one third of the cost of such placements – the YJB pays the other two thirds. This is a significant reduction in what would otherwise be a £3,500 to £4,000 per week cost to the Local Authority for a secure children's home placement.

On entering custody (remand or sentence), children who are 'looked after' under Section 20 (a voluntary agreement between social services and their parents) lose their care status. The Local Authority does not have to pay for a placement or even provide services. They have to establish arrangements for

'Councils always operate in a resource restricted environment and a big part of their role is to make hard choices about where to allocate their resources. It is notable that children in care almost always receive a very significant proportion of Children's Services spending overall in authorities, and it is clearly important that this money is spent wisely and well.'

Caroline Abrahams, LGA

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34 Ibid.
35 Department for Children, Schools and Families (2008) *Children Accommodated in Secure Children' Homes at 31 march 2008: England and Wales.*
36 Personal Social Services Research Unit (2007) *Unit Costs of Health and Social Care 2007.* University of Kent. p. 93.

care on the child's release, but the cost and amount of service provided is much less than it would have been, had the child remained in care. There is also no guarantee that the child will be 'looked after' again on their release.

5.3.1.1. The State has a financial incentive to place children within young offender institutions.

Whilst there are incentives for Local Authorities to allow complex and challenging children in care to go into the criminal justice system, there are also financial incentives for the state to place children in young offender institutions rather than secure training centres or secure children's homes.

There are severe shortcomings with this approach. A report by the Children's Rights Alliance comments on the severe levels of vulnerability among child prisoners. It stated that if you selected at random any inmate of a YOI, i.e. those deemed 'not vulnerable' enough to qualify for the STC, 'You will almost certainly find a heartbreaking history of personal misery, professional neglect and lost opportunities.'[37]

There have also been serious and consistent concerns about the experiences of children within YOIs. A detailed analysis by the Children's Rights Alliance for England (CRAE) in 2002 looked at conditions and treatment inside YOIs. It found widespread neglect of physical and mental health; 'endemic' bullying and humiliation, inadequate rehabilitative provision and no opportunity to complain, among many other faults.[38] The most recent Safeguarding Children report, undertaken by eight government inspectorates including Ofsted, the Commission for Social Care Inspection and the Prisons Inspectorate, recorded ongoing concerns over the use of physical restraint and strip searching, amongst other things. They also specifically noted the reduction in numbers of Secure Children's Homes as a matter of concern.[39]

Vulnerable children with a background in care should not be placed in YOIs but 84 per cent of the juvenile offender population are. The reasons for these statistics become obvious when one realises the financial incentive of placing the offending child in a YOI.[40]

5.3.2. POOR MENTAL HEALTH CARE, EDUCATION AND TRAINING IN CUSTODY TO PREVENT REOFFENDING

Custody should provide children from a background in care with the chance to deal with the problems which contributed to their incarceration. It should also reduce the risks of reoffending. But our research shows that reality for children in care in is very different.

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37   Esmée Fairbairn Foundation (2004) *Rethinking Crime & Punishment: The Report.* p. 45.
38   Goldson B (ed) (2008) *Dictionary of Youth Justice.*
39   Healthcare Commission, Commission for Social Care Inspection, HM Inspectorate of Constabulary, HM Crown Prosecution Service Inspectorate, HM Inspectorate of Court Administration, HM Inspectorate of Prisons, HM Inspectorate of Probation (2008) *Safeguarding Children.*
40   The Howard League (2006) *Chaos, neglect and abuse: looking after children leaving custody.* p. 7.

5.3.2.1. Poor mental health care in custody

Our work has shown that most children in care in custody are highly vulnerable, even if they have not been formally assessed as such. Yet studies have suggested that professionals working in the services linked to the criminal justice system view children in custody as offenders first, and children second.[41] This has a direct effect on whether or not the child's welfare and emotional well-being are given priority while he or she is in the criminal justice system.

The mental health needs of children and young adults within the custodial system are not given the necessary attention.[42] Despite the fact that up to 95 per cent of young offenders might have one or more mental health disorders,[43] only 6,223 (53 per cent) received care from CAMHS in 2006.[44] Indeed, the number of teams specifically targeting support for young offenders actually decreased (by one) between 2005 and 2006.[45] As a group highly likely to suffer from mental health problems, looked after children are particularly affected by this shortage.

5.3.2.2. Insufficient education and training in custody

Despite the fact that those being incarcerated are children, insufficient emphasis is placed on the importance of their education. The more welfare orientated secure training centres and secure children's homes provide remedially based formal education for 25 hours a week, 50 weeks of the year.[46] Although Young Offender Institutions have a target of 25 hours a week,[47] around 25 per cent of young people receive less than 15 hours of education a week and around 15 per cent receive 15 to 20 hours.[48] The group has heard evidence that some children in YOIs can receive as little as five hours a week. A recent report, auditing ten years of youth justice policy, found that:

> *Far fewer children in YOIs each year are making progress in numeracy and literacy partly due to overcrowding and the high turnover rates, but also as a result of the lower levels of staffing and difficulties in accessing courses.[49]*

As a result, two thirds of children and young people in YOIs are not improving their literacy and numeracy skills while in custody.[50] These statistics are

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41   The Howard League (2006) *Chaos, neglect and abuse: looking after children leaving custody.*
42   Department of Health, Department for Children, Schools and Families, and Durham University. *A Profile of Children Health, Child and Adolescent Mental Health and Maternity Services, England 2007.*
43   Goldson B (ed) (2008) *Dictionary of Youth Justice.* p. 64.
44   Department of Health, Department for Children, Schools and Families, and Durham University. *A Profile of Children Health, Child and Adolescent Mental Health and Maternity Services, England 2007.*
45   Department of Health, Department for Children, Schools and Families, and Durham University. *A Profile of Child Health, Child and Adolescent Mental Health and Maternity Services, England 2007.* p. 91.
46   Hart D (2006) *Tell Them Not To Forget About Us.* p. 25.
47   Lords Hansard: 15th May 2007.
48   UK Children's Commissioners' Report to UN Committee on the Rights of the Child (2008).
49   Solomon,E and Garside R (2008) *Ten years of Labour's youth justice reforms: an independent audit.* Centre for Crime and Justice Studies.
50   Ibid.

particularly worrying when one recognises that many of the children in custody are there for up to two years.[51] This is a relatively large proportion of a child's education, and a much needed opportunity for those already educationally disadvantaged to 'catch up'. Yet this time is ill used and the opportunity comprehensively missed.

Missing out on a significant amount of schooling whilst in custody makes it even harder for these children to obtain the skills and qualifications needed to find employment. Unsurprisingly, children leaving the criminal justice system are three times more likely to have poor basic skills than other young people of their age and therefore find it hard to get work or training.[52] They are thus more likely to see criminal activity as a positive alternative or means of survival in the long term. Criminals who were in care in their childhood have longer criminal careers than others on average.[53]

5.3.3. INADEQUATE PLANNING FOR RELEASE AND SUPPORT AFTER LEAVING CUSTODY

5.3.3.1. Inadequate education and employment support

Local Authorities are responsible for creating an ongoing programme of social work while children in care are in prison to prepare them for the outside world. Yet in 2004-5, 54 per cent of those leaving young offender

institutions had no recorded education, training or employment place.[54]

Our research shows that plans for work and education are generally sorted out on the child's release, rather than in advance. As a result, none of the children interviewed for one report had received any education or employment within three months of release.[55] Despite the value placed on these activities by the children, the proposed courses had not materialised, and they had been unable to find work. One child commented:

The training that had been promised didn't get sorted out. I told my YOT worker I needed something sorted out or I'd be back in jail. He promised me something would be sorted out in July but nothing was.[56]

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51   Powers of Criminal Courts (Sentencing) Act 2000, Chapter 6, Section 101
52   UK Children's Commissioners' Report to UN Committee on the Rights of the Child (2008)
53   Social Exclusion Unit (2006) *Reducing re-offending by ex-prisoners.* p. 18.
54   The Prison Reform Trust (2008) *The Bromley Briefings:Prison Fact file.*
55   Hart D (2006) *Tell Them Not To Forget About Us.*
56   Hart D (2006) *Tell Them Not To Forget About Us.* p. 9.

5.3.3.2. Inadequate housing support

This situation is made more difficult by the confusion surrounding accommodation, as, without this being resolved, it is difficult to finalise plans for work and education.

Reports have suggested that suitable, stable and sustainable accommodation can reduce reoffending rates by 20 per cent.[57] Despite this, in 2004-5, 13 per cent of those leaving young offender institutions had no recorded accommodation[58] and Audit Commission figures in 2004 showed that up to 9,000 young offenders were placed in unsuitable, unsupervised accommodation on leaving custody.[59]

Case study 4: A success story

Mike was 16 years old when The Howard League was contacted by a professional on his behalf just two weeks after he entered Warren Hill Young Offender Institution where he was serving a four-month detention and training order. He was to be released in six weeks' time and there were no plans in place for accommodation and support.

The professional who contacted them had made several referrals to the boy's Local Authority's children's services but had been told that they could not help him because he was 16 years old and could get housing benefit.

But Mike was a very vulnerable child who had no accommodation and had been stealing simply to get food and clothes and clearly needed help. He had been abandoned by his parents, suffered from learning difficulties and had had previous mental health referrals. He also had a history of drug and alcohol misuse.

The Howard League wrote to the Local Authority responsible for Mike, reminding them of their duties under the Children Act and the Youth Justice Board's national standards. Days prior to Mike's release they received a letter from the Local Authority apologizing that previous referrals to social services had not been dealt with, and confirming that Mike would be accommodated by children's services under Section 20 of the Children Act.

He would be therefore be entitled to extra services under the Leaving Care Act 2000, to assist him in making the transition from living in care to living independently in the community.

Mike was released as planned and took up his accommodation upon release. He is doing well and keeping all his appointments with the youth offending team.

Taken from Howard League (2006) *Chaos, Abuse and Neglect*

5.3.3.3. The danger of breaching

In direct contrast to the non-specific plans for the child's work, education and housing, the child's reporting arrangements to the Youth Offending Team are given first priority and are detailed and specific.

Some children are subject to electronic monitoring and curfew, and others are placed on Intensive Supervision and Surveillance Programmes (ISSPs) where they undertake 25 hours of supervised activity a week. Social workers are not necessarily involved in these appointments.[60]

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57   Social Exclusion Unit (2002) *Reducing Reoffending by Ex-Prisoners.*
58   The Prison Reform Trust (2008) *The Bromley Briefings: Prison Fact file.*
59   Willis B (2008) *Young Offenders: Life After Jail. Children and Young People Now.*
60   Ibid. p. 9.

Although in theory such intensive monitoring may seem necessary to prevent the child from re-offending, in practice it is more likely to help them back onto that path. Children who have been recently released from prison are unlikely to have established a stable routine or necessarily be in stable accommodation, and, therefore, are unlikely to keep appointments successfully. As one report argues:

> *The value of intensive monitoring for such a volatile group of children, whilst they were also coping with new placements in unfamiliar surroundings and/ or family pressures, must therefore be questionable.*[61]

5.4. The long term costs of custody's failure

'It was a total waste of time and money – most of my peers there went on to be adult prisoners.'

Former young offender, in evidence to the CSJ

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 course of action is much more expensive for society.

In October 2004, a Parliamentary Select Committee reported that reconviction rates of released child prisoners stood at 80 per cent[62] and one recent report suggested that 27 per cent reoffend in the first month after their release.[63]

The YJB's annual expenditure is in the region of £470 million, yet only £32 million is spent on prevention.[64]

However, as we have shown (section 5.1.), 27 per cent of the adult prison population has been in care. Reoffending by prisoners costs the criminal justice system alone at least £11 billion per year.[65] Therefore the cost of re-offending by former children in care is approximates to £3billion.

However, the total costs of reoffending to society are much greater than this, as imprisonment can lead to a life blighted by unemployment and welfare dependency.

Di Hart's study on children from care in custody outlined three modest requests of these children to help them live a 'normal' life outside of the criminal justice system: somewhere decent to live, enough money, and

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61   Willis B (2008) *Young Offenders: Life After Jail. Children and Young People Now.* p. 9.
62   Goldson B (ed) (2008) *Dictionary of Youth Justice.* p. 64.
63   Youth Justice Board (2006) *Youth Resettlement: A framework for action.*
64   Youth Justice Board (2008) *Annual Report and Accounts 2007/8.* p. 49.
65   Social Exclusion Unit (2002) *Reducing re-offending by ex-prisoners.* p.2.

something to occupy them.[66] These young people are more likely to turn back to crime if these needs are not met. Yet rather than helping them achieve this, the neglectful current system seems rather to help them on the path to re-offending.

Without a better focus on prevention it is much more likely that they will offend again on their release, and enter the adult criminal justice system long term, where 23 per cent of prisoners have been in care.[68]

Case Study 5: TrACK, Australia

The Treatment and Care for Kids (TrACK) program is run by the Australian Childhood Foundation with Anglicare Victoria. The program is specifically for children between the ages of seven and thirteen who exhibit very violent or sexualised behaviour as a result of previous abuse. The aim is to reduce problem behaviour, including delinquency and criminal behaviour.

A program of therapeutic 're-parenting' is carried out by creating a positive environment for the child. One child per placement, they are placed with experienced therapeutic TrACK foster carers who receive extra support, training and finance to take on children with challenging behaviour. The therapeutic foster carer focuses on providing safety, secure attachments and the ability to express what has happened: seen as the three requirements to recover from the trauma they have received.

The children themselves regularly receive therapy, and the foster carer has regular contact with a therapist for advice on the child. The foster carer's role is to nurture the child emotionally and physically, and affection is encouraged on 'parental terms.' Also involved are teachers, birth parents and social workers.

Eventually, the aim is for children to be able to process the complex feelings that resulted before in violence, thus enabling them to demonstrate socially acceptable behaviour.

Although therapeutic foster care is expensive, studies have shown that every $1 spent in this way saves $14 in criminal justice costs.[67]

5.5. The Government's response

The Children's Plan 2007 specifically identifies the need for custodial settings to be 'run by committed, well-trained staff, with dedicated facilities'[69] and argues that 'We need to maximize the use of the time when young people are in contact with the criminal justice system to tackle offending behaviour and underlying causes.' This includes 'improving the education of young offenders to better reflect the experience of their peers in mainstream education.'[70]

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66   Hart D (2006) *Tell Them Not To Forget About Us.*

67   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

68   Home Office (2007) *Care Matters: Transforming the Lives of Children and Young People in Care.* p. 82.

69   Department for Children, Schools and Families (2007) *The Children's Plan: Building brighter futures.* p. 140.

70   Ibid.

A number of actions following from the Children's Plan have particular relevance for children in care serving custodial sentences:

- There will be an explicit duty for Local Authorities to visit children in care and make arrangements for contact with social workers outside these visits
- The requirement to visit children in care will be extended to those children who were voluntarily accommodated immediately before entering custody.

This will provide 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.

The Government has recently published its Youth Crime Action Plan, which has the aim of significantly reducing by 2020 the number of young people receiving a conviction, reprimand or final warning for a recordable offence for the first time.

The plan included the following key actions of relevance for children in care:

- Developing a more comprehensive package of care for children leaving custody
- Improving education and training in juvenile custody, placing new duties on Local Authorities to commission education
- Improving family support, which will help ensure that problems are addressed early by expanding intensive family interventions and Family Nurse Partnerships to support vulnerable families
- Providing additional funding to continue Intensive Fostering in existing pilot areas which provide a specialised, highly intensive and structured programme with trained foster carers backed up by a team of professionals.
- Funding the expansion of the Resettlement and Aftercare Programme to provide intensive support for children leaving custody
- Making suitable accommodation available for young offenders leaving custody by ensuring that all assessments of children in custody consider family needs and the support required to enable the child to return to their family on release; and preventing youth homelessness by improving support for both children living with their families and the assessment, support and accommodation on offer for 16 and 17 year olds who cannot live at home

We welcome many of the initiatives (belated as they are) in the Youth Crime Action Plan but feel that the Plan's wider emphasis on problem parents ignores the much bigger issue of children in care for whom the problem parent is often the state.

Our polling shows in the following section that there is great popular support for wholesale reforms to the care and custody system designed to tackle the underlying causes of offending by children in care or care leavers, and to help those who have already become entangled in the youth justice system.

5.6. Policy solutions

OBJECTIVES

The objectives of our policy recommendations are to prioritise children in care within the youth justice system and to ensure that their specific needs are met. Our solutions seek to remove the perverse incentives which encourage Local Authorities to neglect their duties and which push children in care into custody. We argue instead for holistic support necessary to help children in care avoid crime and prevent reoffending.

Many of our findings do question the suitability of youth justice solutions for *all* children and young people but, as this is clearly beyond our remit, we restrict ourselves here to those children in Local Authority care.

Our recommendations should be read in conjunction with those on mental health (in Chapter 4) and leaving care (in Chapter 6):

5.6.1. GIVE ALL LOCAL AUTHORITIES RESPONSIBILITY FOR *ALL* CHILDREN IN CARE WHO ENTER CUSTODY

We believe the Section 20 distinction between voluntary and non voluntary arrangements for care should be removed.

The method by which a child arrived in care should not influence the level of oversight and care which local authorities exercise over children in care who go into custody. All children within the care system in prison should be equal in the eyes of their corporate parent.

We therefore recommend removing the Section 20 distinction.

5.6.2. GIVE LOCAL AUTHORITIES FULL RESPONSIBILITY OVER THE DELIVERY OF SERVICES TO CHILDREN IN CARE IN CUSTODY

We recommend that local authorities take full responsibility for commissioning service delivery to children in care who have entered custody. This will ensure that there is much more planning to meet the specific needs of young people and better, more accountable service. This chapter has shown that this improved planning is greatly required, particularly in the areas of education and mental healthcare.

Allocating to Local Authorities the responsibility for children in care in custody will also ensure that there is much more continuity between the work that has been going on with the child in care before incarceration and the training and rehabilitation inside. Moreover it will improve connections with the local authority ahead of release and ensure that a properly coordinated plan is developed for children in care leaving prison. In this way the process of resettlement will be improved and this will reduce the risk of unnecessary breaches.

If the Local Authority is truly to take responsibility for children in custody, it needs to have budgetary control over the delivery of services to those children.

5.6.3. LOCAL AUTHORITIES SHOULD BE GIVEN FULL FUNDING AND BUDGETARY CONTROL OVER THE DELIVERY OF SERVICES TO CHILDREN IN CARE IN CUSTODY

This proposal would remove any incentive for local authorities to manage hard pressed budgets by 'allowing' – whether by default or by design – children in care to be placed in inappropriate custodial settings. Currently local authorities have to pay no, or much lower, costs for children in care in custody.

This change will involve a fundamental reallocation of budgets between central government (the YJB) and local authorities as around 76 per cent of the Youth Justice Board's annual net expenditure of £470 million[71] is now spent on custody and around 30 per cent of children in prison have been in care.

The group is aware that there may be some risks to continuity and expertise while Local Authorities take over responsibility for commissioning from the Youth Justice Board. The change will therefore require intensive planning and careful orchestration.

The change of financial responsibility will not affect who delivers the service on the ground. However, the move of financial responsibility from central to local government should result in an increased desire and need for local alternatives (see 3.6.4.) rather than a dependence on the services of the Criminal Justice System. This would allow implementation to be tailored at a local level to meet local crime reduction and community safety requirements.

5.6.4. INCENTIVISE AND PROMOTE ALTERNATIVES TO YOUNG OFFENDER INSTITUTIONS

We recommend a reduction in the financial incentives that place so many children in YOIs, and greater training for professionals within the criminal justice system regarding alternatives to YOIs, and alternatives to custody in general.

Safeguarding Children, the third report of the Joint Chief Inspectors, expressed 'considerable concern' about the welfare of children placed in young offender institutions as did their previous two reports.[72] Indeed, only 22 per cent of the British public[73] think that young offender institutions are the best place for young people in care who have committed offences. Moreover, 75 per cent think that children in care in prison should be given more rehabilitation and training and 91 per cent think that they should

71 Youth Justice Board (2008) *YJB Annual Report and Accounts 2007-08.* p. 43 – 49.
72 Healthcare Commission, Commission for Social Care Inspection, HM Inspectorate of Constabulary, HM Crown Prosecution Service Inspectorate, HM Inspectorate of Court Administration, HM Inspectorate of Prisons, HM Inspectorate of Probation (2008) *Safeguarding Children.*
73 YouGov Polling for CSJ (June 2008)

receive better mental health and emotional support.[74] These additional requirements are rarely met in YOIs, but can be found in secure children's homes and secure training centres. As we have seen these are used much less frequently than YOIs.

Secure children's homes and secure training centres provide a more comprehensive welfare orientated approach to secure accommodation, with smaller numbers of children present and a greater emphasis on therapeutic health care, education and training, and anti-offending programmes.

Case Studies 6-8 demonstrate some of the range of solutions we are not exploiting to their full potential:

Case Study 6: Secure Training Centres (STCs) and Secure Children's Homes (SCHs)

Rainsbrook STC (near Rugby, visited by the CSJ in June 2008) is regarded by Ofsted's children's service inspectors as an exemplar of best practice – having been graded 'outstanding' in all areas in its recent annual inspections.

The CSJ visited the facility and noted the positive and caring but equally structured and well-disciplined approach with clear boundaries and expectations for young people. The Centre's commitment to inclusion and involvement principles was impressive, as was the external advocacy service.

Young people are highly incentivised to achieve success and to maximise their individual potential. Over 50 per cent of the centre's staff have been employed at the centre since it opened in 1999.

Education is delivered for a minimum of 25 hours per week, and comprises academic studies based on the national curriculum together with an impressive range of vocational training opportunities for 16+ students. These are all provided in the on-site college by teachers who have high expectations for their pupils to achieve success in GCSE and NVQ examinations.

Children live in separate residential units, each with eight bedrooms and dedicated staff teams, and are engaged in purposeful supervised activities (i.e. out of their bedrooms) for at least 14 hours every day (including weekends too). The quality of décor throughout the centre, and especially in the 90 or so individualised bedrooms, is immaculate – fresh, personal and welcoming.

Overall, it is impossible not to see Rainsbrook STC as the desirable – and achievable – benchmark for all forms of custody for children. From the public point of view, it represents the best possible way of changing criminal and anti-social behaviour.

As with all expensive resources, it is essential to ensure that these resources are correctly targeted at the most serious and persistent of young offenders – and not at the younger children in care sentenced to custody for relatively minor matters often related to previous residential placements in children's homes.

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74   YouGov Polling for CSJ (June 2008)

Case Study 7: The Mulberry Bush Residential School

The Mulberry Bush (Oxfordshire) (£123,000 for 38 weeks a year)
The Mulberry Bush School, now celebrating its 60th birthday, describes what it does as 'a cost effective early intervention to interrupt the otherwise destructive inter-generational cycles of deprivation and abuse'.[75]

It is a therapeutic residential school providing care, treatment and education to severely emotionally troubled children run by a charity. The school has around 40 pupils whose ages range from 5-12; each stays at the school for an average of 3 years.[76]

In common with secure children's homes, The Mulberry Bush provides a more welfare orientated approach to secure accommodation, with smaller numbers of children present and a greater focus on mental and physical health, education and training. In partnership with the family and the referring authority, the Mulberry Bush School aims to equip each child with the personal, emotional, social and learning skills and abilities to cope in a family and in a local school and community. This is a far cry from the support available in YOIs.

The school has achieved impressive outcomes: 100 per cent of leavers learn effectively in a normal school environment, in comparison to 8 per cent on arrival; progress in their social, emotional and behavioural development means that incidents of aggression drop by over 95 per cent and incidents of anti-social behaviour by 60 per cent; most incredibly 84 per cent of children who were unable to be placed long term with a family when they arrived, are able to when they leave.[77] These factors all contribute to repeated 'outstanding' reports from Ofsted inspectors.

This school represents just one model of its type; each school will have its own approach and strengths. Unfortunately though, lack of usage has led to many residential schools like The Mulberry Bush being closed down.

Case Study 8: Intensive or remand fostering

Intensive Fostering is an alternative to custody for children and young people whose home life is felt to have contributed significantly to their offending behaviour. The approach was developed by the Oregon Social Learning Centre (where it is known as Multi-dimensional Treatment Foster Care) to encompass social learning theory which aims to develop all aspects of the child's life skills, and has been shown in trials to be effective at reducing re-offending rates.

The process is still framed as a form of community penalty, aiming to hold a young person to account for their crimes while acknowledging that they need extra support within the community to address factors which may have contributed to their offending behaviour.

Highly intensive care is provided for up to 12 months for each individual, along with a comprehensive programme of support for their family. To facilitate this, a dedicated support team is employed to work with:

75   *The Mulberry Bush School* [online]. Available from:
      http://www.mulberrybush.oxon.sch.uk/index.html
76   Ofsted (2008) *Mulberry Bush School- Inspection Report.* Available from:
      http://www.ofsted.gov.uk/portal/site/Internet/menuitem.7c7b38b14d870c7bb1890a01637046a0/?eve
      nt=getReport&urn=123330&inspectionNumber=314561&providerCategoryID=65536&fileName=\\
      school\\123\\s5rti_123330_20080327.xml
77   *The Mulberry Bush School* [online]. Available from:
      http://www.mulberrybush.oxon.sch.uk/index.html

- the child or the young person, in developing their social skills and changing their behaviours and attitudes
- the birth family, by offering a range of support, including family therapy, counselling and parenting skills
- the foster carer, by providing daily contact with a supervisor to discuss the young person's behaviour patterns and ensure that any potential problems are identified before they become critical[78]

Intensive Fostering is currently being piloted with foster care providers in Hampshire, Staffordshire and 10 London boroughs and we believe that the scheme should be expanded as an alternative to custody. The method is backed by all the major UK children's charities and should be made available to all sentencers as a viable alternative to custody and promoted to them. In order to make this successful, the funding issues need to be resolved. Local authorities are unlikely to deliver any alternative to custody unless they receive additional funding.

These case studies give some idea of the range of options available to sentencers. However, they are underused and remain minority options. This is unacceptable. We recommend that an urgent investigation is commissioned into the funding arrangements that skew sentencing incentives towards YOIs; we also propose that major expansion of alternatives to YOI is rolled out across the country alongside a phased increase of capacity in successful alternative models. We also recommend greater training for professionals within the criminal justice system regarding alternatives to YOIs so that these other routes can be fully supported and utilised.

5.7. Conclusion

Children in care who commit crime are being failed by their corporate parents. Too many troubled young people are allowed to fall into the less effective parts of the custody system because better education and welfare focused alternatives are too expensive.

Once inside the criminal justice system, the needs of the child with a background in care are overlooked, and on leaving, the young offender with a care background is given minimal help to survive in society. It is therefore unsurprising that reoffending rates are so high.

Our proposals are designed to help remove any incentive to push children in care into ineffective custodial settings and improve the effectiveness of those settings if it is necessary to detain a looked after child who commits an offence.

At a time when the Government is asking parents to be more accountable for the actions of their children, we urge local governments to recognise their responsibility as corporate parents for the children in their care and adopt a fundamentally different approach to prevent children in care becoming criminalised at huge cost to themselves and their communities.

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78   Youth Justice Board. *Reducing Reoffending- Intensive Fostering* [online].
       Available from: http://www.yjb.gov.uk/en-gb/search?LinkClick=%2Fcgi bin%2FMsmGo.exe%3Fgrab
       _id%3D0%26page_id%3D299%26query%3Dintensive%2520fostering%26hiword%3DFOSTER%252
       0FOSTERED%2520INTENSE%2520INTENSIVELY%2520fostering%2520intensive%2520

CHAPTER SIX
Leaving Care

'There is a general recognition that The Children (Leaving Care) Act 2000 is not working, and there are young people from care on the streets, homeless, in prison etc.'

The Care Leavers' Association

This chapter shows that, despite the provisions of The Children (Leaving Care) Act 2000, too many young people are leaving the care system without the support they need to live successfully as adults. Local Authorities are not fulfilling their duty as corporate parents: Care Leavers leave too early, they are ill prepared for life outside the care system, and do not get the after care and appropriate housing that would help them on the way to success. This leaves them at risk and many fail to find employment or take up further training. They are cut adrift with no true stake in society.

'The social worker's life plan is for you to get a council flat and put you on benefits. They tell you that when you're 13.'

Care leaver[1]

This is a time when the general population of young people are leaving home later than ever and are getting more help from their parents to lead more independent lives. We argue that the only way to close this growing gap is to go much further than the existing legislation and offer much more support for those young people brought up by the state.

6.1. A lost opportunity

This report has shown how the failure to deal quickly, adequately and consistently with the problems experienced by children in care represents an enormous lost opportunity to help our most disadvantaged young people play a better hand than they were dealt. However, our research shows that the experience of leaving care is little better for many young people than their time within the care system.

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1   Care Leaver to Rainer / WMTD.

Young people leaving care are much more likely as adults to experience unemployment, substance abuse, emotional problems, educational failure, homelessness and involvement with the criminal justice system:

- Only 29 per cent of care leavers are in education, training or employment at age 19[2]
- 55 per cent of care leavers suffered from depression[3]
- Around 12 per cent of those in care achieve 5 A* - C GCSEs (or equivalent) compared to 59 per cent of all children[4]
- Almost a third of young people misuse drugs and alcohol within a year of leaving care[5]
- Around a third of those living on the streets have a background in care[6]
- 23 per cent of the adult prison population has previously been in care[7]

The Children (Leaving Care) Act of 2000 has been in force since October 2001.[8] It set out to dramatically improve the prospects of children leaving the care system by making provision for them not to have to leave care until they are ready to do so and then receive more help when they do.

Essentially the Act is a recognition that children in care need help beyond the age of 16. Social workers have a duty to assess the level of support required before the young person reaches 16 and produce a pathway plan. A personal adviser is provided to oversee progress along this 'pathway'. This may include basic DIY skills, budgeting advice and help making new friends. If support is still required and, in particular, if the young person goes on to study, the Local Authority has a continuing duty of care towards them.

The Act stipulates the duties that Local Authorities have towards teenagers in care of different ages. A summary of the Act's key provisions is shown in the box overleaf:

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2   Rainer (2007) *Submission to Parliamentary Inquiry on looked-after children.*
3   YouGov polling for the Centre for Social Justice.
4   Department for Children, Schools and Families (2007) *Impact Assessment for White Paper on Children in Care.* p. 51.
5   Dixon J (2008) *Young People Leaving Care: Health Wellbeing and Outcomes.*
6   Ibid.
7   Department for Children, Schools and Families (2007) *Impact Assessment for White Paper on Children in Care.* p. 35.
8   The Children (Leaving Care) Act 2000 (c. 35). HMSO

Key provisions of The Children (Leaving Care) Act 2000, regarding the duties of Local Authorities towards care leavers

Aged 16-18
- Duty to ensure pathway plan is in place by 16th birthday
- Duty to make assessment and meet needs
- Duty to provide financial support
- Duty to provide Personal Adviser
- Duty to ensure accommodation

Aged 18-21
- Duty to maintain contact and to provide support through Personal Adviser
- Duty to assist with costs of education, employment and training

Aged 21 and over
- Duty to 18-21 year olds continues if still in education or training
- Duty to ensure vacation accommodation for higher education[9]

However, despite these provisions, our work shows that too many young people leave care too early, without the preparation or the long term support necessary to increase the chances of becoming successful independent adults. Care leavers and those working with them identify the following key problems, which are described in more detail below:

- Leaving care too soon
- Poor preparation for leaving care
- Insufficient advice and support after leaving care
- Inadequate housing
- Varying financial support across the country
- Too many care leavers are not in Education, Employment or Training (NEETs)

6.1.1. LEAVING CARE TOO SOON

'I couldn't wait to get out of that residential home at 16 but the streets were scarier.'

Care leaver

The vast majority of young people in care leave on or before their 18th birthday. In the year to March 2007, 8,000 children over 16 ceased to be

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9   Summary of The Children (Leaving Care) Act taken from National Voice. *The Leaving Care Act.* Available from: http://www.anationalvoice.org/rights/clcact2.htm

looked-after, 25 per cent when they were 16, and another 58 per cent on or before their 18th birthday.[10]

This situation compares poorly with the general population of young people leaving home. In our representative survey of the British population, only 13 per cent felt that 16 year olds would be able to cope on their own. This is not surprising given that, thinking of their own transition from home, only 14 per cent of our respondents had left home by 18, 40 per cent left between 18 and 21 and 30 per cent left between 21 and 25.

The general public think that their children will leave home later and continue to receive significant support. Our polling of parents revealed that over 60 per cent thought that they should continue to provide help over the age of 19 with 25 per cent anticipating that support would continue between the ages of 21 and 25 and a further 10 per cent during their children's late twenties and early thirties. *In comparison, care leavers are, in the words of Jim Wade,*

> *expected to shoulder a broader range of responsibilities at an earlier age than is common for their peers.[11]*

The benefits of delaying the transition from care into the wider world are well documented. The most recent study has shown how those who leave care after reaching eighteen are more likely to be engaged in education and training and less likely to be unemployed ten months later than those who leave earlier.[12]

In contrast, the risks of leaving care too soon are evidenced by work which shows that between 20 per cent and 50 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 population.[13]

Our polling suggests that the public recognise that children don't become adults overnight and need time to acquire the skills necessary to become independent. Given the traumatic experiences of children coming into care and the problems they experience within the system, there are clear benefits to properly preparing young people in care before they become independent.

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10   *Leaving Care. Key Facts* [online]. Available from: http://www.leavingcare.org/young_people/research/key_facts_for_leaving_care

11   Wade J and Dixon J (2006) *Making a home, finding a job: investigating early housing and employment outcomes for young people leaving care.*

12   Wade J (2008) 'The Ties that Bind: Support from Birth Families and Substitute Families for Young People Leaving Care'. *British Journal of Social Work,* 38:1.

13   Ibid.

6.1.2. POOR PREPARATION FOR LEAVING CARE

'She bought tinned carrots because she couldn't peel fresh ones.'

Volunteer worker with care leavers

The Children (Leaving Care) Act of 2000 states that Local Authorities should draw up and regularly review a pathway plan anticipating the needs of care leavers up until the age of 21 or longer if they are studying further. However, we have received testimony from care leavers and those who work with them, that too many continue to suffer a lack of basic information about their rights and the responsibilities of their 'corporate parent' - the Local Authority. This is supported by a What Makes The Difference (WMTD) survey of care leavers, which showed that almost half had not had any written information from their Local Authority about their entitlements, and 38 per cent of young people said that they had just been 'left to get on with it'.[14]

> 'Many of the young people did not have the basic skills to live independently such as budgeting or how to get a job.'
>
> Kate Davies, Chief Executive, Notting Hill Housing Trust

Furthermore, we have heard evidence that many care leavers receive little training in the essential skills necessary to live independently such as cooking, cleaning, shopping for food and managing a household budget.

This testimony is backed up by Mr Justice Munby's criticism of the failure of Local Authorities to prepare and execute proper plans.[15]

It is unsurprising that young people leaving care fall at the first fence if they don't possess basic life skills. Like all parents, we as a society have a clear responsibility to those young people in our care to equip them with the tools necessary to live independently.

6.1.3. INSUFFICIENT ADVICE AND SUPPORT AFTER LEAVING CARE

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

Care leaver

Leaving home is a big moment in the life of all young people and produces mixed emotions of excitement and fears about independence. In recognition of this need for ongoing advice and support, The Children (Leaving Care) Act 2000 states that Local Authorities should provide a Personal Adviser to young

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14   WMTD / Rainer (2008) *Making the Difference, Putting the Care back into corporate parenting.* p. 17.
15   Samuel M (2008) 'Justice Munby lambasts Nottingham in care case'. *Community Care.* March 10. Available from: http://www.communitycare.co.uk/Articles/2008/03/10/107518/justice-munby-lambasts-nottingham-in-care-case.html

people leaving care up until the age of 21. This personal adviser is supposed to draw up the pathway plan for the young person, maintain good links to other agencies (such as the Connexions employment service) to help promote their success, and stay in contact with the young person to ensure their needs are being met.

However, we have received reports that young people who have left care find it difficult to access this advice and too often their calls are not returned and crucial appointments are missed. As our research in Chapter Two demonstrates, this poor service mirrors that experienced by young people when they were still in care. In the words of one care leaver:

> *They never turned up when they said they would. They didn't have the time - no time for me anyway.*

'I was in a bedsit on my own, I couldn't handle it, being on my own, being lonely, no family behind me, no friends. I was stopping at home, being bored, I got into financial difficulties and was evicted.'

Care leaver[16]

As Rainer, the national charity for under-supported young people, has shown, perhaps the most significant complaint amongst care leavers is that 'social workers didn't stick to their promises.'[17]

The effects of this poor and inconsistent support can be devastating. A care leaver said to us:

> *For looked after children, social services are their family, so when they leave the system, suddenly they've lost their whole family. They feel very insecure when they are going through such a big change.*

One of the biggest issues for young people is simply loneliness:

> *Living in your own flat at 16 may sound glamorous but the reality is it can be very lonely.*

As Chapter 4 has illustrated, many children in care have deep emotional needs as a result of childhood trauma. If these are not met then the point of transition from care can trigger inner turmoil. It is no wonder that our survey of care leavers showed that one in two had experienced depression and found it difficult to forge relationships. Work by Mike Stein has investigated methods for developing 'resilience' – the ability to tackle problems and adversity despite disadvantage – in young people. He directly links poor mental health in care leavers with a lack of support during the period of transition from care. This is partially due to the need for an accelerated process of gaining independence,

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16   Stein M (1990) *Living out of Care*. Ilford: Barnardo's. p. 21.
17   WMTD / Rainer (2008) *Making the Difference, Putting the Care back into corporate parenting*. p. 17.

which denies care leavers the chance to fully 'process' the dramatic changes that are occurring.[18]

Five years ago, a Department of Health study of care leavers found that support fell away rapidly.[19] In 2006 a report from the office of the Children's Rights Director showed that the quality of support and preparation that young people leaving care received was mostly either excellent or poor, with little middle ground. In some cases it was non-existent.[20]

Our work suggests there continues to be very poor standards of support across Local Authorities at this crucial point of transition to adulthood. This is supported by the Care Leavers' Association whose verdict is the support currently offered is '[i]nsufficient due to the inadequacies of the current care system.'[21]

Yet, the evidence suggests that where ongoing effective support is provided, the results are highly beneficial to young people leaving care. A study released this year by What Makes The Difference? and Rainer shows that young people who received consistent support from their leaving care team were much more likely to be in education or employment.[22]

Our survey of the general public strongly suggests that most parents realise and expect that their children are going to continue to require advice and support well into their twenties. The performance of Local Authorities stands in stark contrast to the instincts of most parents and needs to be improved dramatically.

6.1.4. INADEQUATE HOUSING

'What decent ordinary parent would prepare their child to leave home at 16 and allow them to live in a bed and breakfast or a rough hostel? Why do corporate parents with all the resources and responsibilities of Local Authorities give so many of their young people such a rotten deal?'[23]

One of the most tangible areas in which Local Authorities have a duty under The Children (Leaving Care) Act 2000 and also the Homeless Act of 2002 is the provision of appropriate housing. But our research shows that some Local Authorities are failing to provide the type of accommodation in which care leavers will thrive.

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18   Stein M (2005) *Resilience and young people leaving care: Overcoming the odds.* Joseph Rowntree Foundation.

19   Department of Health (2003) *Quality Protects Research Briefings: Leaving Care.*

20   Lindsay M (2006) *Young People's Views on Leaving Care.* Advice to the Children's Rights Director.

21   Care Leavers' Association www.careleavers.com.

22   WMTD/Rainer (2008) *Making the Difference, Putting the Care back into corporate parenting.*

23   Hilton Dawson (Voting For Children), cited in A National Voice (2005) *There's No Place Like Home.*

Young people leaving care report that there continues to be poor links between Children's Services departments and Housing departments which results in them being placed in unsuitable accommodation. As one care leaver told us:

> *My flat was unsafe and the Local Authority gave up on me.*

This is particularly disturbing given that many such young people who face housing problems have been in the care of Local Authorities for several years and proper planning could and should have been in place. As one former senior Local Authority housing officer told us:

> *Young people leaving care, on their 18th birthday, would turn up at the homeless person's unit, with their worldly goods in a bin bag, and ask for a flat. Usually the only thing we had would be a bedsit in a tower block, so we gave them the keys.*

Sometimes these housing needs can be emergencies, for example as a result of unforeseen placement breakdown. However we would argue that, even in these cases the State, just like any other parent, should do everything possible to prevent the young person leaving a supportive and caring environment where they are in regular contact with those responsible for their welfare. As one care leaver said,

> *My foster family couldn't afford to continue to keep me, I got stuck in a dirty council flat and social services never did anything to help me.*

Our findings match those of other studies such as Rainer's Home Alone report which found that almost one in six care leavers were in unsuitable accommodation with a number in unsafe or completely inappropriate accommodation.[24] Moreover, over 50 per cent of care leavers surveyed thought that they had no real choice in the accommodation offered to them and that housing departments had little understanding of their particular circumstances. Such is the shortage of appropriate accommodation that many feel unable to complain for fear of eviction:

> *I had nowhere else to go but the street – I'd been there before and hated it.*

> Care leaver

Even if they are fortunate enough to gain safe and suitable accommodation, care leavers can quickly find themselves removed from it because they don't get

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24   Rainer (2007) *Home Alone: Housing and Support for Young People Leaving Care.*

the funding they are due. A senior Housing Association executive explained to us:

> The Local Authority did not even help sort out their housing benefit, so in a few months they would be in arrears and generally they would be evicted.

If care leavers do receive the appropriate benefit package it often does not come with the advice, training and support necessary to make a success of a tenancy. As one Care leaver told us, 'I struggled to keep myself or the place clean because no one had ever shown me how. My landlord didn't understand and kicked me out'.

It is no wonder then that care leavers continue to be extremely worried by the threat of homelessness and a recent study by the Children's Director found that homelessness was one of the top ten concerns of care leavers.[25]

Moreover, it is unsurprising that care leavers are overrepresented in surveys of the young people living rough on our streets, in hostels and in bed and breakfast accommodation.[26] As the Joseph Rowntree Foundation illustrated in their 2005 report 'Life After Care', 36 per cent of care leavers are homeless at some time. In the words of one housing manager, 'We just provided a key and a fast track to homelessness.'[27]

6.1.5. VARYING FINANCIAL SUPPORT ACROSS THE COUNTRY

> 'I have friends who are care leavers from the next door council who get much more support than I do.'

<div align="right">Care leaver</div>

As the majority of those aged 16 and 17 are unable to receive benefits, The Children (Leaving Care) Act 2000 presumes that the local council will be primarily responsible for the financial provision for young people leaving care under the guidance of the personal adviser.

Our work shows that there is an unjust and wide inconsistency in the levels of financial support given by Local Authorities across the country to young people leaving care. As one young care leaver told us:

> 'Sometimes when you go to collect your weekly allowance they don't have the cash.'

Care leavers receive a weekly allowance in addition to a one off grant. However, there is a huge disparity between different councils in the size of this grant,

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25   Morgan R (2006) *Transitions... Leaving Care* (CSCI presentation), in Rainer (2007) *Home Alone: Housing and Support for Young People Leaving Care.*
26   Department of Health (2003) *Quality Protects Research Briefings: Leaving Care.*
27   Centre for Social Justice Hearing.

ranging from £400 to £2,000.[28] Weekly payments also differ. The government has recommended that they should not fall below the level of benefits available to non-care leavers aged 16-17 living independently, but this is subject to discretion. Currently Jobseekers Allowance for this age group in £47.95.

Thus the right to standard, national benefits was withdrawn from care leavers of 16 and 17 and replaced with variable, locally administered funds. At one stroke, this decision also removed access to the work-focused interviews that are available to all those on job-seekers allowance. The Government has removed one more useful pathway into work from an already vulnerable group of young people. This has been one of the more widely criticised effects of The Children (Leaving Care) Act 2000.

The level of financial insecurity created by this system, combined with the poor training in basic life skills such as budgeting, can cause damage to care leavers. One young person told us:

> It was all too complicated, I didn't know what I was supposed to get, and I wasn't taught how to manage my money. I quickly got into trouble.

It is clearly inequitable that care leavers across the country continue to experience such poor levels of support. While the circumstances of each young person will be different we have seen little evidence of tailored consistent support and have uncovered serious neglect.

Care leavers reported to us that they almost sense relief in Local Authorities when they are 'off their books'. But, as this report shows, such a feeling is illusory as care leavers are too often simply shifted from being a Children's Services problem to a Housing issue or a Youth Justice case.

As our survey of the general public shows, most parents expect to be providing significant financial help to their children for many years after they have reached 16. Moreover there is considerable public support for offering the same standards for young people leaving care with over 60 per cent of parents surveyed believing that young people in care should have support up until the age of 25.

6.1.6. TOO MANY CARE LEAVERS ARE NOT IN EDUCATION, EMPLOYMENT OR TRAINING

> 'I see smart young people in care that could go to university, but no one has ever suggested it, social workers don't encourage them. Their talents and abilities are wasted because the adults around them haven't encouraged them to do those things.'

Care leaver

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28   Connexions (2003) *Leaving Care.*

Our previous Breakdown and Breakthrough Britain reports on Educational Failure devoted entire chapters to children in care because their educational outcomes are so disturbing:

- In 2007 only 12 per cent of children in care left school with 5 good GCSEs compared with 56 per cent of all children
- 59 per cent of care leavers aged 18-19 are in education, employment or training, compared to 87 per cent of all young people
- A mere 6 per cent of care leavers go on to university compared to 38 per cent of the general population[29]

These national statistics are reinforced by more in-depth research. In one recent piece of work, over two-fifths of care leavers were unemployed, just under one quarter were in full time or part time education, and only 6 per cent were taking part in training schemes.[30] Moreover, the study showed that although 35 per cent were in education placements just after leaving care, 12-15 months later this had fallen to 23 per cent.[31]

The Children (Leaving Care) Act 2000 was supposed to facilitate the greater involvement of young people leaving care in education, training and employment. Alongside the provision and execution of a pathway plan and closer cooperation between schools and Children's Services, the legislation gave councils the duty to help care leavers with the costs of education and training including transport and accommodation.

The reality for many care leavers is very different and the following key issues discouraging training and employment have been identified by care leavers and those working with them:

1. Lack of basic skills
2. Lack of joined up thinking between different sorts of benefits
3. Poverty of aspiration

6.1.6.1. Lack of basic skills

'Well it [care] didn't do much for my school work for a start because I was always moving ... I'd have a lot of time off school and I ended up not taking my exams through it all.'

Care leaver[32]

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29 Department for Children, Schools and Families (2006) *Care Matters: Transforming the lives of children and young people in care*. p. 14.
30 Wade J and Dixon J (2006) *Making a home, finding a job: investigating early housing and employment outcomes for young people leaving care.*
31 Ibid.
32 Cited in Stein M (2005) *Resilience and young people leaving care: Overcoming the odds. Joseph Rowntree Foundation*. p.14.

High levels of upheaval hold back looked after children from achieving their full potential. Instability disrupts schooling, preventing the acquisition of basic academic skills such as numeracy and literacy, which are reflected in poor exam results.[33] Without this basic foundation it is difficult and daunting for care leavers to move into education, employment or training.

Even if these young people have achieved the necessary academic skills to progress, their success in pursuing further training or employment can be hindered by a lack of practical and social skills. Abilities and awareness that many children develop by watching parents who work have to be taught artificially, if at all. Managing a household is a daunting task for someone who has never seen it done

Care leavers giving evidence to the CSJ

successfully. Some care leavers told us that they left care without the basic skills to help them even seek a job, let alone those for which employers are looking.[34]

6.1.6.2. Lack of joined up thinking between different sorts of benefits

> 'Care leavers who attend sixth form only get £40 a week because they can't get benefits because they're in education; the benefit rate is supposed to be a short term thing while people are looking for work. They can't survive on that little money.'

> Care leaver

Many care leavers have told us about the obstacles that discourage those who are in education when they leave care from continuing to study. In particular, our work found that young people dropped out of education and training placements as a result of financial difficulties.

The group has also heard much evidence of the chaotic social services system directly affecting the experience of the care leaver. For example, social services forget to pay the care leaver's allowance so that they cannot pay for food, rent or transport. Training and benefit allowances that are available reflect expectations that the young person would be living in the family home. Some care leavers in this situation are discouraged from taking part-time work because of potential implications for their housing benefit.[35] The incentive to save money rather than to study is further increased by the fact that individuals over the age of 19 who spend more than sixteen hours a week in education cannot claim benefits.[36]

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33   Department for Children, Schools and Families (2007) *Impact Assessment for White Paper on Children in Care.* p. 51.
34   Evidence to CSJ.
35   Allen M (2003) *Into the mainstream: Care leavers entering work, education and training.* Joseph Rowntree Foundation.
36   The Foyer Federation (2003) *The 16 Hour Rule – Past Its Sell By Date.*

6.1.6.3. Poverty of aspiration

> *'I didn't think my GCSE results were very good but my teacher said they were OK considering my background.'*[37]

We have received often repeated testimony from care leavers describing how significant adults around them, including their social workers and teachers, had low expectations of their achievement.

One care leaver told us:

> *I think what contributed to me not getting the education I was supposed to was firstly because of my social worker who didn't have any expectations of me doing well whatsoever.*

Many care leavers feel that these attitudes have impacted their self confidence and limited their horizons. This issue was revealed in The Who Cares? Trust and Social Exclusion Unit survey, 'It's your future', in which 2,000 children and young people in care gave their views on school and education; and the majority of them were unable to answer when asked what they saw themselves doing in 5 years time.[38]

The reports from these care leavers are in line with the findings of our Breakdown Britain report on Educational Failure last year. This found a clear link between expectations and success and showed that 45 per cent of those with educational problems believed that 'not expecting to do well' led to their poor performance, while over 30 per cent said 'nobody I respected encouraged me to try harder at school'.

At a national level this disparity in expectation is also revealed in the Public Service Agreement 2003, which set a target of 15 per cent of looked after children gaining 5 good GCSEs compared with a PSA 2004 target of 60 per cent for all children.

Parents want their children to achieve the best that they can, so why are the Government's education targets for looked after children and the general expectations of teachers, carers and social workers so low? How can these children aspire to high achievement when those around them expect so little of them?

Nadia's Case Study below demonstrates vividly this poverty of aspiration:

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37   Barnardo's response to a Department of Children, Schools and Families Consultation regarding personal education allowances for looked after children. p. 4. Available from: http://www.barnardos.org.uk/personal_education_allowances_for_looked_after_children_zoe_willia ms_april_2008.pdf

38   Social Exclusion Unit (2001) *It's Your Future.*

Case Study 1: Nadia's Story

'I used to be the thick kid in the school, I dropped out of school lots of times, I had problems, and I only had a few GCSEs. But I decided that I wanted to do my A levels in a year, so I went to see the head teacher of a school where I could do it.

The head teacher liked me and said that she'd give me a full scholarship. I didn't know at the time, but she put on my interview notes 'going to Cambridge' – I had hardly any GCSEs, and a whole history of educational failure. When I told my social worker, she told me that I shouldn't do A levels, getting a job would be better for me. Their idea of success for a care leaver is to put them in a flat and to put them on benefits. I didn't want that, and so I caused them problems. They said I was difficult.

That one year in that school transformed my whole life. The teachers were so encouraging that I worked so hard, like I've never worked before. They believed that I could get A grades, I used to think that they were crazy, but I did get A's! I entered with nothing, I was there for a year and I left with three A-levels and a place at Cambridge.

When I told my social worker that I had got into Cambridge, they said that I was difficult, asked me to go to a local university, so that I could get a flat. They didn't even say congratulations. What normal parent would do that?

When I was at university, the Local Authority promised to pay my fees, but they would pay it late, or not pay it at all. This was hard because I didn't have a home to go to in the holidays so ended up paying rent and food all year round. I know one girl who went to Oxford and dropped out in her second year because in the holidays she ended up homeless because she couldn't afford her rent.'

The views of leaving care professionals and personal advisors:[39]

- 77 per cent felt that young people were still leaving care at too young an age and with inadequate preparation
- 71 per cent felt there was insufficient attention paid to emotional support for young care leavers
- 81 per cent agreed that poverty had a negative impact on young care leavers – particularly the constraint it places on their ability to develop social networks or take part in activities
- 92 per cent had experienced young care leavers being evicted or threatened with eviction and over half of these believed that lack of support had contributed to the situation

As our research and the testimony we have received shows, there is strong evidence that we are failing care leavers at one of the most important points in the formation of their adult lives. Professionals working with them are frustrated by the injustice, and the public does not believe that current practices are correct.

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39   Cited in A National Voice (2005) *There's No Place Like Home.*

Over the past ten years the Government attempts to improve the outcomes of care leavers have not produced any notable improvements. Their recent response to some of the issues described above is summarised below:

6.2. The Government's response

Following publication of the Care Matters White Paper, the Department for Children, Families and Schools has launched a number of initiatives:

6.2.1. PILOT PROJECTS

In October 2007, 'Right2bCared4' pilot programmes began in 11 Local Authorities. Supported by £6 million funding over three years, the programme is exploring how best to plan care around the needs of young people and give them a greater say over whether they stay in care until they are 18, or move out into independent flats or hostels. Lessons learnt will then be shared with other Local Authorities to aid their planning for young people in care.

From summer 2008, committed funding for the 'Staying Put: 18+ Family Placement' pilots in ten Local Authorities will provide greater stability enabling care leavers to remain with their former foster families up to the age of 21.

We do not think this goes far enough in encouraging young people to stay in a supportive environment until they are ready. Rather than there being a possibility of staying in care, there should be a presumption of extended support- just as we would look after our own children.

6.2.2. EDUCATION AND TRAINING

The Government is to make a bursary of £2,000 payable to looked-after children who gain a place at university, but there is currently no similar provision for other forms of education and training. This is unacceptable as it devalues important vocational skills and discourages less academic young people from going into any training at all.

6.2.3. FUNDING

The Government has recognised that financial support for young people in care to enter adult life is highly variable between Local Authorities and relies on subjective judgments as to the level of support required. Their response has been to commit to invest £100 per year in the Child Trust Fund account of every child who spends the year in care, starting in 2008.

Alongside this, the Government is committed to changing the way that foster carers are assessed for claiming benefits when they continue to care for a young person beyond their 18th birthday. These young people are legally adults, so can no longer be regarded as 'children in foster care' for benefit purposes. At present, payments to ex-carers in these circumstances are taken into account in assessing their benefit entitlements, creating a disincentive to offer continuity of care. We look forward to seeing further plans for this change.

6.2.4. HOUSING

The Government is commissioning work to identify models of best practice in delivering housing support services to vulnerable young people. They plan to develop a capital investment fund, with the Housing Corporation, to support the provision of dedicated accommodation for young people and to increase their accommodation choices based on the outcome of their research. This must arrive sooner rather than later. Each month young people are leaving care and moving into inappropriate and unsuitable housing.

6.3. Policy Solutions

OBJECTIVES

The objectives of our policy recommendations are to ensure that young people leaving care get every opportunity to flourish. We wish to provide care leavers with the support they need to become successful, independent adults who contribute to society.

This chapter has demonstrated that there is clear evidence that most young people not in care are leaving home later than ever and this means that unsupported care leavers are being placed at greater disadvantage. The gap between them and wider society is increasing. We are determined to close that gap.

We are concerned that there is too much variation in the level of support which is provided to care leavers by Local Authorities and wish to end the 'postcode lottery' which currently exists.

We believe that a three-strand approach is needed to improve the outcomes of care leavers: The first strand is to extend the duration of support to the levels enjoyed by other young people; the second is to improve the quality of support they receive; and the third strand is to link these enhanced benefits to engagement in training and employment. The next section shows how these objectives will be achieved.

Our recommendations are as follows:

6.3.1. INCREASE THE AGE UNTIL WHICH CARE LEAVERS CONTINUE RECEIVING SUPPORT TO 25

As we have shown (6.1.1.) most young people in Britain are leaving home later than ever. Factors such as the cost of living, housing and greater participation in higher and further education mean that it is common for young people to live in the parental home and be financially dependent upon their parents into their mid twenties.

In contrast to this national trend, many young people leave care well before they are 18 often either because of the negative experiences that they have had in care or because of poor support being made available to them.

The working group received powerful evidence from care leavers who were crying out for greater stability and support during and after their time in care. We propose to address these needs by dramatically increasing the support available to care leavers and raising the age to which they continue to receive support to 25, a move supported by 62 per cent of the British public.[40]

All care leavers will have the right to support until they turn 25, but the services provided will depend on the child – services would thus be moulded around the needs of the child rather than being a 'one size fits all' solution. Care leavers will have the option to leave care at any time, but will be encouraged to stay and continue receiving support for a longer period of time as an acknowledgement that growing up is not simply a one-off event, but an ongoing process.

> 62 per cent of the British public think that care leavers should get advice and support until they are 25 years old.

Our proposal to increase the care leaving age to 25 will therefore give children in care access to something that their peers take for granted: support while they begin the process of starting out by themselves. Crucially, this reform would create the stability that all of our witnesses thought vital to improving the life chances of care leavers. It would give them a chance to take the big steps needed, while still supporting them in a stable environment.

Increasing the age to which support is available so dramatically would also change the expectation that young people will leave care by 18 and replace it with an assumption which emphasises positive moves, for example moving to take up employment or to go to university

It would also allow care leavers themselves to try and if necessary fail several times before getting the next stage right. Given the poor planning, advice, training in life skills and variable levels of financial support received by many young people leaving care, we believe that they should be given a second chance if they 'fall at the first fence' of leaving care.

Such allowances could include trial tenancies, which allow social workers to assess whether young people are ready and capable of taking on a tenancy independently. These tenancies would be backed by the promise that those who foundered would be welcomed back into the care system for further support before trying again.

All other children get second chances; so should young people leaving care. But currently the early, abrupt ending to care experienced by many precludes any trial and error: one mistake can have terrible consequences.

As was discussed in this chapter, and also in chapters four and five, greater support for the transition out of care could substantially increase levels of educational participation and employment while cutting rates of welfare dependence and offending. Moreover, this proposal would help enable an entire generation of care leavers to better their opportunities in life.

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40   YouGov poll for the CSJ, July 2008.

However, changing the ages at which support is available does not guarantee that it will be delivered effectively, and tailored to the needs of each young person (strand two of our approach). Our second recommendation is therefore designed to give care leavers more control over the provision of support.

6.3.2. IMPROVE THE QUALITY OF SUPPORT FOR CARE LEAVERS BY INTRODUCING CARE LEAVER CREDITS

We recommend that every care leaver in education, training or employment should be given an annual credit of £2,000. This would be an expansion of the Government's bursary scheme of £2,000 per year for those care leavers going into post-16 education. In order to function properly this £2,000 must not adversely affect other benefits, such as care leaving allowances or foster carer pay.

We believe such an amount should be made available nationally to all care leavers who are in training, education or employment until the age of 21. This credit could be used to purchase additional housing support, advice and guidance and/or acquire basic or specialist skills. For example, credits could be spent on accredited night classes at a local college, or to subsidise housing while undertaking an apprenticeship.

Possible uses for the Care Leaver Credit:

- Intensive Plumbing course
- Cookery night class
- Help with expenses while undertaking apprenticeships
- Investing in equipment for work
- Transport costs of travelling to training
- University course field trips

Our work shows that care leavers who have received training, preparation and support while leaving care have a much more successful transition than those who did not.

Too often young people get little preparation before leaving care and experience a poor after-care. This lack of support has a great effect on their ability to cope successfully outside of the care system and thus can limit their outcomes. It is therefore important that care leavers get as much support as possible to enable them to leave care successfully.

The nationwide level of 16 to 18 year olds recorded as NEET is around 10.5 per cent but this compared with 41 per cent of care leavers. The Government suggests that the costs of NEETs may be over £300,000 each during their lifetime.[41] Investment at this stage is therefore money well invested for both the individual and the state.

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41   Cited in *The Sunday Times* (2005) *Neet Facts*. 27th March. Available from:
      http://www.timesonline.co.uk/tol/news/uk/article438354.ece

In order to function properly this £2,000 must not adversely affect other benefits, such as care leaving allowances or foster carer pay, nor should it compromise care leavers' ability to receive the full amount of student loan. It is intended to boost the numbers of care leavers who undertake some form of training or employment. They would get discretion over what the bursary was used for, and help from their personal advisor to apply for the money.

6.3.3. IMPROVING THE RANGE OF QUALITY ACCOMMODATION FOR CARE LEAVERS

We propose to increase the range of accommodation available to care leavers in two ways:

6.3.3.1. Helping foster carers to continue to provide a home for care leavers until the age of 21

We recommend that more care leavers should have the opportunity to stay with their foster carers until the age of 21.

This policy proposal should be read in conjunction with our policy recommendations in Chapter 2 to increase the supply and retention of foster carers and expand the number of rooms in houses available for children in care.

Our research has shown that foster carers are an invaluable resource in the fight to improve the lives of children in care but, as Chapter 2 shows, we have received evidence that the older a young person in care gets the harder it is for them to receive help from the Local Authority and many struggle financially.

We therefore propose to extend our policy recommendations for a national minimum living wage to foster carers housing care leavers up to the age of 21. This weekly living wage will increase as the young person gets older, reaching a level of £210 nationally and £246 in London (see Chapter 2 for more information on the living wage for foster carers).

This policy is crucial to providing the extra stability that care leavers want and need - 41 per cent of foster carers said that more stability would make the biggest difference to the outcomes of children in care.

There will be some foster carers who are unable to offer housing for these additional years and also care leavers who have been accommodated in residential homes in which it will not be possible to offer a home until 21. Moreover, some young people leaving care will wish to be more independent earlier.

We therefore also recommend:

6.3.3.2. Expanding rapidly the provision of university style supported accommodation

We propose expanding rapidly the provision of 'university style' supported accommodation for care leavers. This is a move supported by 75 per cent of the British public.[42]

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42   40 YouGov poll for the CSJ, July 2008.

Currently, too many care leavers are living in unsuitable housing which varies from an unsupported council tenancy to bed and breakfast accommodation. Often this housing is located in areas of high crime associated with drug abuse and prostitution.

Furthermore, many care leavers have not had the opportunity to acquire basic skills which are necessary to live independently such as budgeting and cooking.

Many of those leaving care struggle, as a result of these factors, to maintain their tenancy, continue with their education or enter employment. As a result they are more likely to fall prey to negative influences and become welfare dependent or homeless.

Supported accommodation for care leavers in Harrow

We believe that more supported accommodation should therefore be provided for those who leave care. This 'university style' accommodation would provide separate rooms alongside shared resources such as a housekeeper who makes sure that the young people are healthy and happy and helps them with their needs.

This system of accommodation will help bridge the gap from complete dependence in care to complete independence, as care leavers will live semi-independently with their peer group but will still have consistent support when needed.

There are a small number of existing models which provide and evidence the success of this approach. The following case study describes one successful service.

Case Study 2: Leaving care in Harrow

The London Borough of Harrow's leaving care team ensures that care leavers have the information and the support necessary to be successful.

Young people are given a booklet that tells them what they can expect upon leaving care so that they are prepared for what happens next. Young people can stay in some form of care until the age of 21, or 24 if still in higher education. This additional time gives young people a chance to learn the adult life skills that they will need to become fully independent.

There are a range of options for care leavers, from a fully manned, university style accommodation where young people have their own rooms, to semi-independent living in houses which are staffed only at night. A dedicated team involved with care leavers means there is more continuity of service and helps ease transition. As one care leaver told us :'When I come back in the evening, there's someone there from 6pm till 7am the next morning.'

Life skills courses are provided: these include weekly sessions as well as a seven day intensive course that covers essentials like paying bills, maintaining your own flat and preparing food. The continued contact with other young people who have been in care also acts as an informal support network. As one care leaver told us 'when you hang around with other people in care you don't have to explain yourself: why are you in care.'

Many care leavers are not in education, employment or training, and the system of giving them an unsupported council tenancy only serves to encourage this. It is therefore important that the right to supported accommodation be connected to pursuing actively education, employment or training, in order to encourage more care leavers to become fully independent from the state.

6.3.4. OFFERING WORK PLACEMENTS TO CARE LEAVERS WITHIN LOCAL AUTHORITIES

'If you had a business, you'd give your child a job. Well, we do have a business and our children need a job.'[43]

Supported accommodation for care leavers in Harrow

Young people leaving care often lack the skills and support to find and keep a job. This can drive them down a path to unemployment and welfare dependency. So as well as encouraging care leavers to go to university or enter other forms of training, we believe that Local Authorities should use their resources and contacts to offer work experience in short or long term placements to young people in their care. Moreover, this is an important step in raising aspiration amongst children in care, and care leavers.

Case Study 3: The City of Westminster's 'WALC TO WORK' scheme

The City of Westminster Accommodation and Leaving Care Team believes that opportunities are opened up to young people from care through a sense of achievement, the development of skills and talents and making friends. Their 'WALC TO WORK' scheme, which matches young people carefully with placements, has offered to date, 143 work experience placements with Westminster City Council and a host of partner organisations, including the public and private sectors.

As a result of supporting young people through their placements there have been very positive outcomes from these opportunities. This has included permanent and full time employment, more young people entering full or part-time education to achieve their goals and three year long Ambassador placements which help promote the value of the WALC Employment and Work Experience scheme. The scheme was initially funded for three years by The London Development Agency and subsequently by Westminster City Council.

The following case studies show how some Local Authorities have adopted a creative approach to offering work experience opportunities to care leavers.

Further to this, we would urge Local Authorities to look beyond their own employ to the private sector companies and voluntary sector organisations with whom they contract on a regular basis. Here too lie opportunities for young people to spread their wings, much as parents might ask family friends to help give their children work experience.

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43   Centre for Social Justice visit to Barnet.

Case Study 4: The London Borough of Barnet

Barnet Council has launched an apprenticeship scheme that offers care leavers from their own Local Authority placements within council departments, including Parks and Open Spaces, Children's Centre, Strategic Development, Communications, Pest Control and Customer Services. Seven placements per year are offered and they are an ideal way for care leavers to learn skills in a supported environment.

The Barnet scheme is a partnership with Connexions and the Learning and Skills Council. The programme allows care leavers to get experience and jobs in Barnet Council, removing some of the usual barriers.

'Life's out there to take – with this opportunity I can get in there with both hands and take it.'

Care leaver

The Social Mobility Foundation, another potential partner, offers an example of how this can be achieved and offers internships and support to other young disadvantaged people.

Case Study 5: The Social Mobility Foundation

The Social Mobility Foundation (SMF) is a registered charity whose objective is to provide opportunities for the brightest A Level students from the poorest households to enter leading universities and then progress on to challenging careers in top businesses and the leading professions. They work with 128 schools and FE Colleges in 63 Local Authorities to identify appropriate students.

SMF students undertake an internship in the Summer of Year 12 with a high level employer in one of the top professions, commerce, banking, financial services, administration or industry. They are then offered assistance in completing their UCAS forms and in particular their personal statements. The SMF will also provide training for Oxbridge interviews. These are difficult and challenging tasks for an under-privileged student; applicants from privileged backgrounds have a major advantage, as they can call upon family and friends with broad experience of university and the professional environment.

The whole experience is intended not only to raise aspiration but to level the playing field for those who are disadvantaged through poverty or family circumstances. The experience of one intern gives some idea of the impact upon him:

As I waited for my barrister at Snaresbrook Crown Court, I couldn't help but notice some of those waiting around me. Sitting opposite me there was a young man my age clad in a large grey matching tracksuit. Modestly I'd like to claim there was no sense of elitism. Yet I did recognise how lucky I felt to be where I was and how easily it could have been me sitting in the waiting room for the wrong reasons, on the other side of the hall.[44]

44   Price-Latorre K (2008) *A Student's Diary* [online]. Social Mobility Foundation. Available from: http://www.socialmobility.org.uk/students_diaries.htm

There are some important caveats to our suggested approach. These placements must be *real* jobs, where care leavers will have a chance to be challenged and develop their skills, for example, fulfilling a worthwhile position in a Local Authority. If young people from care are given 'charity jobs' which do not contribute it will only serve to reinforce both the poverty of aspiration and low self esteem of Care Leavers, as well as representing a pointless drain on scarce Local Authority resources.

However, properly planned and executed work placements can give young people in care or leaving care a sense of direction, self respect and ambition. We therefore recommend a national roll out of similar schemes, using the Barnet and Westminster models as a guide.

6.3.6. IN SUMMARY: PROPOSED EXTRA SUPPORT

- Time in foster care: increased from 16 or 18 up to 21
- Provide supported, or semi-independent accommodation until the age of 25, with help to move into more independent living, such as trial tenancies
- Expansion of the government's bursary scheme to support all care leavers under the age of 21 who are in education, training or employment with a £2000 Care Leaver Credit
- Personal advisor until the age of 25
- Access CAMHS and other support services until the age of 25
- More and better job opportunities offered by Local Authorities with an understanding of the needs of Care Leavers

6.4. Conclusion

In spite of the good intentions of policy makers, the essential needs of care leavers are far from being met. There is something profoundly wrong with a system that considers success to be a 16 year old living alone in a council flat. The lack of incentive for Local Authorities to implement legislation and the confusion surrounding the situation means that many young people do not receive the service that they are entitled to, and cannot complain for fear of losing what they already have. The lack of support received will directly limit care leavers' chances of staying in education and employment, and affects their outcomes over the long term.

By extending the duration and range of services and opportunities available to care leavers, and by ensuring that they receive the services they have been promised, we hope that those leaving care will view it as other young people view leaving home: a process, not an abrupt event. Our vision is to transform leaving care into the exciting but supported experience enjoyed by most young people leaving home.

CHAPTER SEVEN
Conclusion:
Keeping Our Promises

One of the first things parents teach their children is to keep their word. Yet the history of provision for children in care is one of broken promises and unfinished business.

We must change this record and counter the culture of defeatism and non-compliance which delivers such poor results. Our work has shown that legislation enacted with high hopes and good intentions has not dramatically improved the outcomes of children in care because it has not been implemented effectively across the nation.

A distressing aspect of this failure is that when local authorities do avoid their responsibilities, children in care cannot easily find redress. There are currently a series of practical, financial and legal restrictions which prevent children in care from receiving their legal entitlements.

The first practical obstacle is that at present, children and young people only have the right to advocacy *if they make a complaint*[1] which no child really wishes to do, especially if they have got to rely upon the people about whom they would complain. Children in care do benefit from the services of 'independent visitors' but they are volunteers and hard to recruit.

7.1. Children in Care's Advocate

We therefore propose giving children in care the right to regular access to a paid and well trained independent advocate at critical times, for example, around six monthly reviews. The role of an independent advocate in these circumstances would be to ensure that the young person's view was represented in decision making. For instance, inappropriate moves could be challenged with support from trained advocates who 'know the system'. This is an area where partnership with the voluntary sector could prosper and organisations such as Voice offer independent advocacy with exemplary results.

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1   Under the provisions of the Adoption and Children Act 2002.

Case Study 1: Advocacy in action

Voice is a national charity which specialises in providing professional advocacy to children and young people cared for by the state including those in children's homes, foster care, secure units and secure training centres, young offender institutions and unaccompanied asylum seeking children and young people.

A recent report produced by the Thomas Coram Research Unit (University of London) into the effectiveness of our advocacy service found that 86% of young people using the service rated it between 8 and 10 out of 10 and said 'The Voice advocacy service provides a highly accessible, young people friendly and high quality service to young people looked after, those leaving care, and to young people in need…. On many occasions [the young people] had the experience of being listened to properly for the first time during their lives in care.'

One young person said of their experience: 'I learned that I could stand up to people and not let it go over me….If I need help now I would know where to go to and know where to get help from. I feel more confident yes, able to speak up for myself.'[2]

7.2. Enforcing their rights

If the Government finds it hard to get local authorities to implement its own legislation, children in care find it even harder to hold local authorities to account in order to enforce their entitlements. Legislation is a confusing patchwork supplemented by guidance and statements of best practice. Case law now comprises aspects of evolving human rights legislation. Moreover, many children in care do not have the basic skills or resources to 'take on' local authorities.

We believe this situation should be reversed in one of two ways:

- The Government should introduce new legislation which clarifies the specific legal entitlements for children in care and former children in care, removes the barriers to them seeking enforcement of these rights and gives the courts the right to direct compensation. New legislation could be comprehensive and bring much needed clarity for children in care and care leavers.
- A more rapid alternative would be to set up a tribunal system in which independent advocates could play a full part. This would be a similar model to the Special Educational Needs and Disability Tribunal. This was established by the Education Act 1993 and considers appeals against the decisions of Local Authorities about children's special educational needs. The Tribunal is independent and has no connections with Local Authorities. It holds over 3,000 appeals each year, processing them within an average of five months and can order any action considered reasonable short of paying financial compensation.

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2   Thomas Coram Research Unit (2006) *Findings from an Evaluation of the Voice Advocacy Service.*

These alternatives should be a last resort and unnecessary if our policies are enacted by central and local government. But it is simply inequitable for children in care to be denied access to justice if authorities willfully choose to ignore their statutory responsibilities.

We therefore recommend that the Government commissions a specialist working group with legal experts to determine which route would practically give more leverage and equity to children in care and care leavers.

7.3. Conclusion

This report has argued that the Government has failed strategically by not tackling the reasons why children go into care and operationally by not ensuring that local authorities are delivering quality outcomes for children in care.

The Government's lack of focus on families and underinvestment in whole family services means that the vast majority of children are taken into care for preventable reasons. Services don't tackle problems quickly before they reach a crisis point.

Family breakdown is taking place at a faster rate than our society has ever experienced. This is being driven by escalating levels of addiction, domestic violence and financial distress. The care system has become overwhelmed by these pressures and is delivering poor outcomes to children in care.

> 75 per cent of the public agreed that Local Authorities should be held legally acountable in court if they don't properly fulfil their obligations to children in care.
>
> YouGov poll July 2008

Unless we introduce policies which tackle these underlying issues then we will be forced to take more children into care, place more children at risk of abuse and neglect, or continue to permit children to revolve in and out of care while their family problems are left unresolved. These unattractive alternatives must be resisted and we must preempt them with a strategy which meets the needs of whole families quickly and consistently.

This report recommends a series of policies which will prevent more children coming into care and improves the welfare of young people in the care system and when they have left it.

Our reforms will support families before they are at the point of collapse, join up the services they need and encourage local authorities to partner with effective voluntary sector providers to help families in need.

If we are to improve the welfare of children in the system, then we must also focus on the needs of those who are providing care to them. This report has shown how the backbone of the care system is crumbling. Foster carers, kinship carers and social workers are demoralized because of the treatment they receive from government. High turnover, stress and sickness are the consequences of this treatment.

In contrast, our policies seek to strengthen the social workforce. They use the innovation of the independent sector and the experiences of carers and care leavers to develop a series of schemes which would attract and retain more talent dedicated to children in care. These policies would also help create the stability which children in care deserve and produce the continuity of personnel from which good decision making stems.

We have identified the provision of mental health services and criminal justice services as two critical areas in which the needs of children in care are poorly met with disastrous consequences for these children and society. Our policy recommendations seek to redress this situation by giving children in care priority within these areas and giving local authorities the resources and the responsibility to deliver better outcomes, such as improved emotional wellbeing and reductions in reoffending.

Existing legislation designed to improve the outcomes of care leavers is also ineffective because it is not being implemented consistently and our work shows that the experience of many care leavers is little better than that of many children in care. Our recommendations give care leavers a better chance to flourish as independent adults. They will provide them with more quality support linked to education, training and employment, for longer, within a policy framework where leaving care is a process not an abrupt event.

Time is of the essence. Until we place the support of the family at the top of the political agenda then more families will break up and more children will be taken into care. Unless we make fundamental changes to the operation of the care system then more young people will leave care only to enter prison.

The last decade has been one of broken promises, false starts and missed opportunities. We must change this dismal record and do so now. In the words of the Chilean poet Gabriela Mistral:

> *Many things can wait. The child cannot. Now is the time, His blood is being formed, His bones are being made, His mind is being developed. To him, we cannot say tomorrow, His name is today.*

References

Alcohol Concern (2000) *Alcohol Problems Costing Britain £3.3 billion* [online]. May 11. Available from:
http://www.alcoholconcern.org.uk/servlets/doc/282

Allen M (2003) *Into the mainstream: Care leavers entering work, education and training.* Joseph Rowntree Foundation.

Audit Commission (2004) *Youth Justice 2004: A Review of the Reformed Youth Justice System.* Available from:
http://www.audit-commission.gov.uk/reports/NATIONAL-
REPORT.asp?CategoryID=&ProdID=7C75C6C3-DFAE-472d-A820-262DD49580BF

BBC News (2007) *Children in care plans "fall short"* [online]. June 21. Available from
http://news.bbc.co.uk/1/hi/uk/6227954.stm

Benson H (2006) *The conflation of marriage and cohabitation in government statistics - a denial of difference
rendered untenable by an analysis of outcomes.* Bristol Community Family Trust.

Biehal N (2007) 'Reuniting children with their families: reconsidering the evidence on timing, contact and
outcomes', *British Journal of Social Work*, 37:5, 807-823.

BMA Board of Science (2006) *Child and adolescent mental health: A guide for healthcare professionals.* Available
from http://www.bma.org.uk/ap.nsf/content/Childadolescentmentalhealth

Brand A (2007) *Domestic Issues: The Role of Local Authorities in Tackling Domestic Abuse.* p. 4. Available from:
http://www.nlgn.org.uk/public/wp-content/uploads/domestic-issues.pdf

Social Justice Policy Group (2006) *Breakdown Britain: Volumes 1-6.* Centre for Social Justice.

Social Justice Policy Group (2007) *Breakthrough Britain: Ending the costs of social breakdown. Volumes 1-6.*
Centre for Social Justice.

Cawson P, Wattam C, Brooker S and Kelly G (2000) *Child maltreatment in the United Kingdom: a study of the
prevalence of child abuse and neglect.* NSPCC.

Centre for Child and Family Research (2007) Costs and consequences of child care provision. Loughborough
University. Available from http://www.lboro.ac.uk/research/ccfr/Research/costsandconsequences.htm

Centre for Social Justice (2008) *The Next Generation: a report from the Early Years Commission.* Centre for
Social Justice.

The Children's Society (2008) *The Good Childhood Inquiry: Health.* Available from
http://www.childrenssociety.org.uk/resources/documents/good%20childhood/7081_full.pdf

Children's Workforce Development Council (2008) *Remodelling Social Work Project.* Available from
http://www.cwdcouncil.org.uk/social-work/remodelling

Children's Workforce Development Council (2008) *The state of the children's social care workforce: A statistical
overview of the workforce providing children and families social care in England.* Available from
http://www.cwdcouncil.org.uk/assets/0000/2257/CWDC_State_of_the_Social_Care_Workforce_2008_ve
rsion_3_310708.pdf

Collier F and Tapsfield R (2005) *The Cost of Foster Care: Investing in our children's futures.* BAAF.

Community Care (2008) *Editorial Comment: Social Workers Remain Poor relations in Public Sector.* 5th March.

Connexions (2003) *Leaving Care.* Available from
http://www.connexions.gov.uk/partnerships/documents/ Leaving%20Care%20Reader%207.pdf

Coy M, Kelly L and Foord J (2007) *Map of Gaps: The Postcode Lottery of Violence Against Women Support
Services (Summary).* End Violence Against Women.

Department for Children, Schools and Families (2006) *Care Matters: Transforming the lives of children and
young people in care.* Available from http://www.dcsf.gov.uk/publications/carematters/

Department for Children, Schools and Families (2007) *Care Matters: Time for change.* Available from
http://www.dcsf.gov.uk/publications/timeforchange/docs/20617%20Care%20MattersLo.pdf

Department for Children, Schools and Families (2007) *The Children's Plan: Building brighter futures.* Available
from http://www.dcsf.gov.uk/publications/childrenandyoungpersonsbill/docs/Care%20Matters%20-
%20Time%20for%20Change.pdf

Credit Action (2008) *Debt Facts and Figures - Compiled 1st August 2008* [online]. Available from
http://www.creditaction.org.uk/debt-statistics.html

Department for Children, Schools and Families (2007) *Children looked after in England (including adoption and care leavers) year ending 31 March 2007* [online]. Available from http://www.dcsf.gov.uk/rsgateway /DB/SFR/s000741/SFR27-2007rev.pdf

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

Department for Children, Schools and Families (2008) *Children Accommodated in Secure Children' Homes at 31 march 2008: England and Wales.* Available from http://www.dcsf.gov.uk/rsgateway/DB/SFR/ s000802/SFR17_2008.pdf

Department for Education and Skills (2003) *Guidance on the Use of Restrictive Physical Interventions for pupils with Severe Behavioural Difficulties.* Available from http://www.six.somerset.gov.uk/sixv3/do_download. asp?did=4820

Department for Education and Skills (2005) *Statistics of Education: Children looked after by Local Authorities Year Ending 31 March 2004 Volume 1: Commentary and National Tables.* Available from http://www.dcsf. gov.uk/rsgateway/DB/VOL/v000569/index.shtml

Department for Education and Skills (2006) *Children in Need in England: Results of a survey of activity and expenditure as reported by Local Authority Social Services' Children and Families Teams for a survey week in February 2005: Local Authority tables and further national analysis.* Available from http://www.dcsf.gov.uk/ rsgateway/DB/VOL/v000647/index.shtml

Department for Education and Skills (2007) *Care Matters: Time for change.* Available from http://www.dcsf. gov.uk/publications/timeforchange/docs/20617%20Care%20MattersLo.pdf

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.* Available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4117980

Department for Education and Skills and Department of Health (2006) *Options for Excellence, Building The Social Care Workforce of the Future.* Available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139958

Department for Education and Skills and HM Treasury (2007) *Aiming high for children: supporting families.* Available from http://www.hm-treasury.gov.uk/media/9/9/cyp_supportingfamilies290307.pdf

Department of Health (2002) *Women's Mental Health: Into the Mainstream. Strategic Development of Mental Health Care for Women.* London: Department of Health.

Department of Health (2003) *Quality Protects Research Briefings: Leaving Care.* Available from http://www.dh.gov.uk/en/index.htm

Department of Health (2007) *Improving Health, Supporting Justice.* Available from http://www.dh.gov.uk/en/index.htm

Department of Health (2008) *Safe, Sensible, Social – Consultation on further action.* Available from http://www.dh.gov.uk/en/index.htm

Department of Health; Department for Children, Schools and Families; and Durham University (2007) *A Profile of Children Health, Child and Adolescent Mental Health and Maternity Services, England.* Available from http://www.dh.gov.uk/en/index.htm

Department for Work and Pensions (2007) Households Below Average Income: An analysis of the income distribution 1994/95 – 2006/07. Available from http://www.dwp.gov.uk/asd/hbai/hbai2007/pdf_files/full_hbai08.pdf

Dixon J (2008) *Young People leaving care: health, well being and outcomes.* Scottish Health Feedback Survey.

Dixon J, Wade J et al (2006) Young People Leaving Care: A Study of Costs and Outcomes. Available from http://www.york.ac.uk/inst/spru/research/pdf/leaving.pdf

Esmée Fairbairn Foundation (2004) *Rethinking Crime & Punishment: The Report.* Available from http://www.esmeefairbairn.org.uk/docs/RCPTheReport.pdf

Fraser M and Blishen S (2007) *Supporting Young People's Mental Health.* The Mental Health Foundation.

The Fostering Network (2007) *Can't Afford to Foster.* Available from http://www.fostering.net/resources/subjects/policy

The Fostering Network (2008) T*owards a Professional Fostering Service.* Available from http://www.fostering.net/resources/349

The Fostering Network (2007) *Thinking of Fostering?* Available from http://www.fostering.net/start_fostering/

The Foyer Federation (2003) *The 16 Hour Rule – Past Its Sell By Date.* Available from http://www.foyer.net/mpn/downloads/16_hour_HB_rule_doc.pdf

Freedman S, Lipson B and Hargreaves D (2008) *More good teachers.* Policy Exchange.

Goldson B (ed) (2008) *Dictionary of Youth Justice.* Cullompton: Willan Publishing.

Hagan P (2008) *Scotland's New Local Government Funding Reforms. Community care.* May 16. Available from: http://www.communitycare.co.uk/Articles/2008/05/16/108196/scotlands-new-local-government-funding-reforms.html

Hart D (2006) *Tell them not to forget about us: a guide to practice with looked after children in custody.* NCB.

Her Majesty's Inspectorate of Prisons and the Youth Justice Board (2007) *Young people in custody 2004-6.*

HM Chief Inspector of Education, Children's Services and Skills, Chief Executive of Healthcare Commission, Chief Inspector of the Commission for Social Care Inspection, HM Chief Inspector of Constabulary, HM Chief Inspector of the Crown Prosecution Service Inspectorate, HM Chief Inspector of Court Administration, M Chief Inspector of Prisons, HM Chief Inspector of Probation (2008) Safeguarding children: *The third joint chief inspectors' report on arrangements to safeguard children.*

Home Office (2003) *Hidden Harm.* Available from http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm.

Home Office (2004) *Preventative approaches targeting young people in local authority residential care.* Home Office Development and Practice Report.

Home Office (2005) *Domestic Violence: A National Report.* Available from http://www.lga.gov.uk/lga/aio/103594

Home Office (2007) *Care Matters: Transforming the Lives of Children and Young People in Care.* Available from http://www.lga.gov.uk/lga/aio/103594

House of Commons (2008) *Home Affairs Select Committee Inquiry into Domestic Violence.* Available from http://www.womensaid.org.uk/domestic-violence articles.asp?section=00010001002200430001&itemid=1340

The Howard League (2006) *Chaos, neglect and abuse: looking after children leaving custody.* Available from http://www.howardleague.org/fileadmin/howard_league/user/pdf/6_sept_local_authorities_fail_vulnerable_children_-_6_Sept_06.pdf

Hunt J, Waterhouse S and Lutman E (2008) *Keeping them in the family: Outcomes for abused and neglected children placed with family or friends carers through care proceedings.* Oxford University Press.

Kim-Cohen J, Caspi A, Moffit T E, Harrington H, Milne B J, and Poulton R (2003) 'Prior juvenile diagnoses in adults with mental disorder – Developmental follow-back of a prospective longitudinal cohort'. *Archives of General Psychiatry*, 60, 709-717.

Lord Laming (2006) *Care Matters: Placements Working Group Report.* Department for Education and Skills.

Le Grand J (2006) *Consistent Care Matters: Exploring the Potential of Social Work Practices.* Department for Education and Skills.

Lindsay M (2006) *Young People's Views on Leaving Care.* Advice to the Children's Rights Director.

Local Authority Workforce Intelligence Group (2006) *Adult, Children and Young People Local Authority Social Care Workforce Survey 2005.*

Loughton T (2007) *No More Blame Game.* Available from http://www.fassit.co.uk/leaflets/No%20More%20Blame%20Game%20-%20The%20Future%20for%20Children's%20Social%20Workers.pdf

Mahon J (2008) *Towards the New Children in Need Census.* York Consulting / Department for Children, Schools and Families.

McCann JB, James A and Wilson S (1996) 'Prevalence of psychiatric disorders in young people in the care system'. *British Medical Journal,* 313, 1529-1530.

Meltzer M, Gatward R, Corbin T et al (2003) *The Mental Health of Young People Looked After by Local Authorities in England.* The Stationery Office.

Mental Health Foundation (2005) *Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding the Lifetime Impacts.* Available from http://www.mentalhealth.org.uk/publications/?EntryId5=38576&char=L

Merton council. *Phoenix Project* [online]. Available from http://www.merton.gov.uk/community/familyinfo/phoenix-project.htm

Ministry of Justice (2008) *Population in Custody.* March. Available from http://www.justice.gov.uk/docs/population-in-custody-mar08.pdf

Monaghan G, Hibbert P and Moore S (2003) *Children in trouble, time for change.* Barnardo's.

Morgan R (2006) *About Social Workers: A Children's Views Report.* Commission for Social Care Inspection.

Nacro (2005) *A Better Alternative: Reducing Child Imprisonment.*

Nacro (2005) *Reducing offending by looked after children.*

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

National Audit Office (2004) *Youth Offending: The delivery of community and custodial sentences.*

National CAMHS Review Interim Report (2008) *Improving the Mental Health and Psychological Well-being of Children and Young People.* Available from http://www.dcsf.gov.uk/CAMHSreview/downloads/e-INTERIM%20REPORT%20-%20FINAL.pdf

National Health Service (2006) *Workforce: Acute Trusts.* Available from http://www.productivity.nhs.uk/Form_GetReport.aspx?period=2006-Q2&report=t33&orgCode=RTE

A National Voice (2005) *There's No Place Like Home.* Available from http://www.anationalvoice.org/news/oldnews.htm

NSPCC (2007) *Childline Information Sheet: Children in Care.*

The Office for National Statistics (2001) *Census 2001.* HMSO.

The Office for National Statistics (2003) *The mental health of young people looked after by local authorities in England.* HMSO. Available from:
http://www.statistics.gov.uk/downloads/theme_health/ChildrensMentalHlth.pdf

The Office for National Statistics (2005) *Mental health in children and young people in Great Britain.* Department of Health.

The Office for National Statistics (2005) *Children in Need in England: Results of a survey of activity and expenditure as reported by Local Authority Social Services' Children and Families Teams for a survey week in February 2005: Local Authority tables and further national analysis.* Department for Education and Skills.

The Office for National Statistics (2007) *First Release: Children Looked After In England Year Ending 31 March 2007.* Department for Children, Schools and Families.

The Office for National Statistics (2008) *First Release: Outcome Indicators for Children Looked After: Twelve Months to 30 September 2007, England.* Department for Children, Schools and Families.

The Office for National Statistics & Department of Health (1999) *Mental Health of Children and Adolescents.*

O'Neill R (2002) Experiments in Living: *The Fatherless Family- Summary* [online]. Available from:
http://www.civitas.org.uk/pubs/experiments.php#children

Owen C, Carr-Hill R and Dixon P (2007) *Foster Cost Adjustment to the Formula for Children's Social Services.* Department for Children, Schools and Families.

Pallett C, Blackeby K, Yule W, Weissman R and Scott S (2005) *Fostering Changes: How to improve relationships and manage difficult behaviour.* British Association for Adoption and Fostering.

Piper H and Smith H (2003) ''Touch' in Educational and Child Care Settings: dilemmas and responses'. *British Educational Research Journal*, 29:6.

PricewaterhouseCoopers (2006) *Children's Homes and Fostering.* Department for Education and Skills.

PricewaterhouseCoopers (2007) *The Market for Parental & Family Support Services.* Department for Education and Skills

The Prison Reform Trust (2003) *Prison Staffing Crisis.* June. Available from:
http://www.prisonreformtrust.org.uk/subsection.asp?id=363

The Prison Reform Trust (2008) *The Bromley Briefings: Prison Fact file.* Available from
http://www.prisonreformtrust.org.uk/subsection.asp?id=685

The Prison Reform Trust and Smart Justice (2008) *Criminal Damage: why we should lock up fewer children.*

Pulse (2006) *Exposed: National crisis in access to depression services.* March 2.

Quinton D (2004) *Supporting Parents: Messages from Research,* Department for Education and Skills and Department for Health.

Rainer (2007) *Home Alone: Housing and Support for Young People Leaving Care.* Available from
http://www.raineronline.org/gen/z_sys_fetchfile.aspx?strFileID=2968

Randall G and Brown S (1999) *Prevention is Better than Cure.* Crisis. Available from
http://www.crisis.org.uk/pdf/Prevention.pdf

Revill J (2008) *Shock rise in violence against UK's children* [online]. *The Observer.* April 20. Available from:
http://www.guardian.co.uk/society/2008/apr/20/children.nhs

Richards A (2001) *Second Time Around.* Family Rights Group.

Richardson J (2002) *The Mental Health of Looked-After Children,* Focus, Royal College of Psychiatrists.

Robinson A L (2004) *Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very High-Risk Victims in Cardiff, Wales: A Process and Outcome Evaluation.* Available from:
http://www.caada.org.uk/library_resources/WSU6.pdf

Rogers A and Pilgrim D (2003) *Mental Health and Inequality.* Palgrave Macmillan.

Rohner R P (1970) 'Parental Rejection, Food Deprivation, and Personality Development: Tests of Alternative Hypotheses'. *Ethnology*, 9:4.

Rutter M, Giller H and Hagell A (1998) *Antisocial behavior by young people.* Cambridge University Press.

Maslow A (1954) *Motivation and Personality.*

Sergeant H (2006) *Handle With Care.* Centre for Young Policy Studies.

Sinclair I and Gibbs I (1998) *Children's Home: A Study in Diversity.* John Wiley.

Sinclair I et al (2004) *Foster Placements: Why they succeed and why they fail.* Jessica Kingsley Publishers.

Sinclair I, Baker C, Lee J and Gibbs I (2007) *The Pursuit of Permanence: a Study of the English Care System.* Jessica Kingsley Publishers.

Singleton et al (2004) *Psychiatric morbidity among young offenders in England and Wales.* The Stationery Office.

Skills for Care (2007) *National Survey of Care Workers.* Skills for Care

Smith D J (2006) *Social Inclusion and Early Desistance from Crime.* Available from
http://www.law.ed.ac.uk/cls/esytc/findings/digest12.pdf

Social Exclusion Unit and the Who Cares? Trust (2001) *It's Your Future.* Social Exclusion Unit

Social Exclusion Unit (2002) *Re-offending by ex- prisoners.* Available from
http://www.thelearningjourney.co.uk/reducing_report.pdf/file_view

Solomon E and Garside R (2008) *Ten years of Labour's youth justice reforms: an independent audit.* Centre for
Crime and Justice Studies. Available from
http://www.crimeandjustice.org.uk/opus647/youthjusticeaudit.pdf

Stein M (1990) *Living out of Care.* Barnardo's.

Stein M (2005) *Resilience and young people leaving care: Overcoming the odds.* Joseph Rowntree Foundation.

Supporting People (2007) *Grant Allocations 2008-9* [online]. Available from:
http://www.spkweb.org.uk/Subjects/Finance/Grant+Allocations+2008-09/Grant+allocations+2008-
09.htm

Taylor A (2008) *Lifting Social work Morale After Public Criticism. Community Care 19th June.* Available from:
http://www.communitycare.co.uk/Articles/2008/06/19/108591/lifting-social-work-morale-after-public-
criticism.html

Taylor C (2003) *Justice for Looked After Children?* Probation Journal 50 (3).

Teach First. *How we are funded* [online]. Available from:
http://www.teachfirst.org.uk/what_is_teachfirst/funding

Topss England Workforce Intelligence Unit (2003) *The State of the Social Care Workforce in England.* Volume 1
of the first Annual Report.

Turning Point (2006) *Bottling it Up: The Effects of Alcohol Misuse on Children, and Families.* Available from:
http://www.turning-point.co.uk/NR/rdonlyres/33C57B5C-BB5E-49A2-8232-
B77B081BDC41/0/Bottlingitup06report.pdf

UK Commissioners' Report (2008) *UK Children's Commissioners' Report to UN Committee on the Rights of the
Child.* Available from: http://www.11million.org.uk/resource/31f7xsa2gjgfc3l9t808qfsi.pdf

Unison (2003) *Climbié Inquiry – UNISON Reaction.* 28th January.

Wade J (2008) 'The Ties that Bind: Support from Birth Families and Substitute Families for Young People
Leaving Care' *British Journal of Social Work* 38:1.

Wade J and Dixon J (2006) *Making a home, finding a job: investigating early housing and employment outcomes
for young people leaving care.* Child and Family Social Work, 11 (1) pp. 199-208.

Walby S (2004) The Cost of Domestic Violence. DTI: Women and Equality Unit.

Ward J, Henderson Z and Pearson G (2003) *One problem among many: drug use among care leavers in
transition to independent living.* Home Office.

What Makes The Difference and Rainer (2008) *Making the Difference, Putting the care back into corporate
parenting.* Rainer.

Willis B (2008) *Young Offenders: Life After Jail.* Children and Young People Now.

Young Minds (2007) *Looking After Looked After Children: Sharing emerging good practice.* Available from:
http://www.youngminds.org.uk/publications/all-publications/mental-health-of-looked-after-children/file

Youth Justice Board (2006) *Youth Resettlement: A framework for action.* Available from
http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=282&eP=PP

Youth Justice Board (2007) *Accommodation Needs and Experiences.* Available from
http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=329&eP=

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