Green Paper: Care Matters

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Introduction

SCIE welcomes the opportunity to comment on the proposals set out in Care Matters. We are in no doubt that there are a number of areas that require significant improvement in the way we provide services for looked after children. We support the premise for the proposals that our goals for children in care should be the same as our goals for our own children.

However, we are concerned that the case for reform is made partly on the basis that children in care are over represented in vulnerable groups such as young offenders, drug users and prostitutes. We would emphasise the heterogeneity of the 60,000 children and young people in care at any one time who are from different backgrounds, are at different life stages and who follow different care pathways. We are alarmed at the implied causal link between short term-care and adult outcomes and between later care careers and adult outcomes. To make a link between a week spent in care as a baby and ending up in prison as an adult is a gross distortion which stigmatises and devalues young people who live in care and the people who care for them.

Nonetheless, to its credit, the Green Paper has highlighted a range of problems in the current planning and practice of child care social work and outlined some innovative proposals to deal with them. In the body of our response we have evaluated many of those proposals and the basis on which they are formulated. Our views are informed by our extensive and relevant work in this field and we would be delighted to share more detailed learning and practice points with the DfES as they finalise their proposals for change.

In our response, we have also drawn on the views of delegates from our 'Care Matters expert seminar', which was held in January 2007. The seminar was attended by over 40 delegates including policy makers and practitioners and representatives from national youth organisations, schools and research institutions. We would like to express our sincere thanks to all who attended and especially to those delegates who contributed presentations and stimulated such lively and informed debate about the issues raised in the Green Paper.

Chapter 1

1. Are the elements we suggest for our pledge the right ones?

We welcome a systematic approach to gathering children's views and using these to inform the pledge. SCIE is reassured to see in appendix A that the Green Paper has taken account of a range of resources about what children want from care. The latest 'Children's Views' report from the Children's Rights Director, Roger Morgan, which addresses adoption, was published after the commencement of the Care Matters consultation period so we would recommend this for consideration by the DfES consultation team.

We would also alert the team to the work of A National Voice, an organisation run by and for care experienced young people. Their recent report, 'There's no place like home' presents findings from their survey of 300 care leavers and a further 300 professionals. The report centres on respondent's views about Care Leaver's accommodation and support. As the pledge must address issues around transition, we strongly recommend that these views be incorporated in the final version.

In terms of the specific elements of the pledge, at this stage, they still seem fairly random. However, we are pleased to see the focus on physical health, particularly the dental checks, because we share the concern that the continuing health care needs of looked after children may be overlooked. Our Fostering Practice Guide (2004)[i] points out that when they are in foster care, children nearly always receive treatment for acute health needs but chronic health problems and dental care may be neglected. We would therefore strongly endorse health assessments and dental checks for *all* looked after children.

We also lend strong support to the part of the pledge which promotes the rights of looked after children to have their voices heard and to influence the work of the local authority. SCIE firmly believes that children and young people should play a fundamental role in the planning and delivery of services that affect them. To this end we have published practice guidance[ii] offering a framework for systematically developing the effective and meaningful participation of children and young people in the design, delivery and review of their services. This guidance is especially critical in supporting organisations to involve looked after children because as a group, they are often marginalised, facing particular barriers to having their voices heard. The guidance promotes a whole systems approach to participation providing specific guidance for organisations on; developing a culture; a structure for participation and effective practice for participation as well as effective systems for participation.

Although we are supportive of certain elements of the pledge, we are concerned that looked after children are being treated as a group apart and that there seems to be some discrimination in resource allocation. We would question why many elements of the pledge shouldn't be made for *all* children and young people, particularly those on the edge of care.

2. Are there other key barriers to attainment which we should address in order to transform outcomes?

SCIE strongly supports the emphasis on outcomes although we believe there needs to be a clearer, shared understanding of exactly what is meant by "outcome", particularly in this context. Our knowledge review on the research literature in foster care[iii] defines an outcome as the 'desired end result and intended improvement after a specific period in the well-being of children and/or families'. It 'relates to the impact, effect or consequence of a particular service intervention'.

The review makes a helpful distinction between:

• Final outcomes, which are generally agreed to be of value (or deleterious) in their own right. They may occur after foster care, for example, 'settling down in adult life and having satisfactory relationships'. However, they may also be in a sense part of foster care and occur at the time – for example, whether or not a child is unhappy while fostered, or does well at school.

• Intermediate outcomes, which are not seen themselves as intrinsically valuable, but are 'steps on the way' to others. For example, it might be argued that an unstable care career is not in itself a 'bad thing'. It is, however, undesirable because, among other things, it affects educational progress.

• Process outcomes, which are concerned with the way foster care is provided. They would include, for example, the degree to which the child was consulted over what happened to her or him. They may be valued because of their effect on final outcomes or for other reasons – for example, because they are seen as rights, or because they are valued by children.

These distinctions will help to clarify what kind of outcome is looked for in what context and focus on the range of barriers preventing attainment of all three types of outcome.

Although we recognise the worrying, relatively low educational attainment of looked after children, we think that the green paper focuses disproportionately on this aspect of children's lives. We would point out that children and young people's experiences of growing up include but are about more than educational attainment. Growing up is also about, being able to develop fully, about keeping safe and, in some cases, staying alive. For looked after children, these will be especially pertinent.

We do not think there is sufficient emphasis on strategies to improve outcomes. One of these is focusing on the strengths of young people, which research shows as crucial to future outcomes.[iv] 'Resilience' refers to the qualities that cushion a vulnerable child from the worst effects of adversity and that may help a "child or young person to cope, survive and even thrive in the face of great hurt and disadvantage."[v] While it may not always be possible to protect a child from further adversity, finding ways to boost a

child's resilience should enhance the likelihood of better long-term outcomes. SCIE thinks that the green paper should give more attention to approaches which boost children and young people's resilience. Local authorities should pay attention to resilience-enhancing factors because they are the sorts of things in a child's or young person's life that help them to cope in unfavourable circumstances or times of difficulty. Important factors include having at least one interested and committed adult in the child's life.

Another is being happy and doing well at school and every effort should be made to ensure that their experiences are positive, including encouraging them to take part in school activities that they enjoy to help build their self-esteem.

A sense of direction is also very important to young people in troubled circumstances because it can provide stability and control. This involves working with young people to build up a picture of what the future may hold: to develop goals and plans for reaching them.

Some of the things we mention here, including involvement in school activities, are included in chapter 2 as means in themselves of achieving positive outcomes for looked after children. However, we also highlight their importance as resilience enhancing factors. Local authorities should concentrate on boosting children and young people's resilience, thereby equipping them to cope with the difficulties and barriers they face.

Chapter 2

3. What more can be done to reassert the responsibility of parents and help them to fulfil those responsibilities?

SCIE has carried out detailed work on the difficulties parents face and the kinds of help that are effective. So far we have focused on parents with learning disabilities[vi], parents with physical or sensory impairments[vii], parents with mental health, drug or alcohol problems[viii][ix] and on families with a parent in prison (work in progress), so this is the evidence we draw on. SCIE is also currently undertaking further work to develop the NICE guidance on parenting programmes for a children's services context[x].

We strongly consider that the parenting responsibilities and role of disabled parents need to be recognised, and policies developed across community care services to support this role. Our work with both groups identified potential barriers to the development and maintenance of specialised and/or multi-agency services for disabled parents which included limited funding, a lack of skills among professionals for assessing the needs of disabled parents, and entrenched attitudes about the respective services' responsibilities towards children and adults. Furthermore, for parents with learning disabilities, we identified negative attitudes among professionals about their parenting potential.

The parents covered by SCIE's work on physical disabilities are those with conditions such as arthritis, asthma, cystic fibrosis, cerebral palsy, multiple sclerosis, end stage renal disease, neuromuscular diseases, spinal cord injury, and also those with various degrees of deafness and blindness. These parents do not constitute a clearly homogenous group, but their parenting has particular common themes, such as a potential need for assistance with looking after children, domestic tasks and transportation.

The research reports that parents with physical or sensory impairments can experience great difficulty in performing a range of domestic and child care tasks. However, parents do develop coping strategies, and there are environmental and physical means of supporting these parents in their roles. Direct payments are also valued by parents because they can arrange help to suit their own needs, rather than having to accept the less flexible support provided by other services.

Some solutions to supporting parents with physical or sensory impairments are outlined below although we would point to the references in our research briefing for further detailed information.

Physiotherapists and occupational therapists have identified several solutions to enable parents with arthritis to fulfil their parenting role more in accordance with their own expectations. These include techniques to avoid pressure on joints, alternative methods of lifting and handling children, and advice on changes in and to the home, such as

adapting furniture. The provision of appropriate, adapted equipment to help parents in their parenting, especially of young children, is a constant theme of the research. The research has also found, however, that there is a lack of appropriate products to support certain aspects of parenting, for example, pushing a pram or buggy, or carrying a baby when the mother is in a wheelchair.

The research has consistently found that modifying the home, to make it more accessible to the parent, makes parenting easier, especially in the performance of domestic household tasks, which mothers consider to be an important part of being a parent. However, parents may be prevented from implementing such modifications by financial or practical restrictions. In such cases, a possible solution is to provide mothers with some form of home help. The research has also emphasised that parents need to be encouraged to seek support from statutory and voluntary services. Medical solutions, such as the provision of effective drug information and management, are important for parents with debilitating physical conditions, such as arthritis and asthma: parents who receive appropriate treatment are more able to perform their parental role than those whose condition is managed less well.

Although question 3 asks us to consider ways of supporting parents in fulfilling their parental responsibility, SCIE believes it is critical to highlight some of the barriers to being able to do so. Solutions such as the ones highlighted above and detailed in our research briefing will have limited effect if the current policy and practice contexts are not also addressed.

One of the principal barriers to the provision of support to parents with physical or sensory impairments is the blurring of responsibilities between adults' and children's services. Children's services tend to focus exclusively on assessing children's needs and welfare, including child protection issues; adult services tend to focus only on the provision of personal services to disabled adults. The needs of disabled parents therefore often fall between these two services, but "professional agendas can be divergent and sometimes contradictory, and knowledge about the work of other professionals is often limited"[xi].

Generally, SCIE advocates a "whole-family" approach, which seeks to address the needs of the parent and child together rather than separately. The potential barriers to the development and maintenance of specialised and/or multi-agency services for disabled parents have been identified as limited funding, lack of skills among professionals for assessing the parenting needs of disabled people, and entrenched attitudes about the respective services' responsibilities towards children and adults. Our research briefing concluded that multi-agency working needs to be very carefully structured and co-ordinated in order to promote consistency and continuity of information and services between the many professionals involved.

As noted above, when we consider the experience of parents with learning disabilities, there is a particular additional problem which is other people's perceptions. Parents with learning disabilities often need to overcome preconceived ideas among other people about their ability to parent. For example, there may be a willingness to attribute

potential difficulties they may have parenting to their impairment rather than to disabling barriers or to other factors that affect the parenting of *all* parents. This has been described as the "presumption of incompetence":

However, parents with learning disabilities face more than an image problem. Several factors have been demonstrated to have an adverse effect on all parenting: these include low socio-economic status; unemployment; and social isolation or exclusion. All of these factors make parenting difficult, and parents with intellectual or learning disabilities are at greater risk of experiencing one or more of these disadvantages than other groups.

SCIE's research briefing highlighted interventions which have been found to be effective in supporting the parenting role of people with learning disabilities and overcoming some of the barriers they face. However, we would also point out that the research has limitations which are discussed in our briefing and which should be considered as a background to the findings.

Relevant interventions (whether formal or informal) are described below under three main headings; parent training programmes, teaching and social support networks.

Parent training programmes

Parent training programmes are often developed for parents with learning disabilities, and evaluation of their effectiveness is a common subject of the research. Most parent training programmes tend to focus on child care, child safety, and mother-child interaction. However, the results of research into parent training programmes aimed at parents with learning disabilities are inconclusive. The research points out that the generalisable nature of what is being taught to parents is very important, in other words, that the parent can take what they have learned and apply it to real world situations and to instances beyond the examples used in training. We found the most effective and potentially generalisable type of parent training for parents with learning disabilities is education undertaken in the home. Home-based programmes do demonstrate some success and are known to be preferred over "centre-based" programmes as a form of education, but many such interventions may not be particularly effective. For example, the home environment may offer too many distractions; and parents with learning disabilities who live with their own parents or other family members may not have sufficient personal control over their domestic environment and the parenting of their children to apply what they have learned.

Teaching

Teaching which is delivered only verbally, or based on observation or hypothetical situations can prove inaccessible to parents with learning disabilities. Information and training has been found to be most effective when it is tailored to the abilities of individual parents. The most effective forms of education are interactive, practical, involve repetition or "reinforcement", and use pictorial materials. However, parents with learning disabilities can find too much repetition both boring and condescending. Self-

learning manuals are also effective for teaching child care and child safety skills to parents with learning disabilities; they offer a "minimal involvement", low-cost, home-based alternative to the more systematic, professionally-led parenting programmes. This enables the parents to retain a sense of control and self-help in the learning process. Services and training programmes should be developed in conjunction with parents and their advocates and training and support should be as non-intrusive as possible and allow parents to retain a sense of self-help and control.

Social support systems

The research has found a strong association between supportive social networks and the positive psychological well-being of parents with learning disabilities. We found that some parents with learning disabilities have said that they like support groups because they give them confidence, improve their self-esteem and assertiveness, and enhance feelings of control. Such groups can act as a social support network, which is often missing from the lives of parents with learning disabilities. It has been argued that the improved confidence and sense of well-being engendered by an increased sense of self-worth among these parents may positively affect parenting. Social support networks may also be important because families and others can provide practical help, such as child care and taking children out: parenting therefore is not carried out in isolation. Social support networks may also have an indirect effect on parenting experience because parents have a greater network of people with whom to share experiences, concerns and solutions; this has been described as "informal social learning". Such social support is often lacking for parents with learning disabilities. Measures to develop social skills and expand social networks can therefore be an important part of a "family-centred" approach to supporting parents with intellectual or learning disabilities. However, we would point out that there is currently little direct or indirect evidence to demonstrate that increased self-esteem, confidence or more extensive social networks have a positive effect on the parenting of parents with learning disabilities; specific research has yet to be done on this topic.

Just as we did for parents with physical and sensory impairments, we believe it is crucial to highlight some of the barriers to being able to support people with learning disabilities in their parenting roles. Many of the problems are the same and indeed relate to difficulties in supporting all parents in their parenting roles. The main culprits are the operational structures of health, social and children's services.

Although research into parents with learning disabilities found that parents with learning disabilities require specialist support services, as stated above, it is questionable whether health and social services are always in a position to provide this support. There is currently little specialist provision to parents with learning disabilities. One barrier to the provision of effective parent training is the division and blurring of responsibilities between adults' and children's services. Children's services tend to focus exclusively on assessing children's needs and welfare, including child protection issues; adult services tend to focus only on the provision of personal services to adults with learning disabilities. The needs of parents with learning disabilities therefore often fall between these two services, but "professional agendas can be divergent and

sometimes contradictory, and knowledge about the work of other professionals is often limited" (Woodhouse et al, 2001).

4a. Do you agree that there is a need for a more systematic approach to sharing effective practice in children's services?

SCIE unreservedly agrees that with this proposition. SCIE's own role is to develop and promote knowledge about good practice in social care and we do this systematically by identifying useful information, research and examples of good practice. Using this information, we produce resources which evaluate practice in a particular area of social care, draw out key messages for good practice and identify areas where more research is needed to inform good practice.

We feel it is critical to make the distinction between information sharing and sharing effective practice. SCIE shares effective practice through its practice guides which are free online resources bringing together information, research and current good practice about particular areas of social care, including children's services. The guides give front-line practitioners, their managers and the whole organisation the opportunity to develop knowledge about what works well and apply it effectively in day-to-day work. Practice guides are developed on the basis of the results of 'Knowledge reviews' which pull together knowledge from service users, research and practice.

More broadly, dissemination and promotion of good practice material is not on its own sufficient to achieve and sustain practice change and improvement. Ensuring maximum impact requires a strategic approach to coordinating education and training, commissioning contracts with outcome targets, registration and inspection standards, performance indicators, and the other carrots and sticks available to strengthen incentives for continuous improvement.

4b. If so, how can we ensure maximum impact in supporting evidence informed commissioning and practice?

Carrying out knowledge reviews and developing practice guidance is of limited use if the resources do not make an impact on commissioning and practice. When SCIE published its fostering practice guide we also undertook the 'fostering collaboratives project' to help front-line staff make use of the Fostering Guide in their own daily practice. The practice groups focused on contact arrangements for Looked After children. We found that, once practitioners were applying the evidence base to practice, this then required a review of how the organisation commissioned contact services.

5. What more can be done to support links between adults and children's services, particularly in relation to drug abuse and mental health support?

SCIE agrees unreservedly with the message in chapter 2 of Care Matters which suggests a need for greater joint working between children's and adult's services. SCIE also agrees that families experiencing drug abuse and mental health problems require particular attention. However, there are also significant issues for disabled children and their families when making the transition from children's to adults' social care, education and health services, reflecting different standards, criteria, resource levels and expectations of adult services which can cause considerable disruption at a vulnerable point in young people's lives.

Parents with mental health problems are one of the four groups of adults with mental health problems least likely to access core services for themselves and their children. In their report on mental health and social exclusion, the Social Exclusion Unit (SEU) highlighted that this group face barriers to getting their health and social care needs met[xii]. The SEU also made recommendations for supporting these families.

There is clear evidence that the cross generational impacts of not intervening successfully in and out of crisis leads to serious public health issues. Indeed, the following extract from 'Crossing Bridges'[xiii] highlights the potential impact of mental health on parenting, on the child, over time and across generations:

Between one in four and one in five adults with experience a mental illness during their lifetime. At the time of their illness, at least a quarter to a half of these will be parents. Their children have an increased rate of mental health problems, indicating a strong link between adult and child mental health. Parental mental illness has an adverse effect on child mental health and development, while child psychological and psychiatric disorders and the stress of parenting impinge on adult mental health. Furthermore, the mental health of children is a strong predictor of their mental health in adulthood. (Falkov, A 1998:1)

The needs of the whole family should be viewed individually but also together in the ways that the different needs and behaviours of different family members interrelate and impact on each other, for example parent and child, parent to parent and cross generational. This should also include the measurement of longer term impacts if the individual or family do not meet the criteria for service.

At present, specialisation in health and social care services mean that families are not treated as a whole and their interrelatedness is not recognised. This separation has led to a situation where staff in adult mental health services focus on the adult with insufficient attention paid to the adult as a parent with responsibilities and aspirations for their dependent children. Staff in children's services put insufficient emphasis on the mental health needs of parents and the potential adverse impact on children.

Increased specialisation has emphasised the importance of ensuring effective communication and collaborative working. Recommendations from both adult homicide inquiries and child death reviews are remarkably similar – improving communication, coordination and collaboration within and between all services and agencies to better support mentally ill parents who a re struggling to meet the needs of their children including their safety (Falkov, A 1996, Woodley 1995).

However the problems are perpetuated by current national strategies and operational frameworks of which there are an increasing number aligned to core specialist areas. A national based approach to raising standards and improving outcomes for all family members does not exist. As a result, local managers and practitioners are faced with the challenge of searching for these, then translating them into cohesive family-based policy locally. Often, the search is to support individual decisions and is not translated by organisations into strategy and policy, this means practitioners and managers have repeatedly to argue decisions on a case by case basis

As families do not divide in the way that services and professionals do, sorting through the muddle can lead to fragmented and diluted service responses with practice guidance that does not have a 'must do' element or which is not recognised as authoritative across the various groupings that make up children's services.

Now with the responsibility for children's services moved to the Department for Education and Skills (DfES) and mental health services remaining with the Department of Health, there is even more impetus to support 'joined up thinking' and 'working together' at a national level to create guidance and standards that cross health and social care and mental health and children's services.

We would also point out that universal services need to include staff and community education programmes to raise awareness and to encourage staff and the public to consider the impact of multiple stressors in the family on the individual and the family as a whole. Standard one of the National Service Framework for Mental Health[xiv] recognises this need as it points out that mental health problems can result from a range of adverse factors including; unemployment, drug and alcohol problems, domestic abuse and homelessness. Children from a very early age have access to social education and awareness and age appropriate understanding of these issues can act as a 'protective' factor encouraging children and their families to seek help at an early stage[1].

SCIE has clear views about tackling the problems outlined above so that links between adult and children's services are strengthened and crucially, the need for care is prevented.

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[1] We will be addressing this issue in the Parental Mental Health and Child Welfare systematic review and guideline development programme and would be delighted to share our emerging findings throughout 2007 with our finalised guidance due to be published in January 2008.

Early identification of the potential 'at risk' population is essential. Education is a key issue here for professionals, the public and service users. SCIE's Parental Mental Health (PMH) systematic review will be reviewing qualifying and post-qualifying training and occupational standards and requirements for health and social care professionals working with PMH families. The problem of the specialisation of services highlighted above is relevant here because staff in neither adult mental health teams nor children's services are detecting the problems of other family members soon enough. SCIE's commissioned review of professional education will address these issues from the perspective of how qualifying and post qualifying education and professional standards and frameworks address the knowledge, skills and attitudes needed by professionals to work effectively with parents with mental health problems and their children and to work effectively as part of a multi-disciplinary team or multi-agency service.

Standard one of the national service framework for mental health should also ensure earlier intervention with the recognition that mental health problems can result from a wide range of factors. Standard 6 is also relevant to addressing problems before they become acute as it is concerned with assessing the care, physical and mental health needs of individuals caring for a person on a CPA. This would be particularly welcomed by families where one or both parents have mental health problems. Currently, children and young people caring for a parent with mental health problems are the group of carers most likely *not* to be offered a 'carers' assessment of their needs from either mental health or children and family services (Dearden et al, 2004).

However, even more could be done and earlier. Care Programme Approach (CPA) forms and formats and the new Children's Assessment Framework (CAF) and forms should include specific reference to identifying which adults with mental health problems have children. This factor should be referenced for consideration throughout assessment and review frameworks.

The CPA is the core assessment and care planning framework for adults with Severe and enduring Mental Illness (SMI) and therefore inclusion of the needs of adults as parents into this programme would go a very long way into introducing the concept that adults with mental illness may be parents and that this needs to be taken account of during assessment and care planning and identifying whether the children are also in need. This should include need of protection due to the direct or indirect impact of the parental mental illness.

To date there has been a glaring omission in the CPA in its attention to the needs of the adult as a parent and his or her dependent children. SCIE feels strongly that the fact that an adult is also a parent should be addressed at every stage of the assessment, care planning and review process as should the needs of the wider family e.g. well parent, children and so on. With the Children's Assessment Framework being piloted and the CPA being reviewed, now is a critical time for this call for evidence to influence change in this extremely important area.

SCIE is also commissioning research reviews on prevalence, detection and interventions in parental mental health and child welfare, the results of which will also be

relevant to this issue. The first review, which has two parts, seeks to uncover what we know about the prevalence and types of Parental Mental Health Problems (PMHPs) in the United Kingdom (UK) for the whole populations of parents and children; and for population sub-groups. The second part will describe what range of systems, tools and opportunities are in place for detecting PMHPs during child care screening and mental health screening, including cross agency referral and multi agency systems. The second review focuses on the accessibility, acceptability and effectiveness of interventions used in the UK and overseas that support children, whole families, parenting and/or couple relationships in families with children, where a parent already has a mental health problem. The findings from these reviews will be finalised in July 2007 and SCIE would be delighted to share the emerging results of both reviews.

6. What more could be done to support family, friends and carers?

SCIE agrees with the proposition in chapter 2 that there is a need to see solutions within the young person's natural family or social network. For example we should consider whether the child or young person could stay with relatives or family friends for a period with the intention of keeping them out of the care system altogether. Delegates at our Care Matters seminar representing A National Voice strongly supported this notion of providing support within the context of families or local communities as a means of avoiding entering the care system. As the green paper points out, securing placements with family and friends often leads to greater stability. This approach to placing children and young people has been described as 'Kinship Care' and research has highlighted some very positive findings about it.

In 2001, for example, researchers from DeMonfort University's Children and Families Research Unit carried out a study in the London Borough of Wandsworth Social Services Department exploring the experiences and views of young people in 'kinship care'. The study findings echo the assertion in the green paper about kinship care placements being more stable and longer term. Furthermore, the children in kinship care were overwhelmingly positive about their placement: they reported feeling loved, settled and safe. The kinship carers were also broadly positive about this approach. Almost all carers believed that the overall impact of the placement had been positive in terms of improving the young person's feeling of security, behaviour, educational achievement and links with the birth family. However, around half the carers were struggling to cope with the difficult behaviour of the young person and there were problems concerning money, loss of freedom and overcrowding. Consequently, carers wanted more financial and social work support. Indeed, there appeared to be a strong argument for kinship carers getting the same level of financial support as that devoted to foster carers.

The research also highlighted the need for Kinship Care to be recognised in a policy framework. In policy terms it was hardly recognised and social workers pointed out that Kinship Care scarcely featured in their training. In practice, other interventions were prioritised so that where kinship placements did occur, responsibilities were very unclear.

SCIE therefore welcomes the green paper's recognition of the potential benefits of looking for a care alternative within the young person's family circle. However, for any of the DfES proposals to be effective, Kinship Care must be embedded in the policy framework, addressed in social work training and routinely considered as a realistic care alternative preventing vulnerable children and young people from entering local authority care. Apart from cases where there is a safeguarding concern, this after all, is the outcome we should be working toward. We know from listening to delegates from A National Voice, that this is their priority.

There are of course numerous other family support services and Home Start represents one of the largest. However it is also one which illustrates the problem of investing in programmes which appeal to our common sense. Established over thirty years ago, Home Start offers volunteer home visiting support to families under stress with children under five years of age. On the face of it and because of its apparent similarity with the notion of family group conferencing, Home Start sounds as though it would deliver the outcomes we want from early intervention schemes for families at risk. However, using a comparison group, the results of one study[xv] did not in fact support the view that Home-Start had made a significant difference to the mothers over the eleven-month period of the research, relative to the experiences of the families in the comparison group. This does not mean that Home Start and schemes like it are redundant; far from it. Mothers who received the support of a Home-Start volunteer valued the service and considered that it had made a positive difference to their lives. However, mothers in both groups showed similar levels of improvement, even though there was no evidence of any other comparable family support service being received by the comparison group during the intervening period. The receipt of Home-Start services also pushed costs for the study group to a higher level relative to the comparison group. Combined with the outcome results, the evidence did not therefore point to a cost-effectiveness advantage for Home-Start

7. Is it right for us to work towards an increase in the number of younger children supported in families and, as a result, a small younger care population with more complex needs?

As stated above, it is right to work towards an increase in the number of children and younger people supported in families. The difficult judgements are in relation to children at risk of abuse or serious neglect, and those likely to be involved in offending, where both staying at home and entering care may have damaging consequences, and the choice is about the lesser of two evils. Even where the best thing for the child is to enter care, the importance to children's identity of continuing membership of and involvement in their own families should not be underestimated.

It is not clear that the second part of the question follows from the first. Whereas the Green Paper seems to assume more support for families will divert more young people from entering care, in fact adolescence is the time when parental and family influence is diminishing, and the risks to young people are becoming more extensive. Involvement in delinquency and violence related in many instances to drug and alcohol abuse,

experience of bullying and adverse peer pressure. Vulnerability to sexual exploitation and premature pregnancy, are often linked to severe neglect and chaotic lifestyles. Some young people run away from home to escape the pressures and threats they feel there. These young people also have "complex needs" which may not be met by increased family support, and may require new and innovative strategies to develop alternatives to care.

Chapter 3

8. Do the proposals in this chapter add up to sufficient strengthening of the corporate parenting role? If not what more should be done?

This chapter seems to be confused about the concept of the "corporate parenting role", and this is further reflected in the loose way it uses the terms "corporate parenting", "embodying the corporate parenting role", "parental role" and "parent" more or less interchangeably. The confusion is already apparent in the opening statements "As the corporate parent of children in care the State has a special responsibility for their wellbeing" and "The State takes on an immense responsibility for these children by agreeing to undertake the parental role on a day to day basis". The position in law, policy and guidance is not that an impersonal "State" takes on responsibilities, but that a designated local authority is accountable for fulfilling the role of corporate parent.

The social worker's role, which is absolutely critical, is to exercise many of the responsibilities a parent would exercise, on behalf of, and in conjunction with, the local authority. Some parts of the parental role and responsibilities will in many cases go on being performed by the child's own parents, others by the carers with whom the child may be placed, and others again through the local authority's accountability arrangements, themselves defined in some detail by central government, and taken into consideration by the local court when deciding whether or not to make a care order. The social worker oversees and coordinates all these elements, which will vary in detail from child to child. It is important to grasp that the social worker herself is not the corporate parent, and that in this context the definition of "social care practices" as "small groups of social workers…wholly independent of local authorities" is a contradiction in terms. Later chapters seem to be clearer about this.

With that major caveat, SCIE believes some of the proposals in the chapter have merit. We comment on the model of independent social care practices below. The proposals for the social worker as lead professional to hold a budget would create scope for more flexible and creative responses to the care needs of individual children and young people. Care would be needed in considering the budget control and accountability arrangements for these budgets, otherwise they may have the opposite effect to that intended, and lead to budgetary considerations over-riding the welfare of the child. Guidance on the creation, content, management and use of children's care plans may help promote consistency and good practice, but similar guidance in the past on, for example, assessment has resulted in excessively rigid, bureaucratic procedures a long way from the reduction in bureaucracy other proposals are seeking. Working with experienced professionals and young people on these two proposals could be helpful in producing flexible, user-friendly devices they can use in partnership to achieve outcomes they have agreed.

Other chapters are also relevant to strengthening the LA's corporate parenting role, including those encouraging the local authority to draw on all its resources and functions, as education and activities provider, significant local employer, and potential

funder supporting young people's higher education, career and housing ambitions, to give the child in their care the best possible start.

9. Would a 'social care practice' help give social workers more freedom to support children?

There was a strong feeling at our expert seminar that greater freedom to support children in a more flexible way is desirable. Social workers employed by local authorities feel constrained from responding creatively to the needs of looked after children by various factors, including limited professional time and supervision, resources insufficient and often in the wrong places, excessive caseloads of children, young people and families with complex needs, and lack of access to specialist services like CAMHS and remedial education. Voluntary sector schemes however, have greater freedom to spend their voluntary investment on innovative approaches where the statutory sector is sometimes slow to change established practice and too concerned with the risk associated with new ways of working. We therefore see there is some case for piloting social care practices, particularly if located in the voluntary sector.

However, there are serious problems with the Green Paper's concept of a social care practice which need to be addressed.

- As indicated above, the blurred relationship between the practice and the local authority offers scope for confusion, conflict, and lack of clear accountability for safeguards and standards.
- The evidence from a range of other human services settings is that it is extremely difficult to implement effective commissioning and contract arrangements even for standard off-the-peg services, still less for services personalised to individual needs of highly vulnerable children and young people.
- The argument that the practices could cut loose from local authority bureaucracy ignores the fact that much of the procedural complexity stems from central government's requirements for safeguarding, consistent decision-making, audit trails and protection of public funds, and these requirements would presumably also need to be met by the practices.
- Independent practices would be susceptible to exploitation by unsuitable people seeking access to vulnerable children.
- The proposal for profit-taking in this field is problematic, could create perverse incentives, and may put members of a practice in serious conflicts of interest, as we have seen in other private provision for children.

This said, the SCIE seminar did identify potential benefits of the green paper model for groups with highly specialised or complex needs forming a very small proportion of a local services' work, for example a pan–London practice for deaf-blind children. However there needs to be a much clearer rationale for applying it in social work with all children in care. GP practices are predicated on large patient populations that are not all active at one time. Again, the green paper model will stand or fall on its financial

security. As a seminar delegate put it: 'all children adopted, in credit; all children in secure accommodation, bankrupt'.

We are also concerned that there is no reference to what happens to the rest of child care social work, such as child protection and working with disabled children and families. As one delegate at our expert seminar put it, with social care practices taking work with children in care out of local authorities; what happens about the 'rump' of child care social work left behind and how do practice expertise and standards influence the work remaining?

Further concerns were raised at our seminar. Although delegates agreed that local authorities had not always been good, supportive employers of social workers, they felt the proposals for an independent social care practice jarred with what is being attempted in Every Child Matters. They suggested there may be more mileage in building a virtual team of different specialists around the practitioner with lead responsibility for the child.

In light of our misgivings about the proposed social care practice model proposed, we urge the government to consider other models for arranging child care social work. We highlight as an example, the work of Glasgow social services.

SCIE has visited Glasgow SSD about its changes to its front-line social work service (as referenced in the Scottish Executive 21st Century Review) and interviewed a wide range of the department's staff. Briefly, 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 improve their recruitment and retention and allocation difficulties and considered that they were wasting the practice expertise of their managers and perpetuating a dependent, over managed workforce. Although the department has improved staffing levels, 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.

We therefore welcome the green paper's analysis of the organisational strictures on effective practice but would suggest it is worth considering a range of models to overcome this. We would strongly support identification and piloting such a range.

10. Should the Independent Visitor role be revitalised and renamed as 'independent advocate' to introduce advocacy as a key element of the role?

In the context of discussions about this issue at SCIE's expert seminar, there was a concern about the level of intrusion in young people's lives. In particular, A National Voice pointed out that if the social worker and the LA as corporate parent were fulfilling their role, there would generally be no need for an independent advocate. A National Voice had support from other stakeholders in warning against having too many

professionals in young people's lives, and thought the arrangements proposed in Care Matters should in part be judged against whether they ensure minimal intrusion. On this basis, some seminar delegates saw no justification for individual advocates.

Debate around the independent advocate also stimulated discussions about the role of the social worker as many felt that the advocacy role had been fundamental to the traditional social work role, and tallied with the Green Paper's emphasis on the social worker being as active and focused on the needs, interests and wishes of the child in care as a natural parent would be. Delegates regretted the loss over recent years of some of the key elements in the role social workers traditionally played in relation to children and their families, and felt that if the role could be reframed for a 21st Century context, there would be less need for a separate independent advocate as another adult in the child's life.

Chapter 4

11a. Should a 'tiered' approach to fostering placements be developed?

Delegates at the SCIE seminar representing A National Voice supported a tiered approach and suggested it might be applied beyond fostering to include residential care.

However we would want to add that a tiered approach should be balanced with children and young people's needs. Support services or placements should be person centred and fitted around the needs of the individual rather than the child or young person having to fit within a rigid tiered system. Requiring a child to move placements because his changing needs had redesignated him to a different tier would be counter-productive and likely to harm the child's wellbeing.

On a related point, there was a strong feeling among experts at our seminar that social workers who had the responsibility, in consultation with the child, family and other colleagues, for deciding where children's needs would be best met, should be able to make that judgement separately from budget considerations. People felt that in the current system, budgets paralyse decision making that is truly person centred.

11b. If so, should this be underpinned by a formal qualification framework?

The training of foster carers has become an established part of fostering practice and preparation training before approval as a foster carer is now universal.

After approval, nearly all agencies across the public, independent and private sectors provide NVQ training. Some agencies have further developed their programmes and provide specialist training in the areas that foster carers request such as:
• managing contact between foster children and their birth families
• managing children's behaviour
• supporting education and liaising with schools.

However, SCIE's work for the fostering guide, cited above, found that training by itself is not sufficient to create and retain experienced carers. Also training should be integrated into the service as a whole and not just limited to foster carers. For example, if carers receive training in using a particular approach to children's difficulties, social workers must also know and use the same approach. SCIE's collaborative work on foster care also shows that foster carers could benefit from some of the same training as social workers, for example, on child protection, but are they not included in this.

Although there is plenty of evidence to suggest that carers appreciate training, no clear relationship between the level of training provided and placement success has been demonstrated. More research in this area is required.

Under the Fostering Service Regulations 2002 and the National Minimum Fostering Standards the fostering service provider is already subject to statute and regulations for training foster carers. We already know that preparation training is universal and ongoing training is delivered by nearly all agencies across the public, independent and private sectors. The question is whether there is any need for a formal 'qualifications framework' to underpin a tiered approach to placements, as set out in the green paper.

At SCIE's expert seminar, there was a general feeling against such a move. Delegates accepted that foster carers require the support in their role that current training provides. However, they felt that moves to professionalise fostering might undermine the importance of the requisite love and compassion which characterise foster carers. Some were concerned that this would even deter potential foster carers and considering the reliance of the green paper proposals on an expanding workforce, this is an alarming proposition.

12. How can we increase placement choice without increasing financial burdens on the system?

Partnership working and joint commissioning is a developing area designed to tailor services by creating placement choice. Many independent fostering providers and local authorities are developing specialist schemes, partnership arrangements and service agreements within their own agencies and with others to increase the number and suitability of available placements.

Local authorities, independent fostering agencies and voluntary childcare organisations are replacing spot purchasing of placements with service level and partnership agreements. Some are extensive, involving large numbers of agencies where costs, services and standards are agreed and monitored.

Children and young people placed in these schemes include those with particularly challenging and difficult needs, such as young offenders, those with learning or physical disabilities, those in sibling groups or those who require long-term foster carers

SCIE's practice guide on fostering provides a number of useful practice examples where local authorities worked to increase placement choice through partnership working and innovative commissioning. They are outlined below:

DERBY CITY, DERBYSHIRE, LEICESTER CITY, LEICESTERSHIRE, LINCOLNSHIRE, NOTTINGHAM CITY and NOTTINGHAMSHIRE commissioned Barnardo's to assist them in recruiting foster carers in that region. They have also worked together to construct service level agreements with a small number of independent fostering agencies involving agreed inspection and accreditation arrangements to increase placement choice, quality and value for money.

SOUTHAMPTON CITY COUNCIL'S HEALTH AND SOCIAL CARE DIRECTORATE commissioned tenders from independent fostering agencies for ten foster placements.

They found that the previous spot purchasing arrangements were expensive, uncoordinated and lacking in any quality assurance mechanisms.

SEDGEMOOR independent fostering provider was selected following an extensive process of scrutiny of policy and procedures, and interview. This process was driven by considerations of quality, cost and partnership working. Joint staff groups manage and deliver the service and local authority staff have been seconded to the agency.

CHRYSALIS CARE, an independent fostering agency, has entered into an agreement with one London Borough and is negotiating with another to recruit independent fostering agency foster carers in those authorities, which will then be available to offer local placements. This initiative was developed to avoid London children from the two local authorities being placed long distances from home.

WALTHAM FOREST and WESTMINSTER are among those authorities which have negotiated the pricing, and procurement, of placements outside the local authority provision.

The Community Placement Scheme is a specialist fostering project for teenagers in Belfast. It was established in 1997 as a joint initiative between SOUTH and EAST BELFAST Health and Social Services Trust and Barnardo's. It offers an alternative to residential care for young people displaying seriously challenging or offending behaviour. It offers intensive support to its foster carers, and its social work staff set out to "try to make things work and grease the wheels". The scheme sees carers as partners in this process and treats them with respect.

Chapter 6

18. Have we set out the right features in the comprehensive model of health care for children in care?

The model of health care for children in care is comprehensive but also difficult and complex to understand, requiring the young person to find their way round a fragmented system based on multiple specialities. This makes the lead health professional the key proposal in this section, with a remit to establish a relationship of confidence with the child and young person, to act as navigator and advocate round the system, and to provide reliable and stable source of personal health advice.

20. Is the approach to supporting children in care who enter youth custody the right one?

The corporate parenting role continues when children in care enter youth custody, as it should. This section may need strengthening. The limitations and risks of youth custody are well known; limited access to education, training and development activities, unmet mental and physical health needs including risks of self harm and undiagnosed depressive and bi-polar conditions, significant levels of drug abuse and bullying and high rates of reoffending. A good parent would be doing all in their power to ensure their child suffered minimum damage from this process and to direct them from further offending after discharge. The local authority and social worker need to find ways to carry out this role for young people who are in their care who are among those most vulnerable to these factors.

Chapter 7

22. Should young people be allowed to remain in their foster families up to the age of 21, including when the young person is at university?

SCIE strongly supports this proposition although we do not think the plans go far enough. We believe that the period of support for young people should be extended into their twenties. This reflects the real situation for the wider young adult population. As the green paper points out, the average age for leaving home is 24 but young adults in the general population can normally expect the support of their parents at later stages, including when they themselves become parents. We are concerned about why this level of support should not be extended to young people in care if it is what they want. This will be particularly relevant for young people in care facing certain issues such as mental health, drug problems or lone parenthood. This would clearly have implications for social workers and the foster caring workforce which would have to be properly worked through.

24. Are there any other ways in which we can increase the number of children in care progressing to university?

We endorse the plans in the green paper to support more children in care progressing to university. The high levels of debt incurred in undertaking higher education under present arrangements will clearly deter young people from care, as they do others from disadvantaged backgrounds. The lack of parental support in cash and practical help (e.g. childminding) is another gap a good corporate parent should consider.

However, particularly in terms of the suggested bursary to study in higher education, we strongly believe that the same financial incentive and other supports should be offered to young people in care to move into further education or to undertake apprenticeship training.

Chapter 8

25. Should we introduce a new power for local authorities to intervene in schools performing poorly for children in care?

We are not convinced about the need for a new power for local authorities because we would have thought that this is something Ofsted could already be expected to pick up on.

26. What more should we do to give children in care a greater say in decisions which affect them?

We should be clear about the range of reasons why children in care do not have a greater say in decisions that affect them. Most decisions are based on negotiations between adults in their lives including natural and substitute parents and a variety of professionals. The forums for these negotiations from case conferences to court hearings are not designed to facilitate children and young people expressing their own views especially when there is conflict with adults with whom they have strong, ambivalent or fearful relationships. These structures for decision making may need radical change driven by the views of young people to give them at least equal status to have their say. Our rigid service structures, financing systems and procedures can also squeeze out the views of children and their families.

27. How can Independent Reviewing Officers be made more independent and their role strengthened?

Following our response to question 26, the role of the IRO would be strengthened if they were accountable for ensuring the voice of the child is heard, recorded and given proper weight in the decision making process.

28. What key outcomes should we measure to assess whether we are being successful in transforming the lives of children and young people in care?

The Green Paper is based on the laudable premise that our goals for children in care should be exactly the same as our goals for our own children. As Alan Johnson points out, these goals encompass more than educational success and therefore SCIE maintains that measures of success should be about far more than qualification attainment. After all, as many at our expert seminar pointed out, we want more for our own children than simply a good education. Delegates felt therefore that exam results should by no means be the sole indicator of success in transforming the lives of children and young people in care. We would strongly suggest that this is approach should not

be misinterpreted as having low educational aspirations for looked after children. Furthermore, lots of children in care make progress which is not necessarily reflected in exam results. There should be hard progress measures which are broader than educational attainment and these, for example levels of physical activity, have already been usefully coined as part of the Every Child Matters agenda.

29. General comments

SCIE is concerned that Care Matters does not give enough attention to looked after children:
with disabilities;
who are in the youth justice
have asylum seeking or refugee status

We are also concerned that there is neither enough focus nor sufficient funds to sustain a preventative approach to supporting children and young people at risk of entering the care system. We would welcome a more coherent strategy of keeping children within their own familial and social networks; we know this is what they want. However, we realise that strengthening this approach is not simply about increasing funding; it is about using current resources in a more imaginative way. SCIE would endorse the use of person, or 'family centred' early intervention where the young person and their birth families chose from a continuum of short term support that might include for example, short term fostering placements or kinship care.

SCIE believes that the DfES have a responsibility to consider the proposals set out in Care Matters within the context of the existing legal framework for supporting looked after children. There was a widely held view among delegates at our expert seminar that much of the green paper proposals can be implemented within the framework of existing legislation. We would urge the DfES to examine how much we can achieve for looked after children if only we use the powers that are already in place. If we can improve the stability and continuity of children's social work we can achieve much of what Care Matters seeks to achieve.

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