

A Better Start in Life



Long-term approaches for the
most vulnerable children

Alex Burghart

Edited by Matthew Oakley



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Executive Summary

This report argues that much more needs to be done to ensure that the care system provides the best possible start in life for some of the most vulnerable children in our society. It argues that: long-term outcomes for children in care are poor; performance across local authorities is mixed; pressures on the system are growing; and that, in the current fiscal climate, spending significantly more money is not an option. This situation requires significant reforms and ambitious goals in order to ensure improved care and better outcomes for these extremely vulnerable young people.

Care in crisis

On 31 March 2011 approximately 65,000, or one in every 170 children in England were looked after by the state. The poor long-term outcomes achieved by children in care are well documented and have been highlighted in Policy Exchange's previous reports on this issue.¹ Young people who have been in care are 50 times more likely to end up in prison, seven times more likely to misuse drugs and alcohol and 60 times more likely to be homeless than their peers. Further research shows us that:

- One third of all care leavers are thought to live on the streets, (80% of all Big Issue sellers were in care);
- Nearly a third of the prison population have spent some time in care;
- Half of all sex workers have been in care;
- Care leavers are four to five times more likely to commit suicide in adulthood; and
- Over half of all care leavers suffer from depression.

We should not assume that this is a result of the system of care or the people who work within it. Children who enter the care system do so because something has gone wrong in their lives and it must be expected that this will be reflected in their outcomes. The people we rely on to support these young people also perform one of the country's hardest, most necessary and, too often, thankless tasks. However, we need to do more to close the outcome gaps between these uniquely vulnerable children and their peers.

A key problem is that, given the fact that the number of children in care is at its highest level since 1987, it is questionable whether it would ever be possible to find stable, loving, capable placements for each of these 65,000 children. In particular, it is estimated that, in England, there is a national shortfall of 7,100 foster families. This is a particular concern given the recent announcement from the Secretary of State for Education that he has an ambition to take more children into care more quickly.²

¹ Groves, J., (2010). No place like home: improving adoption services in England. Policy Exchange, London. Harber, A., & Oakley, M., (2012). Fostering Aspirations: reforming the foster care system in England and Wales. Policy Exchange, London.

² <http://www.education.gov.uk/inthenews/speeches/a00217075/gove-speech-on-child-protection>

This means that as well as struggling to provide the outcomes that we want for looked after children, the current system is under significant pressure. As our report *Fostering Aspirations* and others have noted, the system is truly ‘bursting at the seams’ and some new answers are needed.

Reducing the need for care and working with care leavers

Given the pressures that our care system is facing, we must carefully consider how to reduce the number of children who need to be taken into care. This is not about simply raising care thresholds and only providing for the most serious cases. Rather it is about developing short, medium and long-term strategies to reduce social and personal problems so that fewer children grow up in abusive or dysfunctional families, and that fewer families reach crisis point. In this way, this approach runs hand-in-hand with the Secretary of State’s ambitions: by reducing social and personal problems and the need for care, more children at risk and in need can be taken under the state’s wing.

To do this, central and local government must come together to produce a concerted effort to improve early intervention services and the targeting of families at risk of breakdown. This will involve building a more comprehensive evidence base of the effectiveness of programmes to reduce the need for children to be taken into care. It will also need to consider how to maintain early intervention programmes within tight fiscal constraints. In particular, it must ensure that support is better joined up across Whitehall departments and within local government, so that better support can be provided with less money. The experience of Hackney in North London shows that such approaches can be effective and save money. Their ‘Reclaiming Social Work’ model has reduced the number of children it needed to take into care by 40% since 2005 and achieved this whilst making budgetary savings of nearly 5%.

There is also an urgent need to provide care leavers with extra support to try to break the intergenerational persistence in the need for care. Adults who spent time in care when they were younger are 66 times more likely to have their own children taken into care and another study has suggested that as many as 70% of people who were abused as children suffer serious parenting problems in later life. To tackle this, care leavers need better support for mental health problems, with finding employment and with parenting when they themselves have children.

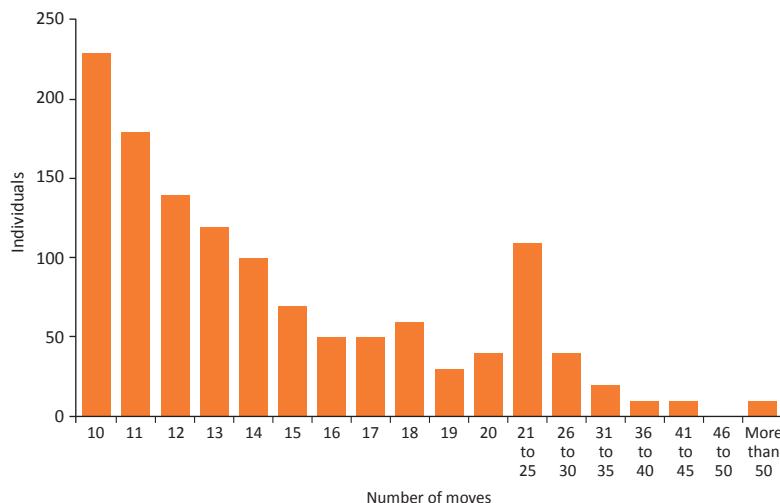
Improving care, improving stability

Among other key factors in determining the effectiveness of the care system in improving the outcomes of looked after children, our previous reports have highlighted the importance of stability. Local authorities vary dramatically in terms of placement stability. Every year over 7,000 children have three or more placements. Every move risks interrupting education, fracturing peer groups and severing ties with significant adults. Looking at how this varies across local authorities is informative: 17.8% of looked after children in Cornwall and Doncaster had three placements or more in the year up to 31 March 2011, whereas in Cambridgeshire the proportion was 1.3%.

However, these statistics only consider the number of moves within one year of care. The figures worsen when considered across the whole time a child spends in care. Data covering all care leavers in the year to 31 March 2011, that the Department

for Education (DfE) provided for this report, showed that a significant number of looked after children experienced many moves over their time in care. The chart below shows data for the 1,270 individuals leaving care in the year up to 31 March 2011 who had experienced more than ten placement moves during their time in care.

Figure ES1: Children who ceased to be looked after in year ending 31 March 2011 and who had more than ten placement moves whilst in care



Source: DfE.

Note: figures rounded to the nearest 10.

At the most extreme, at least 13 individuals leaving the care system in the year to 31 March 2011 had experienced more than 50 placement moves. Just 20 authorities had no care leavers with 15 or more placements during their time in care.

This instability is also not confined to placements. Some care leavers polled in 2008 reported that they had experienced over 20 social workers whilst in care. A 2006 survey of care leavers by Barnardo's found that respondents had attended an average of five schools and over 10% had attended more than ten schools. This level of instability can only be damaging for the vulnerable young people affected by it.

To tackle this issue and ensure that local authorities are held to account for their performance in delivering stability for looked after children, relevant data must be collected yearly and local authorities performing badly must account for their performance. As we have previously recommended, the Secretary of State should also be clear that they are willing to use their powers to remove responsibility from local authorities who continue to fail.

The need for diversity: the future of residential care for looked after children

It is essential that the care system provides a range of placement options to match the range and diversity of needs of the children entering care. Matching placements with needs would be a huge step towards providing care that improves outcomes, breaks down intergenerational persistence and reduces the long-term need for the care system.

Despite this need, residential care is often seen as the “last resort of the last resorts”. In some ways this is unsurprising given the high profile abuse scandals that came to light in the 1980s and the terrible recent case in Rochdale. However, while these cases clearly reflect a horrendous failing of the state in its duty to protect these vulnerable children, it should not be forgotten that residential care may well be the best option for a significant group of looked after children.

Overall, there are clear advantages to using residential care for children with specific issues that are not easily addressed elsewhere. The most obvious cases are, of course, access to intensive therapeutic support in a stable and secure environment. Children who have high-level needs require high-level interventions and in some cases it will be extremely difficult to find foster carers with a sufficient skill level to support these young people. Some children will also

prefer a residential care setting to a form of care that tries to replicate the damaged home they might have come from. There will also be other, more occasional, needs where residential care of a kind may be preferential. If, for example, a large sibling group could not be placed

in foster care, it may be considerably better to house them in a residential setting than to split them up.

However, significant reforms will be needed to ensure that the quality of care provided is increased and, in particular, that children in residential care are properly protected. Our recommendations highlight the need for a more specialised and flexible system of residential care with properly qualified and appropriately trained staff. We also outline ways in which out-of-area placements can be better assessed and managed between local authorities.

Hybrid care and residential schooling

To build on this flexibility and specialisation in residential care, we also believe that more consideration should be given to hybrid forms of care that mix foster caring (or birth parenting for those on the edge of care) with residential schooling.

There are a range of potential advantages to using residential schooling as part of a care package. Not least is the fact that it can provide children with two types of stability – that of home and that of school. Importantly, by providing respite and the opportunity of support for foster carers or birth parents, these approaches provide the opportunity of more families staying together, potentially reducing the need for the care system and the likelihood of placement breakdown for those moving into care.

The approach may also be notably cheaper than foster care. Whereas the cost of fostering a child is approximately £400 a week or £20,800 a year, the annual cost of sending a young person in foster care to boarding school would be about £14,800 in a state boarding school. Even in an independent boarding school, the cost might not exceed £25,000.

There is also positive evidence from programmes that have looked to place disadvantaged children in residential schooling. While the previous government’s ‘boarding pathfinder’ was not taken up on a large scale, it showed positive results for

“Overall, there are clear advantages to using residential care for children with specific issues that are not easily addressed elsewhere”

the few children that were placed. Other research demonstrates that where vulnerable young people from poor backgrounds had been given stable places in boarding schools they often excelled academically and socially. Research from the Royal National Children's Foundation showed that, in the sample of 11-17 year olds who had spent three or more years as boarders, 85% were achieving better grades than the average for a child of their age. This was despite the fact that 70% of the sample had been diagnosed with severe emotional problems before they started at their school.

Despite these obvious advantages, boarding schools are relatively rarely used for children in care. Only 1% of looked after children are in residential schools, over half of these are in care on account of a disability and are likely to be placed in highly specialist settings. Some 14 authorities do not place any children in residential schools and a further 58 place fewer than five. The previous government's 'boarding pathfinder' also struggled to encourage a significant increase in the number of disadvantaged young people entering residential schooling. Over its two-year evaluation period only 17 young people started at a boarding school and only 11 were still in place at its end.

Given the potential advantages and positive results from several studies, we believe it would be beneficial to give more young people either in foster care, or on the edge of care, the opportunity to see whether residential school was for them. The approach would also open up the possibility to become a foster carer to a new range of potential carers. For instance, full-time employees may find it hard to be flexible in response to the needs of fostering, but this would allow them to foster at weekends and in the school holidays rather than year-round. School teachers or others who work in schools would also be ideal for fostering children under this sort of scheme. Increases in the number of potential foster carers through these routes could tackle some of the problems of recruitment that *Fostering Aspirations* highlighted.

This potential has already been recognised by some authorities. Some 70 of the 152 local authority children's services directors in England and Wales have signed up to the Assisted Boarding Network and, last year, Kent announced that they would offer boarding school places for up to 30 children at risk of entering care. However, there remain questions over how local authorities might be encouraged to make greater use of the approach and whether the existing system would be able to meet a significant increase in demand for state boarding schools.

For this reason a new approach is needed. This would involve giving foster carers and families on the edge of care the authority and encouragement to seek placements in residential schooling for their children. To meet a potential increase in demand, central and local government would need to be more innovative in how they engage with independent boarding schools and in how they leverage philanthropic donations in this area. They will also need to consider how places could be provided through the Free Schools movement and in Academies and how they could work with existing charities working in this area.

Conclusion

This report lays out a series of significant reforms that would both reduce the need for the care system for looked after children and improve the outcomes of those who still find themselves in need of being taken under the wing of the state. Along with reforms already being undertaken, our reforms would help to

provide some of our most vulnerable and disadvantaged children with the care and support they desperately need and deserve.

Summary of Recommendations

Hybrid care and residential schooling

To take advantage of the significant benefits in terms of outcomes and costs that come from using residential schooling as a form of hybrid care for some looked after children or children on the edge of care:

Recommendation: Foster carers should have the “right to request” particular school placements for children in their care, including the opportunity to seek placements in residential school settings. Such a scheme should also be made available to families whose children have not been taken into care but with whom children’s social services are engaged in preventative work.

Recommendation: The Department for Education should seek to deliver a year on year increase in the number of places in boarding schools that are available to vulnerable children. These places should be available both to children within the fostering system and children on the edge of care. Increasing the level of provision by at least 1,000 by 2015/16 should be a realistic aim and would lead to a reduction in short-term costs in the order of £6 million for local authorities. The longer-term savings from improved outcomes would be much larger.

To deliver this increased provision of places, local and national government must work to deliver an increase in provision in both the state and independent sectors.

Recommendation: The government should seek to increase the number of places for vulnerable children that are available in independent boarding schools. This could be facilitated by local authorities working with charitable trusts and other partners (e.g. the Boarding Schools Association, RNCF, the Assisted Boarding Network and the SpringBoard Bursary Foundation) to develop pathways for vulnerable children to find places in high quality boarding provision. Local authorities should channel funds through these schemes and directly to independent boarding schools to encourage placement of disadvantaged children.

Recommendation: The government should also seek to increase the number of places available in state boarding schools. To do this, it must:

- Optimise the use of existing boarding accommodation;
 - Work with existing schools and representative groups like the State Boarding Schools Association to develop a strategy for increasing capacity in the future. This strategy should be identified as a key ministerial priority within the department; and
 - Assess how new and existing Academies and Free Schools might be encouraged and supported to take on boarding provision and explore innovative ways of funding this through philanthropic investment.
-

Providing specialised residential care

There are clear advantages to using residential care for children with specific issues that are not easily addressed elsewhere, however the current system needs to be improved. To deliver a greater diversity of more effective care in order to meet the very diverse needs of children taken into care:

Recommendation: Residential care in England should move from a system of general purpose homes to a system of specialised homes, as recommended by Hicks and Sinclair.³ To facilitate this, the DfE should draw up criteria and requirements for specialist children's homes:

- **Transitional homes** which would be purposefully temporary and be designed for short stays whilst a foster placement could be found;
- **Therapy homes** in which children would be expected to stay until they had finished a course of effective therapy and were ready to move on; and
- **Secure care homes** in which children who need protecting from themselves and others might be looked after and in which therapy would also be offered.

Recommendation: The DfE should work with Ofsted to draw up criteria for allowing local authorities to quickly establish professionally staffed 'One-to-One' and 'Sibling' homes in response to an unexpected need. This should form the basis of a public consultation on this issue to ensure that appropriate safeguards are implemented.

Recommendation: The DfE must urgently investigate the appropriate level of qualifications for workers in each type of children's home. Learning from the social pedagogy pilots, it must take steps to ensure that current staff are meeting these aspirations.

Improving out-of-area residential care

To address the problems associated with a lack of knowledge of the quality and performance of children's homes and to ensure that placements made outside of a local authority's borders are effectively monitored and commissioned:

Recommendation: To improve the ease with which local authorities can assess the performance of care homes, Ofsted should write to all Directors of Children's Services reminding them that they have full access to inspection reports on children's homes in their area. Directors of Children's Services in every authority should also be allowed full access to reports for all children's homes in England to facilitate better commissioning between local authorities.

Recommendation: The DfE must ensure that local authorities are fulfilling their duty to notify other authorities when they place a child within their borders and when that child leaves their authority. Ofsted should spot check this procedure as part of their children's service inspection procedure.

Recommendation: Local authorities should engage in joint commissioning for specialist places in children's homes and seek framework arrangements with

³ Hicks, Leslie and Sinclair, Ian (2009) Residential care for social reasons. In: New Oxford Textbook of Psychiatry. Oxford University Press.

providers of children's homes. The DfE should facilitate this by hosting a series of regional trade fairs to encourage dialogue between local authorities and consortia of local authorities and providers of children's homes.

Early intervention and targeted support

To ensure that the need for children to be taken into the care system is reduced:

Recommendation: The new Early Intervention Foundation should, as a priority, build up an evidence base for interventions to help reduce the number of children who will need to come into care in the future.

Recommendation: As a matter of urgency, government must focus more attention on how, within tight fiscal constraints, domestic violence could be reduced and better support given to workless households and families at risk of breakdown. This must learn from the successes of local authorities such as Hackney and Westminster. It will also require radical reform and better coordination of the support currently available across Whitehall departments. These issues are the subject of previous and future Policy Exchange reports.

Helping care leavers

To help break the intergenerational cycle of the need for care:

Recommendation: As a young person in care with identified mental health problems approaches the point where they will leave the care system, their CAMHS workers and social worker must arrange appointments and assessments for them with adult mental health services. All such care leavers should be offered priority access to mental health care throughout their lives.

Recommendation: The Department of Health should offer all parents and parents-to-be who left care at the age of 16 or later, increased and priority access to health visitors at every stage of pregnancy and in the first five years of a child's life.

Recommendation: To recognise the severe disadvantages and poor employment outcomes faced by many care leavers, young adults leaving the care system and not finding employment should have mandatory day-one referral to the Work Programme when they begin to claim Jobseekers Allowance. Local authorities should work with Work Programme providers to identify suitable job opportunities for care leavers within the authority or with local employers.

Measuring stability

There are many factors essential in ensuring that children who have to be taken into care receive the support they need. Time and time again a key factor identified is the stability of placements, support and relationships that young people develop. However, the existing measurement of stability is not sufficiently detailed to ensure that we can hold local authorities to account. To tackle this:

Recommendation: Local authorities should be required to collect data to show the number of placements children have had since they became looked after.

These should become headline figures in the annual departmental return and be published alongside the existing data on placements within one year so as to allow local authorities the opportunity to show improvement year on year.

Recommendation: Local authorities should also be required to collect and publish data to show the number of school moves and number of social workers looked after children have had since they came into care. This should be accompanied by data outlining the number of sibling groups that were split up following an entry into care and the proportions of looked after children attending schools of each Ofsted rating.

Recommendation: The government should publish the enhanced stability data recommended above and break the data down by Sinclair's Policy Groups.⁴

Recommendation: In order to incentivise progress, the Lead Council Member for Children and Young People and the Director of Children's Services in each local authority should publicly write to the Secretary of State on an annual basis accounting for the placement stability figures in their area. Any authority should be expected to set out an improvement plan and refer back to the strategies of the previous year if it:

- is in the bottom quintile of any comparative table; or
- has failed to show improvement across any three-year period in any category.

⁴ Sinclair et al, (2007), *Pursuit of Permanence: a study of the English child care system*.

1

Care in Crisis?

On 31 March 2011 approximately 65,000, or one in every 170, children in England were looked after by the state.⁵ In the year leading up to that snapshot, as many as one in every 121 children in England spent some time as a looked after child.⁶

The umbrella term ‘care’ covers children with an extremely wide range of needs and a great diversity of problems. It can encompass children severely disabled from birth, those whose parent(s) have acute medical problems and those who have been abused. The concern of this paper is primarily those children who have been abused or neglected or whose families have suffered acute dysfunction – about 76% of all those technically in ‘care’.⁷ As the next chapter discusses, some of the groups that make up these categories have particular needs which have gone, if not unnoticed, unreflected in headline government statistics. Some of them, especially those who enter care late and suffer from acute placement instability, will go on to suffer disproportionately in the longer-term.

⁵ LAA1: 59 children per 10,000 under 18 years old, or 0.59% of all children

⁶ DfE: based on 90,000 children in care during the year and 11,000,000 children in England.

⁷ <http://www.education.gov.uk/rsgateway/DB/SFR/s001026/sfr21-2011.pdf>

⁸ J. Dixon, ‘Young people leaving care: health, wellbeing and outcomes’, *Child & Family Social Work* 13(2) (2008)

⁹ H. Sergeant, *Handle with Care*, CPS (2006)

¹⁰ Care Leavers Association, December 2011 <http://www.careleavers.com/cla/324-new-funding>

¹¹ E.g. Hannon, C., Bazalgette, L., Wood, C., (2010). *In Loco Parentis*. DEMOS.

¹² DH, *Consultation on preventing suicide: a cross-government outcomes strategy to save lives* (2011), http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128463.pdf

¹³ CSJ, *Couldn't Care Less*

Long-term outcomes for children in care

The poor long-term outcomes achieved by children in care are well documented. Young people who have been in care are 50 times more likely to end up in prison, seven times more likely to misuse drugs and alcohol and 60 times more likely to be homeless than their peers. Just one in 14 care leavers went on to university in 2010. Further research shows us that:

- one third of all care leavers are thought to live on the streets,⁸ (80% of all Big Issue sellers were in care⁹);
- nearly a third of the prison population have spent some time in care;¹⁰
- half of all sex workers were in care;¹¹
- care leavers are four to five times more likely to commit suicide in adulthood;¹² and
- over half of all care leavers suffer from depression.¹³

These are terrible inequalities that the state, as guardian, has a moral obligation to address. However, it is too easy to use disproportionately the language of disaster. It is clear that these outcomes are not necessarily the result of a care system that is actively harmful, though the trauma felt by many children at being removed from even an abusive parent should not be underestimated. It is also not due to a lack of willing from the people who work in the system. The people we rely on to support these young people perform one of the country’s hardest,

most necessary and, too often, thankless tasks. The vast majority of them do a remarkable job in exceptionally difficult circumstances.

With this in mind, it is important that we realise that children who enter the care system do so because something has gone wrong in their lives and it must be expected that this may be reflected in their outcomes. Most of the time the care system is not responsible for the problems children coming into care face. However, as our earlier report, *Fostering Aspirations*, argued, the system often fails to repair the damage done by the abuse, neglect and dysfunction that these children have suffered. Creating an environment in which the traumas of being abused – and of being removed from one's family – can be best mitigated must be central to the philosophy of an effective care system. We must be ambitious about what we want our care system to deliver and achieve.

Here too the picture is not always as bleak as it has been painted. A large number of children do receive stable, caring support. As of March 2011, 68.6% of all children who had been looked after continuously for two and a half years or more had been in the same placement for over two years.¹⁴ And even in a world of meagre youth employment opportunities, two thirds of all care leavers are in employment, education or training at the age of 19.¹⁵

Yet, despite these more positive figures, ultimately, prospective outcomes for looked after children are poor compared to their peers and we must do all that we can to close that gap.

Mixed performance of local authorities

In truth there are many care systems not one, and enormous variation between and within them. Children are looked after by each of the 152 local authorities, ranging from the very small (the Isles of Scilly with no looked after children) to the very large (Birmingham with 1,900 in a population of about 254,000 under-18s).

Outcomes and indicators also vary considerably. In a number of authorities, no young people who had been looked after continuously for more than 12 months achieved five GCSEs at grade A*-C including English and mathematics, but in Gateshead 34.8% did (against 52.3% of all children in the area).¹⁶

Local authorities also vary dramatically in terms of placement stability. Every year over 7,000 children have three or more placements.¹⁷ Every move risks interrupting education, fracturing peer groups and severing ties with significant adults.¹⁸ Looking at how this varies across local authorities is informative: 17.8% of looked after children in Cornwall and Doncaster had three placements or more in the year up to 31 March 2011, whereas in Cambridgeshire the proportion was 1.3% (see over, Figure 1).¹⁹

“It is important that we realise that children who enter the care system do so because something has gone wrong in their lives and it must be expected that this may be reflected in their outcomes”

¹⁴ DfE, Children Looked After by Local Authorities in England (including adoption and care leavers) - year ending 31 March 2011, table LAA11, <http://www.education.gov.uk/rsgateway/DB/SFR/s001026/sfr21-2011lav2.xls>

¹⁵ NCAS (December 2011) <http://resources.leavingcare.org/uploads/e7186fad640031f923d30a80243e38f.pdf>

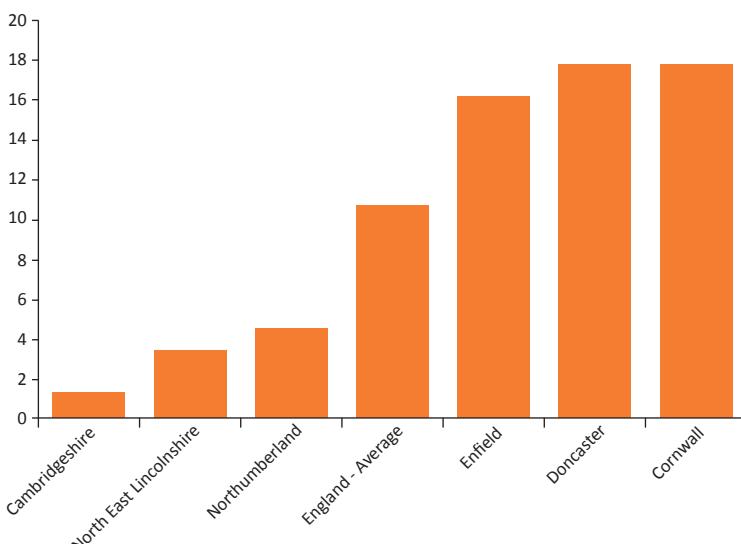
¹⁶ NI 101: LAC achieving 5 A*-C GCSEs (or equivalent) at KS4 (including English and mathematics), Table 5 (figures are for 2009); http://data.gov.uk/dataset/ni_101_looked_after_children_achieving_5_a-c_gcses_or_equivalent_at_key_stage_4_including_english_an

¹⁷ <http://www.education.gov.uk/rsgateway/DB/SFR/s001026/sfr21-2011.pdf>

¹⁸ See below.

¹⁹ <http://www.education.gov.uk/researchandstatistics/datasets/a00196857/children-looked-after-by-las-in-england>

Figure 1: Best and Worst Performing LAs: % of children in care with three or more placements²⁰



Source:DfE

This instability reaches beyond the number of placements these children have. As children move placements they are often likely to move schools, this, in turn, runs the risk of severely impacting their education and breaking the friendships and peer groups that they may rely on. Similarly there is strong anecdotal evidence that some young people come into contact with many different social workers whilst they are in care. When all other stability in a child's life is disrupted, the need for a consistent presence of an understanding adult in children's lives is crucial.

A growing problem?

The number of children in the care system is the highest since 1987 having increased by 2% between 2010 and 2011. This report argues that even if there were considerably greater resource in the system it is questionable whether it would ever be possible to find stable, loving, capable placements for each of these 65,000 children. It is estimated that, in England, there is a national shortfall of 7,100 foster families out of the current foster population of 48,530.²¹ Under any conditions, finding enough families willing to foster the vulnerable children who have been taken under the state's wing would present considerable challenges.

It is clear that the care system is also still reeling from the aftermath of Peter Connelly's tragic death in 2007. This saw a sharp rise in the number of care orders being applied for and of the number of children taken into care. The court system remains under explosive pressure: between April 2011 and March 2012, Cafcass received 10,199 new applications – a rise of 10.9% on the previous year – and January 2012 saw the highest number of care applications ever recorded in a single month: 912.²²

On top of this, a terrible case of child sexual exploitation involving a girl accommodated in a children's home in Rochdale has recently come to light. Revelations about her abuse at the hands of a number of local men who had

20 DfE, Children Looked After by Local Authorities in England (including adoption and care leavers) - year ending 31 March 2011 (NB does not include Isles of Scilly or City of London as they are considerably smaller than other authorities).

21 <http://www.bbc.co.uk/news/mobile/education-16266683>; <http://media.education.gov.uk/assets/files/pdf/s/main%20text%20fr212011.pdf>

22 http://www.cafcass.gov.uk/news/2012/march_care_statistics.aspx

taken advantage of her vulnerability has been truly shocking. Part of the horror of the case has been that the girl in question was in extremely expensive care, run by a private company, which had clearly not successfully taken steps to protect her from a group of cruel and predatory men. There is evidence to show that this was not an isolated case. The Times has uncovered that although there are only 1,800 girls in children's homes there are 631 suspected cases of children in such homes being sold for prostitution.²³ Just as Peter Connelly's death made social services more sensitive to child protection cases, so too this awful case is likely to put pressure on other parts of the system. It is very feasible that this will further discourage local authorities from using children's homes, the most expensive type of placement available – the Rochdale care home is thought to have cost about £250,000 a year.²⁴

Without careful planning, this can only put greater pressure on fostering services already suffering from an acute shortfall in foster carers and specialist carers. These pressures will only be increased by the recent announcement from the Secretary of State for Education that he has an ambition to take more children into care more quickly to ensure that children are not left with parents whose '... behaviour is unacceptable'.²⁵

All of this means that, as well as struggling to provide the outcomes that we want for looked after children, the current system is under significant pressure. As our report *Fostering Aspirations* and others have noted, the system is truly 'bursting at the seams'.

More needs to be done

For these reasons it is encouraging that, from its first week in office, the Coalition government has embarked on an ambitious programme of reform. It has launched the Munro Review of child protection, is publishing greater amounts of data, and is seeking to overhaul the adoption system. It has also launched a review to inform further reform of children's residential care.²⁶

This is a timely and well-directed effort that should create considerably better opportunities for some of the most vulnerable children in society. However, it is clear that more will need to be done if we are truly going to create a care system that provides the best possible start in life for some of our most disadvantaged children.

That said, 'more' cannot just mean greater resources. This is a difficult time to talk about 'priming the pump'. Children's services throughout England are under unprecedented financial pressure; anything that needs improvement will have to be achieved with, at best, what is already available. Most likely, it will have to be done with less.

Together, the three pressures we have outlined: to improve the system across all local authorities; to reduce costs; and to meet rising need, mean that future reforms will need to be wide-ranging and ambitious. Such reforms to the system have been proposed in previous reports by Policy Exchange on adoption (*No Place Like Home*) and fostering (*Fostering Aspirations*).

This report continues with the themes set out in those reports. It argues that while it is essential that we encourage more people to come forward and foster and adopt, it is perhaps unlikely that the current level of need will ever be wholly met. With this in mind we must consider carefully how the number of children who need to be taken into care can be reduced. This is not about simply raising

²³ *Times*, 10 May 2012

²⁴ *Times*, 10 May 2012

²⁵ <http://www.education.gov.uk/inthenews/speeches/a00217075/gove-speech-on-child-protection->

²⁶ <http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/a00213690/childdrens-residential-care-reform>

care thresholds and only providing for the most serious cases. Rather it is about developing short-, medium- and long-term strategies to reduce social and personal problems so that fewer children grow up in abusive or dysfunctional families, and that fewer families reach crisis point.

It is also about improving the performance of the current system and ensuring that those young people leaving care have better long-term outcomes. Since adults who have spent time in care when they were younger are 66 times more likely to have their own children taken into care, effective care today can intercede in the problems of the next generation and help break a cycle of vulnerability and reduce need.²⁷

Finally, it argues that much more needs to be done to ensure that the diversity of placements available match the diversity and range of needs that the children in the care system have. In this respect, it is our belief that the system of residential care in England is a vital element of the care spectrum, but that it needs further significant reform.

Our recommendations take many forms – from working with families to prevent crisis, to helping young people as quickly as possible after crisis has befallen them, to trying to find more appropriate and permanent placements as quickly as possible, to supporting them as they progress into adult life and start families of their own. Each and every intervention must be about preventing both the present and the next crisis and improving the care that these extremely vulnerable young people receive.

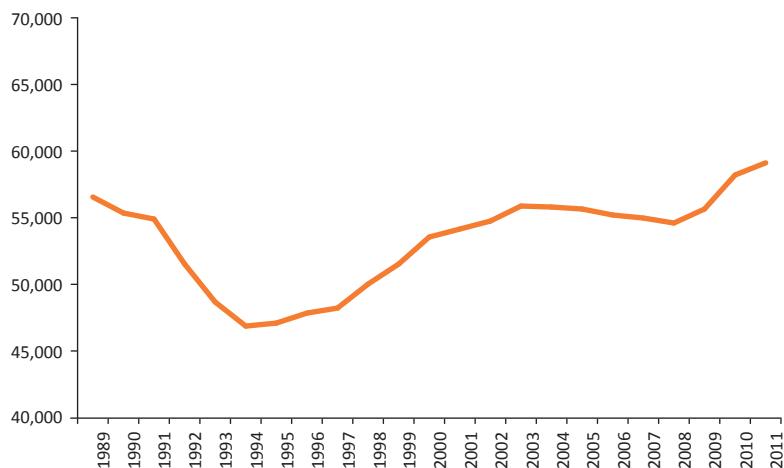
27 Jackson, S. & Simon,A. (2005).The costs and benefits of educating children in care. In E. Chase,A. Simon & S. Jackson (Eds.) *In care and after: A positive perspective* (pp.44–62). London: Routledge.

2

Reducing the Need for Care

In 1994 there were fewer than 50,000 children in care, today there are more than 65,000. As Figure 2 below shows, this rise has not been steady.

Figure 2: Number of children in care, 1989-2011



Source: DfE and <http://www.poverty.org.uk/29/index.shtml#num>

Between 2004 and 2007 the care population started to fall, albeit very slowly. This, of course, was before the news of Peter Connelly's death became public knowledge in November 2008.²⁸ Following the public outcry into the perceived failings of Haringey's child protection system, there was a steep rise in the number of child protection referrals.

As Figure 3 shows, the response to the news of Peter Connelly's death may have permanently shifted the number of monthly referrals by over 100%. Nevertheless, as the number of children actually in care has not risen by anything like the same amount over this period, it is clear that the rise in referrals has been due to local authorities lowering the threshold they use for making a court application to remove a child.²⁹ The increase of the number of children in care has, however, not been negligible. Between 31 March 2008 and the 31 March 2011, the number of children in care in England increased by over 6,000, or by more than 10%.³⁰ It is now at its highest level since 1987.³¹ Even though the number of children entering the system for the first time was, in 2011, very slightly lower than it had been in

²⁸ Peter Connelly was killed in August 2007, but the case only achieved national recognition with the conviction of Steve Barker and Jason Owen and the simultaneous publication of the executive summary of the Serious Case Review into his death in November of the following year.

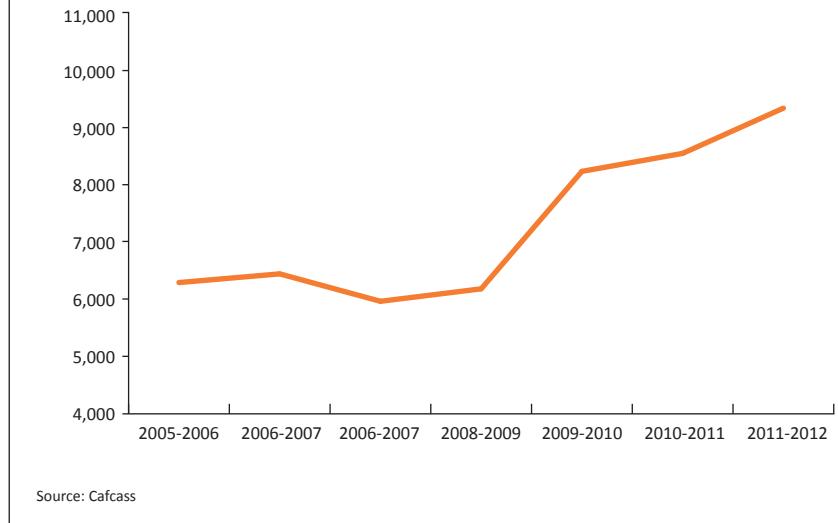
²⁹ See comments by then head of Cafcass, Anthony Douglas in September 2011, <http://www.guardian.co.uk/society/2011/sep/08/baby-p-effect-child-protection>

³⁰ <http://www.education.gov.uk/rsgateway/DB/SFR/s001026/sfr21-2011.pdf>

³¹ <http://www.education.gov.uk/inthenews/inthenews/a00198585/looked-after-children-statistics-2011>

2010, the overall number in care still rose as fewer children returned home.³² It remains to be seen whether the care population will decline ‘naturally’ to pre-2009 levels or whether, like the referral rate, stay at its new high.

Figure 3: Public law care requests, 2008-2012³³



In either case, this is a high proportion of children for the state to have to look after. Given that some 90,920 children were ‘looked after’ at some point in the year between 1 April 2010 and 31 March 2011, in this time the state tried to look after about one in every 120 children in England.

This is an exceptional challenge to human and financial resources, one that is currently stretching both to and beyond breaking point. Whilst every effort should be made to improve the quality of care that children in the system receive, it must be recognised that with care levels at this height, resources will only go so far. It is in everyone’s interest to try and bring the number of looked after children down over the medium and long-term by reducing the need for care.

Doing so will tackle the damage that is done to children before the need for them to enter care is apparent and that would, in all likelihood, not be fully repaired by their experiences in the care system. It would also help to ensure high quality care for those children who, despite the existence of excellent preventative and early intervention services, still need to be looked after.

This chapter considers how the number of children in care might be reduced. Such an approach must be long sighted, providing interventions that will help break the cycle of intergenerational abuse, neglect and dysfunction and help prevent new problems from arising.

Types of need

Children are taken into care for a large number of reasons, ranging from abuse to parental incapacity and anti-social behaviour. The official classifications used for the purposes of DfE statistics are.³⁴

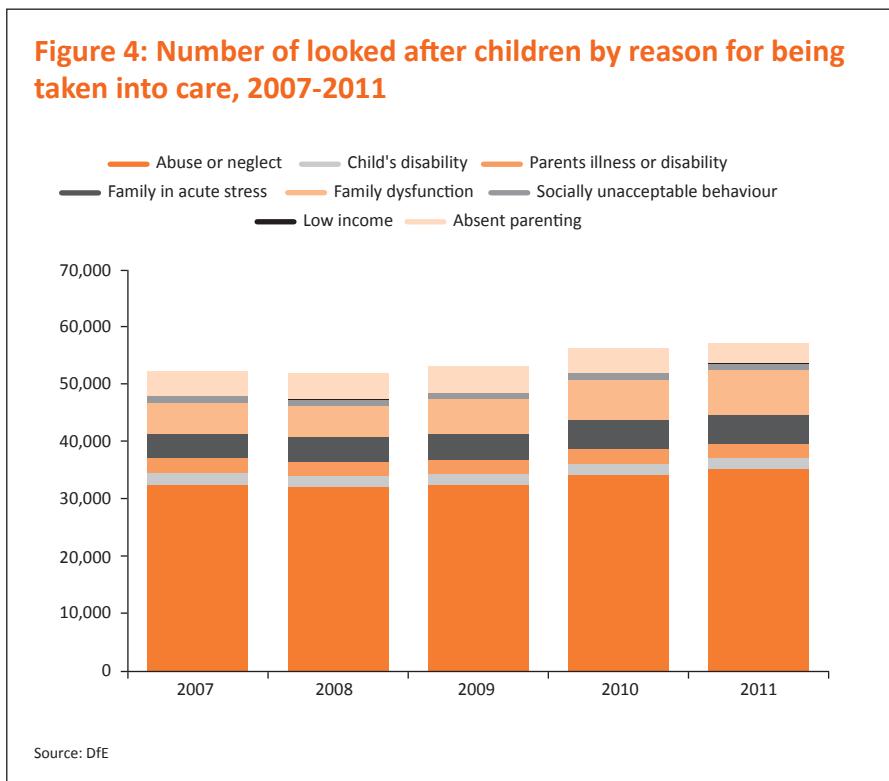
³² <http://www.education.gov.uk/rsgateway/DB/SFR/s001026/sfr21-2011.pdf>, fig 3

³³ Cafcass, ‘Care Demand latest figures for April 2012’, <http://www.cafcass.gov.uk/pdf/April%202012%20care%20demand%20update.pdf>

³⁴ <http://www.education.gov.uk/rsgateway/DB/VOL/v000504/cin00.pdf>

- **Abuse or neglect:** Children in need as a result of, or at risk of, abuse or neglect.
- **Child's disability:** Children and their families whose main need for services arises out of the children's disabilities or intrinsic condition.
- **Parents illness or disability:** Children whose main need for services arises because the capacity of their parents or carers to care for them is impaired by disability, illness or mental health.
- **Family in acute stress:** Children whose needs arise from living in a family going through a crisis such that parenting capacity is diminished and some of the children's needs are not being adequately met.
- **Family dysfunction:** Children whose needs arise mainly out of their living in families where the parenting capacity is chronically inadequate.
- **Socially unacceptable behaviour:** Children and families whose need for services arise primarily out of their children's behaviour impacting detrimentally on the community.
- **Low income:** Children, living in families or independently, whose needs arise mainly from being dependant on an income below the standard state entitlements.
- **Absent parenting:** Children whose need for services arises mainly from having no parents available to provide for them.

Of these groups by far the most numerically significant are those children who are abused and/or neglected and who account for around 62% of looked after children at any one time.³⁵ As Figure 4 shows, the rise in young people coming into care is accounted for almost entirely by additional identification of abuse, neglect and 'family dysfunction'.



³⁵ <http://www.education.gov.uk/rsgateway/DB/SFR/s001026/sfr21-2011.pdf>, table A1

The second largest group consists of those young people who have become looked after because of family dysfunction. This term is often used to describe families that have broken down altogether and have been in this state for some time. Reported classic cases can involve families that have suffered a recent trauma, for example the death of a primary care giver.

In truth, many young people fall into more than one group. A seminal study of young people in care looked at adolescent entrants to care who had been admitted because their relationships with their families had broken down – frequently, it was reported, on account of the young person's challenging behaviour. Yet, on closer inspection, this difficult behaviour had actually emerged in a context of abuse, neglect, rejection, domestic violence or parental mental health difficulties.³⁶

Together these two categories of abuse and/or neglect and family dysfunction encompass more than three quarters of looked after children. They are also the groups least likely to be able to find stable placements in care and most likely to need therapeutic work to help them overcome the traumas of their upbringing.³⁷ Any systematic attempt to substantially reduce the need for care must start by seeking to prevent future instances of abuse, neglect and family dysfunction.

This rest of this chapter considers early intervention strategies and how they can be used, firstly to work with families who are in crisis, and, secondly, to target younger people who may, on balance of probability, find it very difficult to be good parents when they have children themselves.

Early Intervention and targeting support

Early intervention

Since the General Election in 2010 the government has commissioned a number of pieces of work making recommendations about how to improve early intervention in children's lives. Graham Allen has produced reports reviewing the state and direction of early intervention.³⁸ Frank Field has conducted a review of poverty and life chances³⁹ and Clare Tickell was tasked with re-examining the Early Years Foundation Stage.⁴⁰ In fact, early intervention is actually rather an ambiguous term, which is used to describe either the early intervention as soon as symptoms have been detected, or action to prevent such symptoms appearing in the first place.

Over the past few years some interesting work has been done in local authorities – notably Hackney in North London – to attempt to head off the need for children to be taken into care by intervening early with families who are showing signs of strain. Hackney's 'Reclaiming Social Work' model restructured the authority's children's social work in order to refocus it on the needs of children and families. Their central reforms included a drive to improve the quality of face-to-face social work, an emphasis on social workers working in teams rather than as individuals, and on using care as a last rather than a first resort.⁴¹ In concentrating on working with families to help prevent crisis point, the authority has reduced the number of children it needed to take into care by 40% since 2005. Strikingly, it achieved this whilst making budgetary savings of nearly 5%.⁴²

The reforms to social work will be the subject of a future Policy Exchange report and have already been considered by two key government reviews: the

³⁶ Sinclair et al, (2007), *Pursuit of Permanence: a study of the English child care system*. Biehal, N., 'Foster care for adolescents', in Schofield & Simmonds (eds), (2009) *Child Placement Handbook*. BAAF.

³⁷ Sinclair et al, (2007), *Pursuit of Permanence: a study of the English child care system*.

³⁸ Allen, G., *Early Intervention: next steps* (2011), <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf>

³⁹ <http://www.frankfield.com/campaigns/poverty-and-life-changes.aspx>

⁴⁰ <http://www.education.gov.uk/tickellreview>

⁴¹ Cross, S., Hubbard, A., Munro E., (2010) *Reclaiming Social Work, London Borough of Hackney Children's and Young People's Services: independent evaluation*.

⁴² ibid.

Social Work Taskforce / Reform Board, and the Munro Review. However, a number of points are worthy of immediate note.

The success in reducing the number of children who needed to be taken into care in Hackney was achieved because the authority undertook to work with the same number of families as it had previously but in new ways.⁴³ Many children who would previously have been taken into care were kept at home but, vitally, were given the support from social services that they needed to achieve stability. Whilst this required ongoing work it was, as the project's savings showed, often considerably cheaper than the costs of taking children into care. These children who did not have to suffer the trauma of being removed from their families but who received additional support to help their families stabilise were, consequently, more likely to have positive outcomes in the long-term. Approaches such as these are crucial to ensuring that children only come into care when it is absolutely necessary.

As understanding of how Hackney has achieved this progress spreads, it is to be hoped that other authorities will learn from their work. Indeed, the Munro Review has already encouraged all local authorities to set about a process of self-analysis, ongoing learning and, where necessary, restructuring.

Central government can also facilitate change and learning. On 27 February 2012 the government confirmed that it intended to procure an Early Intervention Foundation, which would have two key roles:⁴⁴

- providing advice and support to local commissioners on evidence, social finance and payment by results relating to early intervention to assist their own procurement and evaluation; and
- building the evidence base on what works in early intervention in the UK.

It is to be hoped that, once it is established, the Foundation will, as a matter of priority, consider types of prevention and early invention that would help reduce the number of children who need to come into care in the future.

Recommendation: The new Early Intervention Foundation should, as a priority, build up an evidence base for interventions to help reduce the number of children who will need to come into care in the future.

Targeting support to at risk groups

The approach outlined above responds to indications that families are getting into trouble, it does not, automatically, seek to take preventative action with those who are likely to have problems in the future. This means that refocusing local children's social services in this way will not reduce the need for intervention in children's and families lives altogether.

In addition to such initiatives, there is a case to be made for attempting to focus resources on those groups that are considerably more likely to find parenting extremely challenging. Predictive interventions are not perfect and will inevitably involve working with many individuals who would not have gone on to be abusive or neglectful parents. However, because of their experiences, most of these people will be in need of some help; help they are unlikely to otherwise receive until their lives hit a crisis point.

⁴³ Isabelle Trowler, pers. comm.

⁴⁴ http://www.parliament.uk/documents/commons-vote-office/March_2012/13-03-12/4.Education-EarlyInterventionFoundation.pdf

Table 1: Factors associated with likelihood of abuse and neglect to children under five

Checklist characteristics n=Parents with a child under five (baseline)	Abusing family % (n=106)	Non-abusing family % (n=14,146)	Proportion of families with characteristic that go on to abuse and/or neglect their newborn in the first five years of life % 0.7
History of family violence	30.2	1.6	12.4
Parent abused or neglected as a child	19.8	1.8	7.6
Parent indifferent, intolerant or over-anxious towards child	31.1	3.1	7
History of mental illness, drug or alcohol addiction	34.9	4.8	5.2
Single or separated parent	48.1	6.9	5
Socio-economic problems such as unemployment	70.8	12.9	3.9
Step-parent or cohabitee present	27.4	6.2	3.2
Infant separated from mother for more than 24 hours post delivery	12.3	3.2	2.8
Mother less than 21 years old at time of birth	29.2	7.7	2.8
Infant premature, low birth weight	21.7	6.9	2.3
Infant mentally or physically disabled	2.8	1.1	1.9
Less than 18 months between birth of children	16	7.5	1.6

It should be said at the outset that the purpose of such work would not simply be to reduce child abuse – indeed it is extremely important that programmes do not stigmatise those they help as being ‘potential child abusers’.⁴⁵ In helping people to overcome considerable problems in their lives such long-term, non-crisis driven work can, primarily, improve the quality of life for some exceptionally vulnerable people and their children. The central effect of this should be to help all people who take part in such programmes to have happy, stable family lives to the benefit of them, their partners, their children and society.

Table 1 presents risk factors that are associated with physical abuse and neglect of children under five years old. It considers the prevalence of these factors in both abusing and non-abusing families, as well as the percentage of families with a particular characteristic that are likely to go on to maltreat their child in the first five years of life.⁴⁶ As the last column shows, there are some groups who would, on account of the circumstances they have or are enduring, be relatively likely to maltreat their children.

The table demonstrates that there are obvious groups who would benefit from additional support to mitigate, for example, the effects of the abuse they themselves have suffered. This support would have a beneficial effect on most recipients as well as helping to mitigate the risks of child maltreatment amongst the minority who might otherwise have gone on to abuse.

However, one major concern is that in many local authorities, early intervention and preventative services have been badly hit since December 2010 when financial pressures led the government to cut the Early Intervention Grant by 11%. A year later Barnardo’s reported that 67% of its services that had been hit hardest by local authority cuts had been early intervention and family support services.⁴⁷ A recent announcement outlined further reforms that mean budgets for early intervention are likely to be further restricted.⁴⁸ While budgetary reductions are a necessary

⁴⁵ Gelles, ‘Problems in defining and labeling child abuse’, in *Child Abuse Prediction: policy implications* (Cambridge, 1982)

⁴⁶ Hamilton & Browne, ‘Predicting physical maltreatment’, in Browne, Hanks, Stratton & Hamilton, *Early Prediction and Prevention of Child Abuse: a handbook* (Chichester & NY, 2002); see also Browne & Hamilton, *Preventing Family Violence* (Chichester & NY, 1997)

⁴⁷ http://www.huffingtonpost.co.uk/anne-marie-carrie/government-cuts-childrens-future-barnardos_b_1000099.html

⁴⁸ http://www.local.gov.uk/web/guest/briefings-and-responses/-/journal_content/56/10171/3736125/ARTICLE-TEMPLATE

reality in the current fiscal climate, it is essential that a longer-term view is taken such that short-term savings do not lead to escalated costs in the future.

Taking such a long-term view can also lead to short-term savings, as the experience of Hackney has demonstrated. However, the discussions we have had with local authorities and recent research⁴⁹ demonstrate the challenges that these approaches can face. Doing more with less will require a greater flexibility from both central and local government and a greater stability and clarity over finance streams for local authorities.

It may also require greater targeting of resources at those most at risk, where the greatest impacts might be achieved. In this respect, Table 1 demonstrated that a number of issues stand out either because they pose a threat to large populations of children or because they are relatively easily identifiable groups to whom it should be easier to provide therapy and support. Three of these areas are identified below:

- **Family violence:** Unsurprisingly, the most significant factor in predicting the likelihood of increased risks of future child neglect and abuse is whether there is a history of family violence. The estimated 750,000 children exposed to domestic violence in England are clearly at serious risk of abuse.⁵⁰ Indeed some studies suggest an even higher conditional probability than that posited above; as many as 30% to 66% of children living in households where domestic violence occurs may come to be physically abused themselves.⁵¹ However, even those children who are not themselves physically attacked are still placed at considerable risk by exposure to domestic abuse within the home. Approximately two-thirds of child witnesses of domestic abuse show more emotional or behavioural problems than the average child.⁵²

Reducing levels of domestic violence is a highly complex task and one with which the National Institute for Health and Clinical Excellence (NICE) is currently engaged with new public health guidance due to be issued in February 2014.⁵³ If this guidance is successful in its aim of preventing and reducing domestic violence – particularly amongst younger couples – then it may have a meaningful impact on levels of child abuse. To do this, health and social services will need to provide resource to the strategies identified by NICE. Similarly there is a need to ensure that child witnesses to domestic abuse are offered early help when services intervene with their parents, and that social workers are trained to consider these issues.⁵⁴

- **Poverty and worklessness:** A similarly significant concern is families suffering socio-economic difficulties. With the number of children living in households with incomes on or below 50% of median income thought to be about 1.6 million, the risk of an increase in the incidence of abuse is extremely high.⁵⁵ Although it seems that the number of children living in workless households is again falling having peaked in 2009, these are worrying statistics. The number of children living in workless single parent households (1.26m) is at its highest level since 2003, and the number of those living in houses where all members have never worked (301,000) has more than doubled since 1996.⁵⁶ In this sense, one of the most effective means of reducing the risk of child maltreatment would be to increase employment and to reduce deprivation amongst the poorest in society. The government is seeking to achieve this through a radical programme of welfare reform and stringent fiscal strategy following the financial catastrophe of 2008.

⁴⁹ <http://www.actionforchildren.org.uk/redbook>

⁵⁰ NICE <http://www.nice.org.uk/nicemedialive/12116/57979/57979.pdf>

⁵¹ C. Humphreys & R. Thiara, *Routes to Safety: protection issues facing women and children and the role of outreach services* (Bristol, 2002)

⁵² K.M. Kitzmann, N.K. Gaylord, A.R. Holt & E.D. Kenny, 'Child witnesses to domestic violence: A meta-analytic review', *Journal of Consulting and Clinical Psychology*, 71, (2003) and *Clinical Psychology*, 71, 2003, pp339–52

⁵³ NICE, *Preventing and Reducing Domestic Violence*, <http://guidance.nice.org.uk/PHG/Wave20/60>

⁵⁴ E. Farmer & S. Callan, *Beyond Violence: breaking cycles of domestic abuse*, CSJ (2012)

⁵⁵ Save the Children, *Severe Child Poverty* (2011) http://www.savethechildren.org.uk/sites/default/files/docs/Severe_Child_Poverty_Nationally_And_Locally_February2011%281%29_1.pdf

⁵⁶ <http://www.ons.gov.uk/ons/reli/mac/working-and-workless-households/2011/index.html>

- **Single-parent households:** Another very broad category at risk is that of children living in single-parent households. There are clear implications here for seeking to reduce family breakdown and for the government to come good on the Prime Minister's promise to head the 'most family friendly government in history'.⁵⁷ There is also a need to provide better support to the nearly two million lone parent households in the UK.

Recommendation: As a matter of urgency, government must focus more attention on how, within tight fiscal constraints, domestic violence could be reduced and better support given to workless households and families at risk of breakdown. This must learn from the successes of local authorities such as Hackney and Westminster. It will also require radical reform and better coordination of the support currently available across Whitehall departments. These issues are the subject of previous and future Policy Exchange reports.

Breaking the Cycle: working with care leavers

Another group that deserves particular attention is parents who themselves suffered neglect and abuse in childhood. The cycle of intergenerational abuse is a fairly well studied phenomenon. Whilst the vast majority of individuals who were abused when young do not abuse their own children, there is still a considerably higher incidence of abuse than in the general population. Although results vary from study to study, the base rate for abuse among individuals with a history of abuse is thought to be about 30% (\pm 5%), approximately six times higher than the base rate for abuse in the general population (5%).⁵⁸

The intuition is clear: those who have a history of childhood abuse are at risk of entering parenthood without having developed the skills necessary for creating and maintaining healthy relationships with others, including their own children. Lacking these skills, these parents may be at risk for maltreating their own children. Indeed, one study has suggested that as many as 70% of people who were abused as children suffer serious parenting problems in later life.⁵⁹ Adults who were taken into care when they were children are 66 times more likely than their peers to have their own children taken into care.⁶⁰

To tackle this, an obvious step would be to provide more support to young adults who have previously been in care and are now considering having their own children. A key problem is that, while it seems obvious that the state should have a duty to those children who it takes into care that should not automatically cease just because those young people have hit a certain age, this is not currently the case.

A worthy goal of the care system is that it should, as far as possible, seek to provide the same loving human relationships as birth family might. If it is to achieve this, it should not terminate its care just because a child has become old enough to vote. For this reason, it is encouraging that the government wishes to ensure that looked after children are expected to stay in care until they are 18.⁶¹

In an ideal world, the care system might be capable of providing ongoing, formal care until at least the age of 24 - the average age at which young adults now leave home in England – and beyond.⁶² This would ensure continued

57 David Cameron, leader's speech to Conservative Party Conference, Manchester, Oct 2011, <http://www.telegraph.co.uk/news/politics/conservative/8808521/Conservative-Party-conference-2011-David-Camerons-speech-in-full.html>

58 J. Kaufman & E. Zigler, 'The intergenerational transmission of child abuse', in Cicchetti & Carlson (eds.), *Child Maltreatment: theory and research on the causes and consequences of child abuse and neglect* (Cambridge, 1989).

59 B. Egeland, M. Bosquet, & A.L. Chung, 'Continuities and discontinuities in the intergenerational transmission of child maltreatment: implications for breaking the cycle of abuse', in Browne, Hanks, Stratton & Hamilton, *Early Prediction and Prevention of Child Abuse: a handbook* (Chichester & NY, 2002).

60 Jackson, S. & Simon,A. (2005).The costs and benefits of educating children in care. In E. Chase,A. Simon & S. Jackson (Eds.) *In care and after: A positive perspective* (pp.44–62). London: Routledge.

61 <http://www.education.gov.uk/inthenews/speeches/a00217075/gove-speech-on-child-protection>

62 ONS, Social Trends; Action for Children, *On Our Own Two Feet* (2011)

support as young adults begin to live independently and make decisions around relationships, work and having their own children. It is unsurprising then that three leaders in the field have argued that:

A major goal for breaking the cycle of maltreatment is to intervene early and intensively with maltreated children. Such early interventions need to be relationship-based and have as a primary goal altering the child's negative representational models of self and others.⁶³

The implications of this are fairly obvious: abused children require supportive, stable and ideally loving relationships with meaningful adults. Doing so would not only help break cycles of vulnerability, it would also help fulfil a moral duty and acknowledge that the traumas of youth can take many years to heal.

Fulfilling such an ambition will take time, significant reforms and potentially greater investment. However, there are things that can be done now. Chapter 3 discusses the need to provide reliable and stable placements for children in care and makes suggestions for reform. Mending the psychological damage wrought by abuse will also require professional attention that goes beyond the provision of good placements. The remainder of this chapter discusses how support for mental health problems; parenting; and finding employment can be improved for young adults leaving the care system.

Improved mental health care

Studies have shown that mothers who break the cycle of abuse are more likely to have been in psychotherapy as adolescents or young adults.⁶⁴ Where it has worked well this sort of intervention (and prevention) has provided mental health care that has helped the victim come to terms with their abuse and its effects upon them.⁶⁵

Unsurprisingly, children who are sexually abused are particularly vulnerable to mental health problems, such as anxiety, phobic reactions, guilt, substance abuse, difficulty trusting others, low self-esteem and dissociation,⁶⁶ as well as depression and suicide.⁶⁷ A Home Office commissioned study from 2007 also identified criminality as having a very strong relationship with such abuse; about a third of women in prison have been sexually abused.⁶⁸

Given these outcomes it is of huge concern that services are often not in place to give children who have been sexually abused the therapy they urgently require. Recent research suggested that the average waiting time for a service was three months with many children waiting up to a year to start treatment.⁶⁹ The same study noted that services are normally offered only when a child or young person is already showing symptoms of mental health or behavioural problems.

Diverting resources to provide a rapid therapeutic response to children and young people who have suffered abuse must certainly be a very high priority for the new commissioning structure that is being created following the passing of the Health and Social Care Act.

A similar, though broader issue, is that of the mental health of children in care. Sexual, physical and emotional abuse are all predictive of clinically significant problems, including attention problems, delinquent behaviour, anxiety and depression, as well as having attachment problems.⁷⁰ With this in mind, it is unsurprising that around 45% of looked-after children in the UK are thought to have a diagnosable disorder and that up to 70-80% have recognisable problems.⁷¹

⁶³ Egeland, Bosquet & Chung (2002), 228

⁶⁴ B. Egeland, D. Jacobvitz, K. Papatola, 'Intergenerational continuity of parental abuse', in *Child Abuse and Neglect: biosocial dimensions*, ed. R. Gelles & J. Lancaster (New York, 1988)

⁶⁵ B. Egeland & A. Susman-Stillman, 'Dissociation as a mediator of child abuse across generations', in *Child Abuse & Neglect*, 20 (1996)

⁶⁶ L. Walker, *Handbook on sexual abuse of children: assessment and treatment issues* (New York, 1988)

⁶⁷ J. Briere & M. Runtz, 'Post sexual abuse trauma: date and implications for clinical practice', *Journal of Interpersonal Violence*, 2 (1987)

⁶⁸ MoJ, *The Corston Report* (2007), <http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf>

⁶⁹ D. Allnock with L. Bunting, A. Price, N. Morgan-Klein, J. Ellis, L. Radford, A. Stafford, *Sexual abuse and therapeutic services for children and young people*, NSPCC (2009) http://www.nspcc.org.uk/inform/research/findings/sexual_abuse_therapeutic_services_report_wdf68558.pdf

⁷⁰ *ibid*

⁷¹ J. Sempik, 'Mental health of looked after children in the UK: summary', <http://www.nice.org.uk/nicemedia/live/11879/47446/47446.pdf>

According to one study, the strongest predictor of mental health problems is the age at which children enter care. The tipping point is very early; children who entered care before they were seven months old had relatively good mental health, those who entered care after were considerably more likely to exhibit a progressive decline.⁷²

Mental health services to young people are provided by the Child and Adolescent Mental Health Services (CAMHS). This offers a statutory specialist service in relation to the full spectrum of mental health issues. In all local authorities, CAMHS have specialist dedicated departments to work with looked after children from 12 to 16 years, and some local authorities there are CAMHS departments dedicated to working with 16 to 18 year olds as well. They offer services ranging from tier one (promotion and prevention), to tier four (e.g. residential mental health care).

Even where good practice and proper access to services are found, it is still the case that a large number of abused young people enter the care system so late that they are unlikely to receive adequate services before they become 16 or 18 and leave the care system. Moreover, many young people's experiences are so traumatic that they will require ongoing support for some time. This means that they will need to continue to receive mental health care after they have left care and for longer than they are eligible for CAMHS support.

The issue here is that the transition from CAMHS to adult mental services has been identified as problematic.⁷³ Adult services do not easily map on to children's and the thresholds for entry into adult mental health services are higher than it is for CAMHS. Notably, patients need to have a diagnosed clinical mental illness in order to receive support. Difficulties have also been identified in obtaining assessments from adult services in the early stages of mental illness and early intervention and prevention are much rarer.

In short, whereas young people in care have priority access to mental health services, no such provision is made for care leavers. This needs to be addressed.

The Department for Health's new Mental Health Strategy recommends:

Careful planning of the transfer of care between services will prevent arbitrary discontinuities in care as people reach key transition ages. Services can improve transitions, including from child and adolescent mental health services (CAMHS) into adult mental health services, or back to primary care, by:

- planning for transition early, listening to young people and improving their self-efficacy;
- providing appropriate and accessible information and advice so that young people can exercise choice effectively and participate in decisions about which adult and other services they receive; and
- focusing on outcomes and improving joint commissioning, to promote flexible services based on developmental needs.⁷⁴

This is a positive step. However, given the severe challenges faced by many young people in care and the likely impacts on their lives and those of their own children, more needs to be done for this group. In particular, we believe that care leavers will require additional focused support and assistance from those responsible for their care in order to help them manage this transition.

72 M. Tarren-Sweeney,
'Retrospective and concurrent
predictors of mental health
of children in care', *Children
and Youth Services Review*, 30
(2008) http://www.ffa.org/research_outcomes/annotations_Tarren_Sweeney.pdf

73 E. Lamont, J. Harland, M.
Atkinson, R. White, *Provision
of mental health services for
care leavers: transition to adult
services* (2009)

74 DH, *No Health Without
Mental Health* (2011), http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf

Recommendation: As a young person in care with identified mental health problems approaches the point where they will leave the care system, their CAMHS workers and social worker must arrange appointments and assessments for them with adult mental health services. All such care leavers should be offered priority access to mental health care throughout their lives.

Supporting future parents who have been in care

The strategies laid out above can help to tackle underlying problems that care leavers have. In particular, they will help to tackle mental health problems that are likely to exist. By tackling these issues and targeting support, they also likely to help groups of parents who might be expected to struggle with the parenting of their own children.

However, as well as these measures, there will still be a need to provide explicit parenting support for care leavers who make the decision to have their own children. Introducing preventative services which target the crucial early years in the next generation's life could tackle the generational persistence of the need for the care system.

The government has made a powerful commitment to greatly extend the number of health visitors over the course of the Parliament – seeking to raise numbers by 4,200 from the May 2010 baseline of 8,092 after years of decline.⁷⁵ This increase promises to extend greatly the reach and work of the profession enabling more families to receive valuable assistance in and after pregnancy.

Health visitors are trained nurses or midwives with specialist training in family and community health. They are skilled at spotting early issues, which may develop into problems or risks to the family if not addressed, for example a parent struggling to cope or a child health issue which needs special attention. They also lead and deliver the Healthy Child Programme (HCP),⁷⁶ which is designed to offer a core, evidence-based programme of support, starting in pregnancy, through the early weeks of life and throughout childhood. In addition, they provide a gateway to other services which families might need.⁷⁷

This is extremely positive work. However, many families who, because of their own experiences, find parenting extremely difficult, will require more intense attention.

There is a strong case to be made for focusing at least some of the new resources on those families with the greatest needs. The government has already undertaken to provide additional services through the health visitor reforms for vulnerable families requiring ongoing additional support for 'a range of special needs, for example families at social disadvantage, families with a child with a disability, teenage mothers, adult mental health problems or substance misuse.'⁷⁸ Likewise the HCP recognises generic indicators that can be used to identify children who are at risk of poor educational and social outcomes, and includes 'families where one or both parents grew up in care'.⁷⁹

When most people have children they have at least one parent they can turn to for crucial advice when they themselves become parents. Because care leavers are much less likely to be in that position, the state has a duty to help fill that role and an increased entitlement to health visiting is one of the easiest ways of achieving of this. Not every care leaver will need this additional offer – a person who was in care for six months at the age of five because their mother was in hospital is likely to have different needs to someone who had fifteen placements in three years and who left care to live in a hostel at 16. A useful starting point may be that the priority group

⁷⁵ Coalition Agreement (2010): http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/documents/digitalasset/dg_187876.pdf

⁷⁶ DH, *Health Child Programme: pregnancy and the first five years of life* (2009) http://www.dh.gov.uk/prod_consum_dh/groups/dg_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118525.pdf

⁷⁷ DH, *Health Visitor Implementation Plan, 2011-15* (2011)

⁷⁸ *ibid.*

⁷⁹ DH, *Healthy Child Programme*

should be those who transitioned to independent living from care, i.e. those who left care at 16 or later and who did not go home (3,470 young people in 2010/11).⁸⁰

Recommendation: The Department of Health should offer all parents and parents-to-be who left care at the age of 16 or later, increased and priority access to health visitors at every stage of pregnancy and in the first five years of a child's life.

This recommendation has clear cost implications, but given the large costs associated with the care system, any policy to reduce the intergenerational nature of the need for care should be considered as having the potential to lead to cost savings in the medium-term.

Access to employment

Another obvious area where more could be done immediately is in improving the support available to care leavers who are not in work. Table 1 demonstrated that both worklessness and past experiences in the care system were linked to the need for children to be taken into care.

The government is already seeking to address low educational attainment by children in care via the Pupil Premium which is allocated to all children who have been looked after continuously for six months.⁸¹ Hopefully, over time, this will help to reduce the educational attainment gap between care leavers and their contemporaries and this may, in turn, help to improve their employment opportunities.⁸²

At present, however, a third of care leavers are not in employment, education or training (NEET) at the age of 19, about double the proportion for the whole cohort.⁸³ This statistic masks great national variation – from 25% to 88% – depending on the local authority.⁸⁴

In order to help these vulnerable people on to the employment ladder more must be done. Excellent projects already exist that seek to achieve this, such as the Care2Work programme which works in partnership with local authorities, private sector employers and third sector organisations in England to help care leavers find work. As Wendy Green, the National Manager of NCAS has said:⁸⁵

Many young people outside the care system get their first job or work experience through family, friends and contacts. Young people in care, who don't have these types of personal contacts, have to rely on the local authority, as their corporate parent, to provide opportunities in the "family firm".

⁸⁰ <http://www.education.gov.uk/rsgateway/DB/SFR/s001026/sfr21-2011.pdf>

⁸¹ As recommended in Freedman, S., & Horner, S. (2008). *School Funding and Social Justice*. Policy Exchange, London.

⁸² <http://www.education.gov.uk/schools/pupilsupport/premium/b0076063/pp>

⁸³ <http://resources.leavingcare.org/uploads/e7186fad64003f1f923d30a80243e38f.pdf>

⁸⁴ ibid.

⁸⁵ <http://www.posfutures.org.uk/index.asp?m=241&s=278&ss=0&c=2959>

In order for these local initiatives to have a broader reach and larger impact, it is our belief that care leavers should become a priority group within the government's Work Programme scheme for disadvantaged groups and long-term unemployed. Currently, care leavers may be referred from Jobcentre Plus on a voluntary basis from the three month stage of an unemployment claim.

Recommendation: To recognise the severe disadvantages and poor employment outcomes faced by many care leavers, young adults leaving the care system and not finding employment should have mandatory day-one referral to the Work Programme when they begin to claim Jobseekers Allowance. Local authorities should work with Work Programme providers to identify suitable job opportunities for care leavers within the authority or with local employers.

3

Improving Care, Improving Stability

The last chapter considered how we can target programmes to help people who are likely to struggle with parenting and so tackle the need for their children (and future children) to go into care. However, even allowing for the most effective prevention and early support programmes possible, it is still likely that there will be a considerable number of children who will need to be taken into care. For this reason, this chapter considers how care itself can be improved to help children recover from the traumas they have experienced and so, ultimately, break out of cycles of neglect, abuse and family dysfunction.

The nature of stability

'One of the basic features of home is that it's permanent.'

Prof Eileen Munro

At the heart of this issue is wellbeing and placement stability. Whilst stability can be achieved without wellbeing, the reverse is rarely true. As the Children's Rights Director for England, Dr Roger Morgan said to the Children, Schools and Families Select Committee:⁸⁶

When we ask children about their key expectations and the one thing that staff need to get right for them in care, the answer is the right placement.

Finding the right placement is not an easy task, but it is an essential one; children who lack it, rarely prosper. It is also well evidenced that one of the most significant factors in determining the wellbeing of children in care is stability.⁸⁷

The psychological consequences of failing to find stable placements for children and young people are enormous. However, it is clear that stability is not just about the number of placements. Stability should, ideally, run through all things, including placement, education, social worker and peer group. The following sections assess these issues.

Number of placement moves

The search for stability in care lies very close to its central purpose. Whilst stability does not automatically breed happiness, it is certainly the case that instability almost always breeds unhappiness. The system must consequently seek to monitor

⁸⁶ <http://www.publications.parliament.uk/pa/cm200809/cmselect/cmchilsch/111/11108.htm>

⁸⁷ E.g. Hannon, C., Bazalgette, L., Wood, C., (2010). *In Loco Parentis*. DEMOS.

both levels of stability and levels of wellbeing; though data on the one is obviously much easier to amass than the other.

Over the past ten years and more there has been a degree of improvement in this area. In 1998 the Labour government set a target to:

Improve the continuity of care given to children looked after by local authorities by reducing to no more than 16% in all authorities the proportion of such children who have three or more placements in one year by 2001. As many as 30% of children currently experience 3 or more placements per year in some authorities, within a national average of 20%.⁸⁸

Although that target was not – and has still not been – reached, since that time the proportion of children in England having three or more placements in a year has fallen from about 16% to just over 12%, a clear indication that central pressure and nudge can achieve worthwhile outcomes.⁸⁹ However, despite these improvements, the fact remains that over 10% of children in care still have more than three placements each year.

The published data also disguises greater movement still. Of the 65,520 children looked after on 31 March 2011, 7,000 (about 11%) had had three or more placements in the past year. However, 1,340 had more than five placements.⁹⁰ A small number of difficult to place children bounce around the system until they reach an age at which the state no longer has responsibility for them.

In truth, however, considering stability within individual financial years is a rather clumsy way of measuring success. If being moved three times in one year is traumatic, so too is being suddenly moved from a reasonably happy placement after a stay of 18 months. The present published benchmark has, to an extent, normalised ‘three placements a year’ as being, if not acceptable, certainly the most benign form of unacceptability. In reality, three placements in a year is a miserable outcome for those young people who experience it, as is, for example, two placements a year for six years. In the current system, a child having two placements a year every year for ten years might never register as a statistical issue for their local authority.

To address this, the system needs to become more considerate of the whole care history of young people. This means collecting and publishing data on the number of placements young people have had during their whole time in care and over, say, the past three years (so as to allow for children eventually finding a stable placement).

At present the DfE does not publish or systematically track these statistics. However, the DfE kindly performed some complex analysis for this review which allowed us to assess the number of placement moves care leavers experienced during their time in care. Figure 5 provides the headline figures for individuals in England who ceased to be looked after in the year to 31 March 2011.

It shows that the vast majority of care leavers experienced between one and four placement moves over their entire time in care. However, a significant number experienced many moves. Just 20 authorities had no care leavers with 15 or more placements during their time in care.

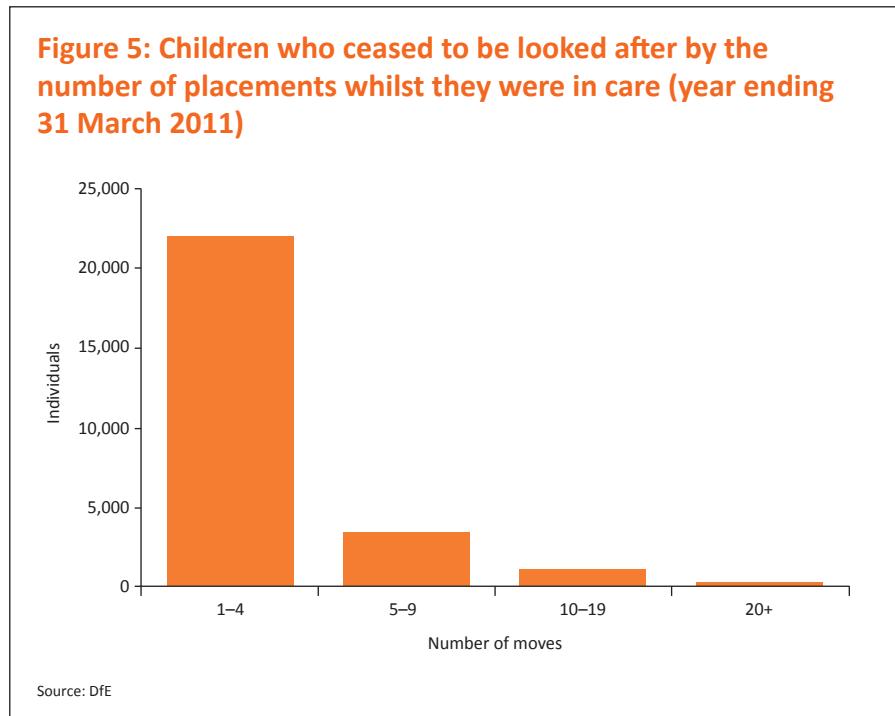
This is more easily demonstrated in Figure 6. It shows data for the 1270 individuals leaving care in the year up to March 31st 2011 who had experienced more than ten placement moves during their time in care. At the most extreme,

⁸⁸ HM Treasury, *Public Services for the Future: modernisation, reform, accountability, Comprehensive Spending Review: public service agreements, 1999-2002* (December 1998), p. 21, <http://archive.treasury.gov.uk/pub/html/psa/csrpsa.pdf>

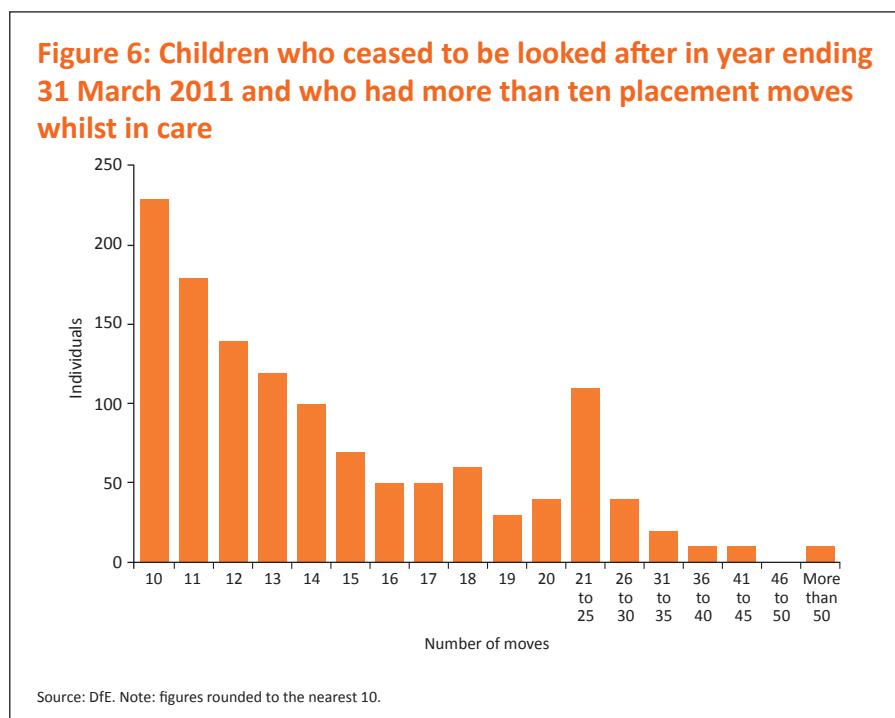
⁸⁹ For the 1998 figures see <http://www.publications.parliament.uk/pa/cm200506/cmhsrds/v0050718/text/50718w33.htm>, for the 2011 figures, see above.

⁹⁰ Response to a Freedom of Information request, details available on request.

at least 13 individuals leaving the care system in the year to 31st March 2011 had experienced more than 50 placement moves.



Since they only represent one cohort of care leavers, these figures represent only a small portion of the total number of looked after children. To get a true picture of the numbers of looked after children experiencing very high levels of placement instability over the course of their time in care, would require some additional computation by local authorities.



However, collecting this data would not represent a huge burden on them – indeed some authorities have already started gathering this information. The evolving Tri-Borough of Hammersmith and Fulham, Kensington and Chelsea, and Westminster has begun to do this for its own internal purposes and were kind enough to share this information for this report.⁹¹ Because of the individual recording methods of the different authorities, the data cannot yet be presented in identical ways.

⁹¹ I am particularly indebted to Andrew Christie and Steve Miley for their help.

Table 2: Local authority A

Moves in Period	Duration of Care									Grand Total	%
	0-3 months	3-6 months	6-12 months	1-2 years	2-3 years	3-5 years	5-10 years	10 years+			
0	11	7	10	15	8	8	23	5	87	66.4%	
1	2	2	5	7	-	5	7	3	31	23.7%	
2	1	-	3	2	-	-	1	-	7	5.3%	
3	1	-	2	-	-	-	-	-	3	2.3%	
8	-	-	-	-	-	-	1	-	1	0.8%	
15	-	-	-	-	-	1	-	-	1	0.8%	
43	-	-	-	-	-	1	-	-	1	0.8%	
Grand Total	15	9	20	24	8	15	32	8	131	100.0%	

Figure 7: Number of moves experienced by children currently in care in local authority A

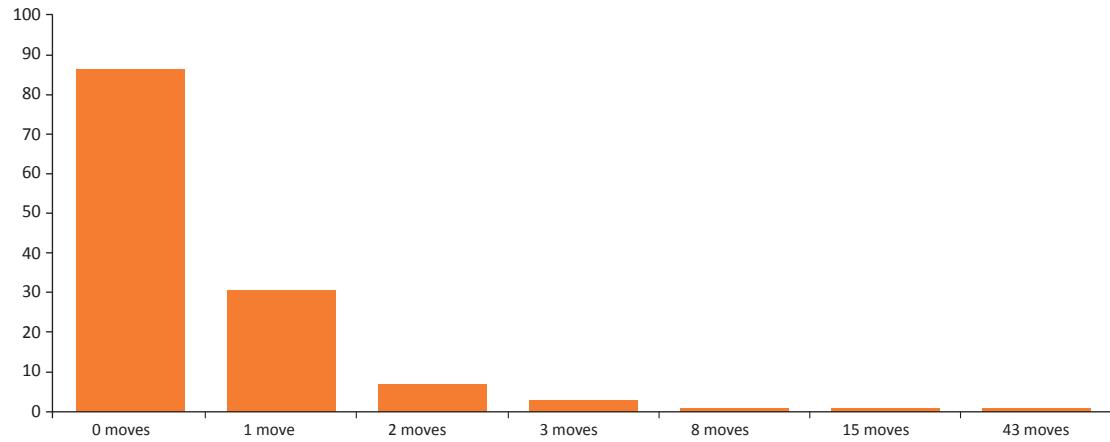
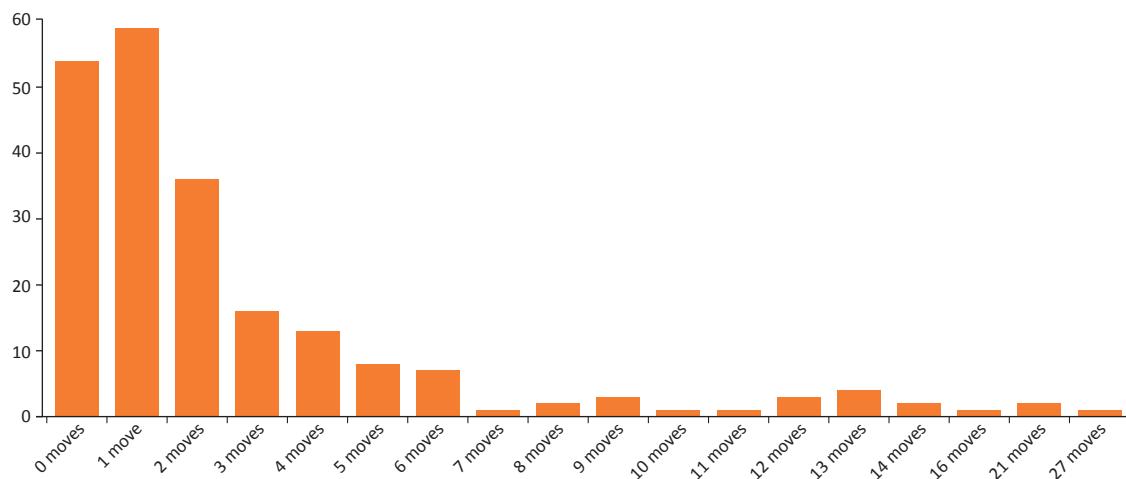
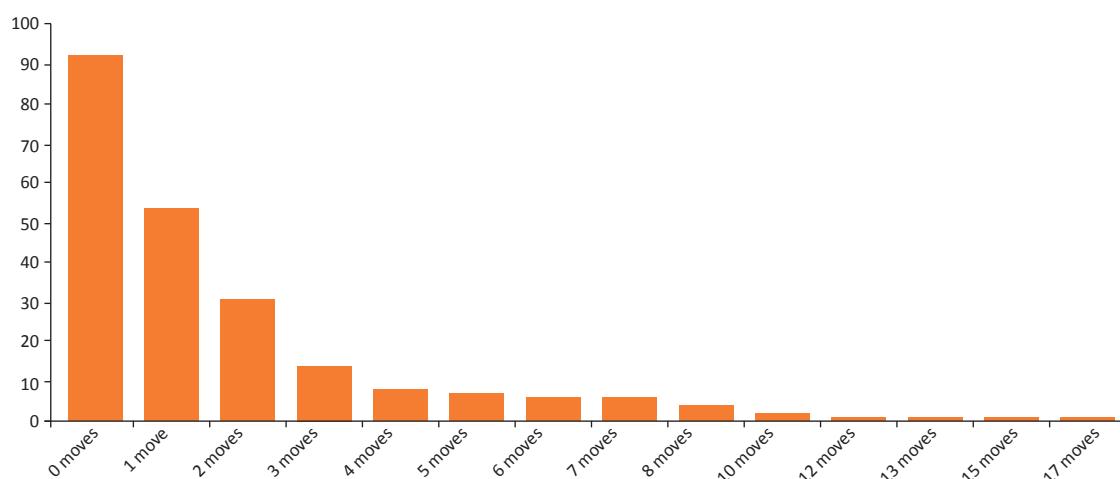


Table 3: Local authority B

Number of changes since first placement	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	16	21	27
Number of CYP	54	59	36	16	13	8	7	1	2	3	1	1	3	4	2	1	2	1
	25%	28%	17%	7%	6%	4%	3%	0%	1%	1%	0%	0%	1%	2%	1%	0%	1%	0%

Figure 8: Number of moves experienced by children currently in care in local authority B**Table 4: Local authority C**

Number of placement changes	0	1	2	3	4	5	6	7	8	10	12	13	15	17
Number of children having placement changes since first looked after	93	54	31	14	8	7	6	6	4	2	1	1	1	1
Total number of children having at least x placement changes	229	136	82	51	37	29	22	16	10	6	4	3	2	1

Figure 9: Number of moves experienced by children currently in care in local authority C

As the above tables show, it is perfectly possible for local authorities to present data on the number of moves children still in care have had – data that at present is not published. As the national data of care leavers show, these figures reveal that there are a small but significant number of children in each authority who have undergone many placement moves. Having a data set which enables authorities and government to interrogate trends for young people for whom it is difficult to find stability will enable them to focus attention on the most vulnerable children in the system, those most likely to be experiencing additional and future trauma.

Recommendation: Local authorities should be required to collect data to show the number of placements children have had since they became looked after. These should become headline figures in the annual departmental return and be published alongside the existing data on placements within one year so as to allow local authorities the opportunity to show improvement year on year.

Wider measures of stability

While critically important, placement stability is just one form of stability. There are other issues important to children and young people that need to be considered and given due weight. Of enormous concern is the number of lead social workers a child has during their time in care. At present there is no systematic collection of this data but anecdotal evidence suggests that some children suffer from a very high turnover of social workers; some care leavers polled for a 2008 report reported that they had experienced over 20 social workers whilst in care.⁹² There is an obvious need to monitor whether children in care have a consistent professional adult in their lives who is aware of their story and their needs.

Similarly there is no official record of the number of times children in care have moved school. A 2006 survey of care leavers by Barnardo's found that the young people who responded had attended an average of five schools and over 10% had attended more than ten schools.⁹³ Whilst it will sometimes be appropriate or unavoidable for young people in care to change schools during the school year, more often than not it will be desirable for children to have continuous education.

The 2006 Green Paper, Care Matters, recommended that the government should be a presumption that young people in care do not move schools in years 10-11, unless it can clearly be demonstrated to be in the young person's best interests.⁹⁴ However, data on the number of children who move schools is not collected.⁹⁵ It is also clear that this presumption does not go far enough; school moves can be highly disruptive and distressing. For unstable lives this additional loss of stability is highly undesirable.⁹⁶ It is also a worry that, while looked after children have the “highest priority” in admissions to any schools in their area, they are still more likely than their peers to go to relatively poor schools.⁹⁷

In addition, it is known that many children are separated from their siblings on being taken into care. As above, in some instances this will be in the best interests of the children involved, far more often, it will not. Roger Morgan's research has suggested that perhaps 73% of children in care who have siblings have been

92 R. Robson, *Couldn't Care Less* (2008), Centre for Social Justice

93 Barnardo's, *Failed by the System: the views of young care leavers on their educational experience* (2006) http://www.barnardos.org.uk/failed_by_the_system_report.pdf

94 DfES, *Care Matters* (2006) <http://tna.europarchive.org/20080610220931/http://publications.teachernet.gov.uk/eOrderingDownload/Care-Matters%20Green%20Paper.pdf>

95 FOI to the DfE

96 O'Sullivan & Westerman, ‘Closing the gap’, *Adoption & Fostering* (2007) 31.1

97 E.g. 16% of children in care go to the lowest-attaining primary schools compared to 10% of their peers. <http://www.guardian.co.uk/education/2011/september/children-in-care-education-system>

separated from them, Phil Frampton has estimated that it might be as high as 85%.⁹⁸ For children whose families have already been heavily disrupted it must be right to offer them the last remaining vestiges of family stability in the form of living with their siblings.

Recommendation: Local authorities should also be required to collect and publish data to show the number of school moves and number of social workers looked after children have had since they came into care. This should be accompanied by data outlining the number of sibling groups that were split up following an entry into care and the proportions of looked after children attending schools of each Ofsted rating.

Along with the number of placement moves across a life in care, the publication of data on schools and social workers will give a fuller picture of the nature of stability in the care system. They will be essential for holding local authorities and the government to account in terms of the support they provide some of the most disadvantaged children in society.

However, as discussed above, the care system is actually a collection of different groups with different needs. It would be particularly useful if published data drew attention to how well the system was catering for some of the most vulnerable. The government is now committed to printing more detailed information about those children considered for adoption; it should also publish more precise data on other young people within the system.

A highly significant 2007 study into permanence headed by Professor Ian Sinclair suggested a new typology of 'Policy Groups':⁹⁹

- Young Entrants: children first looked after before the age of 11 and still under ten;
- Adolescent Graduates: children first looked after before the age of 11 but now 11 or over and still in care;
- Adolescent Entrants: children first looked after when aged 11 or over and not abused;
- Abused Adolescents: children first looked after when aged 11 or over and with a need code of abuse;
- Asylum Seekers: children who were seeking asylum;
- Disabled Children: children who had a need code of disability.

Sinclair and his team drew attention to the particular needs of each group within the care system and argued that strategies needed to be devised and deployed relevant to those needs. Box 1 provides an example.

⁹⁸ R. Morgan, *Children's Care Monitor*, Ofsted (2011) <http://www.ofsted.gov.uk/sites/default/files/documents/surveys-and-good-practice/c/Children%27s%20care%20monitor%202011.pdf>; P. Frampton in *Community Care*, 7 October 2011, <http://www.communitycare.co.uk/Articles/07/10/2011/117581/larger-childrens-homes-would-help-keep-siblings-together.htm>

⁹⁹ Sinclair et al, (2007), *Pursuit of Permanence: a study of the English child care system*.

Box 1: Adolescent entrants and abused adolescents

Of these Policy Groups, those who found it hardest to find permanence tended to be ‘adolescent entrants’ and ‘abused adolescents’.

‘It’s these young people who come into care later who become the statistics. They are the ones who’ll struggle to settle in care, and they are the ones who’ll be unemployed, homeless, in prison. They are the ones the system mustn’t forget.’ – Director of Children’s Services

Hammersmith and Fulham’s own analysis of placement stability for children in their care – which they have very generously shared with us – is bearing this hypothesis out.

The data that the DfE provided us also suggested that children who come into care later are notably less likely to find stability. The DfE’s analysis showed that there were 6,520 young people in the system who had entered care at or after the age of 11 because of abuse or neglect. It also showed that 18% of them (1,160) had had three or more placements in the year to 31 March 2011. This is considerably higher than the 11% of children nationally who have three or more placements in the same year.¹⁰⁰ In other words, children who come into care late because of abuse or neglect are about 30% more likely to suffer serious instability.

The box demonstrates that different groups are likely to have very different outcomes in terms of stability. Assessing where such weaknesses lie could be made possible by publishing even more comprehensive stability data than has previously been available.

Recommendation: The government should publish the enhanced stability data recommended above and break the data down by Sinclair’s Policy Groups.

So that the publication of these figures acts as a spur to reflection and action, it would be useful if local authorities were obliged to give a public account of the situation in their area. In her review of child protection, Prof. Eileen Munro was rightly at pains to recommend that there should be a move away from targets and performance indicators as having introduced perverse incentives.¹⁰¹ The government has responded by producing new data requirements that are expressed as information instead of indicators that ought to act as a starting point for analysis, rather than an end in itself. In keeping with this spirit, local authorities should not be obliged to hit any particular quota for stability, rather they should be encouraged to explain why their stability levels are as they are, what they are doing to improve them and how/whether they can account for how content young people are in their placements.

Drawing attention to the deficits in placement stability is essential if we are to head off the problems that will be faced and caused by this extremely vulnerable cohort in years to come. The DfE has already embarked on an impressive publication schedule for different aspects of the care system, notably children’s homes (see below): this would be an important extension of that programme.

¹⁰⁰ <http://www.education.gov.uk/rsgateway/DB/SFR/s001026/sfr21-2011.pdf>

¹⁰¹ Munro Review (2011)

Recommendation: In order to incentivise progress, the Lead Council Member for Children and Young People and the Director of Children's Services in each local authority should publicly write to the Secretary of State on an annual basis accounting for the placement stability figures in their area. Any authority should be expected to set out an improvement plan and refer back to the strategies of the previous year if it:

- is in the bottom quintile of any comparative table; or
- has failed to show improvement across any three-year period in any category.

“Recording, publishing and monitoring these data would provide a vital boost to transparency of the performance of local authorities in caring for looked after children”

Recording, publishing and monitoring these data would provide a vital boost to transparency of the performance of local authorities in caring for looked after children. It would allow a comparison across local authorities and help to identify strategies in particular local authorities that are most effective, so that other authorities can learn from them. As we argued in *Fostering Aspirations*, the Secretary of State should be prepared to use existing powers to remove responsibility from local authorities that are consistently seen to be failing to improve.

4

The Future of Residential Care for Looked After Children

The need for diversity

The previous chapters have laid out recommendations for how to use early intervention and for tackling the intergenerational persistence that is currently present in order to reduce the need for the care system. They have argued that we should be targeting intervention earlier; providing more support to care leavers throughout the rest of their lives; and ensuring local authorities are held to account on their performance in delivering stability for looked after children, across a range of different measures.

The need for stability is not a new issue. Over the past few years, the issue of how to improve stability and outcomes for looked after children has been a central concern to a number of significant pieces of policy research and government initiatives. Amongst the most debated issues has been a consideration of how to revive the fortunes of adoption as a placement type. Adoption is rightly seen as having the most potential for permanence of any placement type on the grounds that it legally constitutes another family for the child. The intention is that adoption will achieve true permanency, providing a ‘placement’ for children that can last well beyond their 18th birthday. On the face of things adoption is also, once complete, the least bureaucratic and least expensive placement type, offering the advantages of family-style stability without the need for extensive state support. Consequently, there has been considerable concern that use of adoption is at its lowest level since 2001.¹⁰²

For these reasons it is right that the government has taken strong action to improve the system by attempting to bring more potential parents into adoption; improving the speed of adoption; and loosening regulations that are currently restricting the availability of suitable, but not perfect, placement matches.

However, there are natural limits to what adoption can achieve within the context of the wider care system. There are many children who enter care on what is always intended to be a temporary basis because it is hoped that family circumstances will or can be improved. For example a child may be taken into care because of parental illness or bereavement. It would be unlikely that adoption would be the most appropriate option for these children. Secondly, around 60% of children become looked after past the age of five, after which time their chances of being adopted dramatically reduce. The appropriateness of adoption is also questionable for some of these children, who may have suffered physical and emotional abuse from their family over many years. A small number will

¹⁰² DfE, *An Action Plan for Adoption: tackling delay* (2012), <http://media.education.gov.uk/assets/files/pdf/a/an%20action%20plan%20for%20adoption.pdf>

have sexually abused others themselves. These children need significant levels of support that might be best provided by professionals working within or around the residential care or fostering systems.

It is for these reasons that a range of placement options is needed to match the range and diversity of needs of the children entering care. Matching placements with needs would be a huge step towards providing care that improves outcomes, breaks down intergenerational persistence and reduces the long-term need for the care system.

This is a topic which our previous reports have considered in terms of fostering and adoption, where the government is also taking action. For this reason, this chapter and the next focus on those options which have been least treated elsewhere, most notably, residential care and hybrid forms of care. They argue that residential care is not currently used to optimum effect and that with substantial reform and some fresh approaches it is capable of delivering improved outcomes for some of the most vulnerable users of the care system. In addition, there may be more innovative ways of using different types of care placement in conjunction to relieve pressure at various points in the system.

Improving children's homes

For a number of children and young people, traditional fostering or adoption may always be inappropriate. There are a number of reasons for this: their previous experiences may mean that they are unlikely to warm to such placements; their needs may be such that it is unlikely that a foster family with appropriate skills can be found; or they may live in an area in which there is an insufficient number of foster carers. As none of these issues is ever likely to be entirely eliminated there will always be a clear need for additional forms of care which do not depend on the family model.

The most used alternative in England is residential care. At any one time about 9% of the looked after population is housed in residential care and about 13% will experience it at some point whilst they are in care.¹⁰³ This category covers the small number of looked after children in secure children's homes (about 160) or in Young Offenders Institutes (about 130), those in care homes or family centres (about 920), and a relatively large number in children's homes and hostels (about 5,720).¹⁰⁴ It is this last group which will be discussed in this chapter.

Whilst still making a significant contribution to the care system, the role of children's homes has declined substantially in the past 30 years. In 1979, there were about 95,000 looked after children in England, of whom 35,000 (or 37%) were in residential care.¹⁰⁵ This huge tidal shift away from residential care has been due to a hardening of the view that family placements are preferable and to a number of high profile abuse scandals involving children's homes that came to light in the 1980s.¹⁰⁶ These terrible cases fundamentally altered public and professional perceptions of residential care. Well established voluntary sector providers of children's homes pulled out of the sector, local authorities became reluctant to place children in homes and closed many of their own. The effect of these scandals is likely to be further compounded by the reaction to the recent terrible case in Rochdale which saw a girl systematically abused by a local gang whilst in a children's home.

The end result has been that children's homes in England are now ordinarily seen as a placement for children who cannot be adopted or fostered, or for whom finding

¹⁰³ DfE, Children's Homes Data Pack (2012) <http://media.education.gov.uk/assets/files/pdf/c/childrens%20homes%20data%20pack%20march%202012.pdf>

¹⁰⁴ DfE 2011

¹⁰⁵ Hicks, Leslie and Sinclair, Ian (2009) Residential care for social reasons. In: New Oxford Textbook of Psychiatry. Oxford University Press.

¹⁰⁶ Accounts of the scandals and their impact can be found in: Crimmins & Milligan, *Facing Forward: residential child care in the twenty first century* (2005); Colton, 'Factors associated with abuse in residential child care institutions', *Children and Society* 16 (2002); Kirkwood, *The Leicestershire Enquiry* 1992 1993; Stein, 'Missing year of abuse in children's homes', *Child and Family Social Work*, 11 (2006); Utting, *People Like Us: Report of the Review of Safeguards for Children Living Away from Home* (1997); Levy & Kahn, Pindown Experience

adoptive or foster parents is proving difficult. This means that children's homes tend to cater for teenagers, particularly teenagers with emotional and or behavioural problems, who often struggle to find stable foster placements, and younger children who, in the short-term, are without a foster placement. If, as discussed in the previous chapter, care is often seen as the last resort, then children's homes are the last resort's last resort.¹⁰⁷ Indeed, over half of the young people in children's homes have already had more than three placements, about 30% have had more than five.¹⁰⁸

Around two-thirds of all residents in children's homes enter care for the first time as teenagers, normally because family relationships have broken down. Just over 40% have suffered abuse or neglect, about 15% have a family in acute stress, and nearly 20% come from a dysfunctional family (roughly 4,300).¹⁰⁹ This amounts to a relatively small proportion of the overall looked after population (about 7%) but it is an extremely needful, unstable hard end of the care spectrum; young people who have often had harrowing pasts and are faced with turbulent futures. They are frequently unwilling to be fostered, or seen as too disturbed to be placed with a family.¹¹⁰

Because it is seen as an undesirable placement, residential care is, for many, a very temporary affair; it has been estimated that 60% of young people leave a home within two months of arrival.¹¹¹ Rarely are children's homes places of permanence. Only 20% of placements last longer than a year, only about 5% more than two years.¹¹²

This churn means that, on average, homes see around three times the number of residents in a year than they can accommodate at any one time.¹¹³ These levels of transience mean that young people in residential settings rarely have the time either to settle or to have their needs effectively met. They do not have the opportunity to form meaningful relationships with either carers or potential peers and are likely to see additional disruptions to education.

One clear barrier to the use of residential care is cost; children's homes are notoriously expensive. Whereas foster care costs around £694 a week (£36,171 a year), children's homes cost around four times as much: £2,767 a week (£144,216 a year).¹¹⁴ This is a cost that has more than doubled in the past ten years: in 2001 it was estimated that the weekly price of a place in a children's home was around £1,100.¹¹⁵ This has meant that there has been an increasing financial disincentive against local authorities placing children in residential care. With this in mind it is understandable why many authorities reportedly now use it only when there are no alternatives left on the table.

It also seems that as well as high costs, outcomes are not as high as they should be and the management of many children's homes has come in for considerable criticism. One recent study has argued that:

...there is an inverse relationship between cost and outcome, for residential units tend to be more costly, although high staff turnover, shift working and frequent movement of children all mean that they offer fewer opportunities of development [secure] attachments. Placements in residential units also tend to be on average shorter than those in family based settings, offering children less chance of developing a sense of stability.¹¹⁶

Given these facts, recent scandals and historical problems, it is unsurprising that the use of children's homes remains extremely divisive. Several of the experts

107 L. Bazalgette, 'Public care – a last resort?', *Every Child Journal*, 2.1 (2010)

108 DfE, Children in Children's homes data pack (2011), slide 11

109 DfE, Children in Children's homes data pack (2011), slide 7

110 Sinclair & Gibbs, *Children's Homes: a study in diversity* (1998)

111 Hicks, Leslie and Sinclair, Ian (2009) Residential care for social reasons. In: New Oxford Textbook of Psychiatry. Oxford University Press.

112 DfE data pack, slide 10

113 Sinclair & Gibbs, *Study in Diversity*

114 Unit Cost, (2011) 6.4, 6.2

115 Hicks et al, 'Management and resources'

116 Ward et al, *Costs and Consequences of Placing Children in Care*, 162

interviewed for this report had serious objections to the use of residential care, seeing it as expensive, inappropriate and inadequate. Other experts we spoke to were more supportive.

It is our view that there are clear advantages to using residential care for children with specific issues that are not easily addressed elsewhere. The most obvious cases are, of course, access to intensive therapeutic support in a stable and secure environment.¹¹⁷ Children who have high level needs require high-level interventions and in some cases it will be extremely difficult to find foster carers with a sufficient skill level to support these young people. These young people need focused and sustained professional support. There will also be other, more occasional, needs where residential care of a kind may be preferential. If, for example, a large sibling group could not be placed in foster care, it may be considerably better to house them in a residential setting than to split them up.¹¹⁸

However, significant reforms will be needed to ensure that the quality of care provided is increased and, in particular, that children in residential care are properly protected.

For this reason, the government should be congratulated for the substantial programme of work it has so far undertaken to support the residential care sector and to encourage improvements in the quality of residential care for children.¹¹⁹ These have included the revision of the National Minimum Standards for children's homes requiring each child to be offered the right personal support and to allow for better planned admissions and transitions, and the publication of considerably greater data about children's homes. The government will also have a chance to respond to a number of the concerns around the residential care sector when results of working groups looking at "missing data", "out of area placements" and "quality" report back in late 2012.¹²⁰ The following sections outline reforms that we believe should form part of these reviews.

Specialised care

Given the characteristics of the children in residential care, outlined above, it is unsurprising that many of these young people exhibit more challenging behaviour than foster children. This is also reflected in their poorer educational performance, measures of psychiatric ill health, delinquency, and the likelihood of being imprisoned as an adult.¹²¹

However, this is not the case for all children in children's homes. Many are placed there only on a very temporary basis but placed alongside young people with considerably more acute needs. Recent research has suggested that individual homes currently aim to:¹²²

- return some young people to families as soon as possible; or
- attempt to improve the behaviour; or
- prepare for independent living; or
- keep a minority (about one in five) for the foreseeable future.

Whilst there are a number of very specialist children's homes, a great many homes attempt to perform all these roles simultaneously and this impacts upon their effectiveness.¹²³ This is a point also highlighted by a recent report that observed 'a lack of clarity about the purpose and role of residential care within society'.¹²⁴

¹¹⁷ Bazalgette, 'Public care: a last resort?'

¹¹⁸ P. Frampton in *Community Care*, 7 October 2011, <http://www.communitycare.co.uk/Articles/07/10/2011/117581/larger-childrens-homes-would-help-keep-siblings-together.htm>

¹¹⁹ <http://www.education.gov.uk/childrenandyoungpeople/families/childrenincare/childrenshomes>

¹²⁰ <http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/a00213690/childrens-residential-care-reform>

¹²¹ Koprowska & Stein, 'The mental health of looked after young people', in *Young People and Mental Health*, ed. Aggleton et al

¹²² Hicks, Leslie and Sinclair, Ian (2009) Residential care for social reasons. In: New Oxford Textbook of Psychiatry. Oxford University Press.

¹²³ *ibid*

¹²⁴ Berridge et al, (2011), *Raising the bar? Evaluation of the Social Pedagogy Pilot Programme in residential children's homes*. Research Report DFE-RR148

To tackle this and ensure that children's homes are meeting the needs of the children within them it seems sensible to move to a more specialised model of residential care. This selective, deliberate approach to the use of children's homes has been recommended by a recent analysis of residential care led by Hicks and Sinclair.¹²⁵ Such a model would mean ending 'all-purpose' children's homes described above and seeking instead to use homes to provide specific, targeted work to different groups of vulnerable children. It would also go some way to guaranteeing greater stability for some of the most vulnerable children in the care system.

Recommendation: Residential care in England should move from a system of general purpose homes to a system of specialised homes, as recommended by Hicks and Sinclair. To facilitate this, the DfE should draw up criteria and requirements for specialist children's homes:

- **Transitional homes** which would be purposefully temporary and be designed for short stays whilst a foster placement could be found;
- **Therapy homes** in which children would be expected to stay until they had finished a course of effective therapy and were ready to move on; and
- **Secure care homes** in which children who need protecting from themselves and others might be looked after and in which therapy would also be offered.

As well as these three levels of specialist children's homes, there is also a good argument for reconsidering what constitutes a children's home, or for creating a new category of home. As discussed earlier, children's homes are notoriously expensive, perhaps in many cases prohibitively expensive. Indeed, the annual average cost of £144,216 would comfortably pay the salary of a highly trained full-time carer, the rent on a two-bedroom flat, living costs and still allow for savings. This is an option that ought to be more easily available to local authorities, not just for children with acute needs but also for when sibling groups cannot easily be placed in foster care.

The barriers to this happening at the moment are that it normally takes about 16 weeks for a children's home to be approved and registered by Ofsted following the original application.¹²⁶ Whilst this is by no means a lax timeline it is still too long for local authorities to be able to react quickly to children coming into care with specific or complex needs. Consequently, there is a case to be made for local authorities to be able to self-register 'One-to-One homes' or 'Sibling Homes'. These homes would be subject to unannounced inspections and would have to be staffed by a child care professional that was pre-qualified and pre-approved to choose a suitable location.

This could allow for a profusion of much smaller homes, something that would help negate the fact that co-residents are a source of considerable anxiety to young people in homes, and that accounts of bullying and victimisation are widespread.¹²⁷ However, it is also clear that care would need to be taken to ensure appropriate safeguarding controls when designing the criteria for such homes.

¹²⁵ Hicks, Leslie and Sinclair, Ian (2009) Residential care for social reasons. In: New Oxford Textbook of Psychiatry. Oxford University Press.

¹²⁶ Ofsted, pers. comm.

¹²⁷ Berridge et al (2012), *Living in Children's Residential Homes*. Research Report, DFE-RR201.

Recommendation: The DfE should work with Ofsted to draw up criteria for allowing local authorities to quickly establish professionally staffed 'One-to-One'

and ‘Sibling’ homes in response to an unexpected need. This should form the basis of a public consultation on this issue to ensure that appropriate safeguards are implemented.

Refocusing children’s homes around three levels of specialist homes and potentially opening up a route to a more flexible and smaller-scale children’s home option would provide the clarity of purpose that is currently missing from the residential care sector. It would also allow a re-evaluation of the sort of skills required of people who run such homes and look after the children placed within them. This has become a clear and present issue in the light of the Rochdale child sexual exploitation case. An investigation by *The Times* has shown that the Rochdale home:

...despite claiming to offer specialised care for England’s most damaged children, employed staff with inadequate qualifications and no training in the prevention of child sexual exploitation.¹²⁸

This has been an issue within UK children’s homes for some time,¹²⁹ but is not the case in some other countries. For example, residential care workers in Denmark and Germany are educated to a higher degree than here: most residential staff in Denmark complete pedagogic qualifications to degree level and in Germany to a medium or high level, whereas in England and Wales there has been a problem in ensuring that sufficient numbers of residential care staff have a ‘medium’ Level 3 NVQ qualification in caring for children and young people.¹³⁰

It has also been argued that residential care placements in England do not offer young people close attachment relationships due to the high levels of staff turnover, shift working patterns and shorter placements than are common in foster care.¹³¹ Others have criticised the more institutional, less personal, feel of residential care homes in Britain, in comparison to those in Denmark and Germany. They have argued that Britain’s sector is:

...characterised by staff taking a predominantly procedural approach to caring for young people, rather than building personal relationships, and being more manager-dependent in their decision-making.¹³²

In this respect, the greater emphasis on social pedagogy in several European countries is interesting. This is perhaps best defined as follows:

Social pedagogy concentrates on questions of the integration of the individual in society; both in theory and in practice. It aims to alleviate social exclusion. It deals with the processes of human growth that tie people to the systems, institutions and communities that are important to their well-being and life management. The basic idea of social pedagogy is to promote people’s social functioning, inclusion, participation, social identity and social competence as members of society. Its particular terms of reference apply to the problems people have in integration and life management in different phases of the life-span. ... Pedagogical strategies and programmes are based on an educational approach ... in terms of personal development, construction of identity and human growth.¹³³

In 2007 the government outlined plans for a pilot programme to introduce social pedagogy into English children’s homes.¹³⁴ This ran for two years from

¹²⁸ *The Times*, 10 May 2012

¹²⁹ See, e.g., D. Berridge & I. Brodie, ‘Residential child care in England and Wales: the inquiries and after’, in *Child Welfare Services: developments in law, policy, practice and research* (London, 1996)

¹³⁰ L. Bazalgette, ‘Public care – last resort?’, *Every Child Journal* (2010)

¹³¹ H. Ward et al, *Costs and Consequences of Placing Children in Care* (London, 2008); Bazalgette, *op. cit.*

¹³² P. Petrie et al, *Working with Children in Care: European perspectives* (Maidenhead, 2006); Bazalgette, *op. cit.*

¹³³ J. Hämäläinen, ‘The Concept of Social Pedagogy in the Field of Social Work’, *Journal of Social Work*, 3, 1, (2003)

¹³⁴ DfE, *Care Matters: time for change* (2007)

2009-11 and worked in 30 children's homes. The evaluation of the pilot found extremely mixed results, with some achieving 'spectacular changes' while others imported social pedagogues from European countries who quit because they felt there was too much local resistance to their ways of working.¹³⁵

Together with the greater specialisation outlined above, learning from this experience of where social pedagogy was and was not effective will help to ensure that the training and qualifications of staff in children's homes is sufficient to meet the needs of the children within them.

Recommendation: The DfE must urgently investigate the appropriate level of qualifications for workers in each type of children's home. Learning from the social pedagogy pilots, it must take steps to ensure that current staff are meeting these aspirations.

Out of authority placements

The number of looked after children who are placed in homes a large distance from their own local authority is another issue that the government is considering. Government figures show that some 33% of children in homes and hostels are placed more than 20 miles from their local communities (considerably more than the 14% in foster care).¹³⁶ For some children the distance from home may not be an issue of itself. If home has been a particularly unpleasant and threatening place, a fresh location and a fresh start may have its benefits. Others will need to be placed at distance in order to find the specialist care they require. However, given that many of these placements may have been short-term, those advantages are likely to be nullified by the disruptive effects of placement instability.

There are also a number of wider problems associated with large numbers of out of area placements. As an example, Kent has more children in care from other authorities placed inside its borders than any other LA and is worried about the impact that this has on local services. Local politicians have expressed concern over these numbers as they are creating great pressures on local schools who are obliged to give them priority access.¹³⁷ Similar problems also exist for health services.

Another problem identified by a separate local authority (Lancashire) is that children are regularly placed within their local authority who had complex needs and who were not receiving regular, or any, contact with their social workers who were located many miles away. Particularly concerning is the fact that children placed outside of their own local authority may not retain regular contact with their home authority's social services which have a responsibility for holding their care history. As a DfE area study reported:

...where there were high concentrations of children placed in children's homes a significant distance from their home, there was more risk of there being a lack of effective and ongoing care planning arrangements and difficulties in sustaining a continuing relationship between the child and their allocated social worker.¹³⁸

Research conducted for this report underlines the potential extent of these problems. Using freedom of information requests it has been possible to draw a rough map of out of authority children's home placements. These figures suggest that many children are being placed a very long way from their home authority,

135 Berridge et al, (2011),
Raising the bar? *Evaluation
of the Social Pedagogy Pilot
Programme in residential
children's homes. Research
Report DFE-RR148*

136 DfE data pack, slide 13

137 [http://www.bbc.co.uk/
news/uk-england-kent-15087046](http://www.bbc.co.uk/news/uk-england-kent-15087046)

138 [http://www.
communitycare.co.uk/
Articles/20/07/2011/117199/
Half-of-all-children-in-homes-
placed-out-of-area.htm](http://www.communitycare.co.uk/Articles/20/07/2011/117199/Half-of-all-children-in-homes-placed-out-of-area.htm)

and that some local authorities have to absorb young people into their areas from some distance away.

The maps in Figure 10 have been compiled based on freedom of information requests asking local authorities how many children they had placed in children's homes in other authorities. The data we have received is incomplete – several local authorities declined to answer – however, the few select maps below offer an indication of how children are being placed in homes a very long way from the authorities who retain primary responsibility for them. (It must be noted that there may be very good reasons for some or all of these placements that only a more intensive study and one with full access to local authority data and personnel could hope to divine.)

However, a more pressing issue is that it is currently difficult for local authorities to assess the performance and quality of care homes outside of their local area. According to research conducted for Lancashire County Council, cases have arisen which suggest that care can be substandard, particularly when homes are filled with children placed at considerable distance from their home authority. This raised concerns about the:

...variability in standards of care provided in the independent sector, with some providers failing to fulfil the commitments and policies they state in their advertising material. Children in a care placement are not necessarily being cared for. However, it is challenging for all those working in children's services – out of area social workers and local children's services alike – to identify when this is happening and especially with regards to safeguarding issues.¹³⁹

The recent appalling case in Rochdale outlines the very real implications of these failings. Lancashire's report also outlined that there were a significant number of homes in their authority which were not on their preferred providers list and with whom, consequently, they did not place any children, yet which remained financially viable because they were being used by other authorities.¹⁴⁰ This calls into question the reasons for other local authorities using homes that Lancashire did not feel were appropriate. At the very least it seems that local authorities are not sufficiently informed about the performance and quality of homes outside of their own area.

This is a completely unnecessary situation since Ofsted inspects all children's homes on an annual basis, publishing anonymised reports in order to protect the young people who are placed in them. However, some of the local authorities spoken to for this report did not know that Ofsted was able to share unanonymised inspection reports with them.¹⁴¹

Recommendation: To improve the ease with which local authorities can assess performance of care homes, Ofsted should write to all Directors of Children's Services reminding them that they have full access to inspection reports on children's homes in their area. Directors of Children's Services in every authority should also be allowed full access to reports for all children's homes in England to facilitate better commissioning between local authorities.

Another urgent issue raised by Lancashire was that they did not feel confident that they were always notified when young people from other authorities were

¹³⁹ Lancashire County Council, *Who Cares? Cross Boundary Looked After Children* (2011)

¹⁴⁰ Lancashire County Council, *Who Cares? Cross Boundary Looked After Children* (2011)

¹⁴¹ As allowed by under the Care Standards Act 2000 (Registration) (England) Regulations 2010 'when a register in respect to children's homes is being made available for inspection, or a copy or extract of that register is being provided to anyone other than a local authority, information relating to the full name, address and telephone number of a children's home may not be provided (reg. 7(5) and paragraph 3 of Schedule 5).'

Figure 10: Examples of local authority placements in residential care, by location



Source: Freedom of Information request responses from local authorities

From these maps it is clear that out of area placements present multiple challenges to local authorities looking to find suitable placements for potentially significantly disadvantaged children. The issues outlined above, around the impact on local services and the sporadic nature of contact with social services and social workers should all be areas that the government's review looks at. A future Policy Exchange report on social work will also consider some of these issues.

placed within their borders. They describe 'limited confidence by anyone at a local level that the system of notifications and register maintenance is functioning as it should' and report that other 'net importers' such as Kent, Stockport and Blackpool shared their experience.

Recommendation: The DfE must ensure that local authorities are fulfilling their duty to notify other authorities when they place a child within their borders and when that child leaves their authority. Ofsted should spot check this procedure as part of their children's service inspection procedure.

Commissioning

The final area where urgent improvements will be needed is in commissioning. Here, because local authorities are the commissioners and purchasers of places in children's homes, improvement will require closer dialogue between local government and the sector so that providers can better understand the needs of commissioners. At the moment, the process by which this can occur is opaque.

A key problem is that numbers of children for whom specialist children's homes places are sought is likely to be very small, meaning that local authorities may struggle to build up expertise and procure places at an acceptable price because of the low numbers of cases in each authority. For this reason it would be sensible for local authorities to engage in joint commissioning. This is already taking place in some parts of the country and participants report that the process has been valuable in helping to provide more tailored services for the region. However, some people that we spoke to reported that other local authorities are reluctant or find it difficult to work together. This is because either they have no experience of doing so or because their funding streams or priorities do not obviously correspond. The latter may be partially solved by a stronger steer from central government to increase the stability of placements for extremely vulnerable teenagers, outlined by the recommendations above. The former would be aided by the government encouraging more conversation between local authorities, and between consortia of local authorities and providers. The DfE has already embarked on a useful programme of regional workshops for local authorities to support commissioning of children's homes.¹⁴² This should now be extended to include and facilitate discussions with providers.

Doing this would allow local authorities to establish better and clearer relationships with available providers. In particular it would make it easier for them to set out framework agreements explaining what their likely requirements are. Providers would then be in a better position either to show that they have the relevant and requisite services – or to acquire them – and, ultimately, to become a preferred provider. This ought to mean that local authorities found that they had greater choice and more readily available services cut to their specific requirements.

Recommendation: Local authorities should engage in joint commissioning for specialist places in children's homes and seek framework arrangements with providers of children's homes. The DfE should facilitate this by hosting a series of regional trade fairs to encourage dialogue between local authorities and consortia of local authorities and providers of children's homes.

¹⁴² DfE, 'Towards child-centred commissioning: messages from DfE children's homes support and improvement programme', September 2011, www.pscconferences.co.uk/documents/WS3-3SupportandChallenge.ppt

5

Hybrid Care and Residential Schooling

The potential use and advantages of residential schooling

The previous chapter outlined reforms to the system of residential care that would make it more specialised and able to respond flexibly to the diverse needs of the group of looked after children for whom residential care is appropriate.

To build on this flexibility, the use of hybrid forms of care should also be considered. There are a number of placement options that could be considered along these lines, the most obvious being residential schooling.

These can mix caring responsibilities and schooling arrangements between foster carers, schools and potentially birth parents. In this way, such an approach could act as both a tool to target interventions and support at families on the edge of care and as a way of providing more stability and effective support for children who have already been taken into care. Provision can be made on either a weekly or a termly basis, allowing for packages of care that best suit the young person and the carer.

There are a range of potential advantage to using residential schooling as part of a care package. Not least is the fact that it can provide children with two types of stability – that of home and that of school. Importantly, by providing respite and the opportunity for support for foster carers or birth parents, these approaches provide the opportunity of more families staying together and reducing the need for the care system and for a reduced likelihood of placement breakdown for those moving into care.

The approach would also open up the possibility to become a foster carer to a new range of potential carers. For instance, full-time employees may find it hard to be flexible in response to the needs of fostering, but this would allow them to foster at weekends and in the school holidays rather than year-round. This could tackle some of the problems of recruitment that *Fostering Aspirations* highlighted. Such an approach could also provide families on the edge of care with respite and the chance to take up support to tackle issues that may otherwise have led to family breakdown.

The approach may also be notably cheaper than foster care. Whereas the cost of fostering a child is approximately £400 a week or £20,800 a year,¹⁴³ the annual cost of sending a young person in foster care to a state boarding school would be about £14,800. Even in an independent boarding school, the cost might not exceed £25,000.¹⁴⁴

¹⁴³ *Unit Cost*, (2011). Note: this is the cost associated with accommodation alone.

¹⁴⁴ Based on £10,000 for a 40-week placement in a state boarding school and 12 weeks of foster care at £400 each.

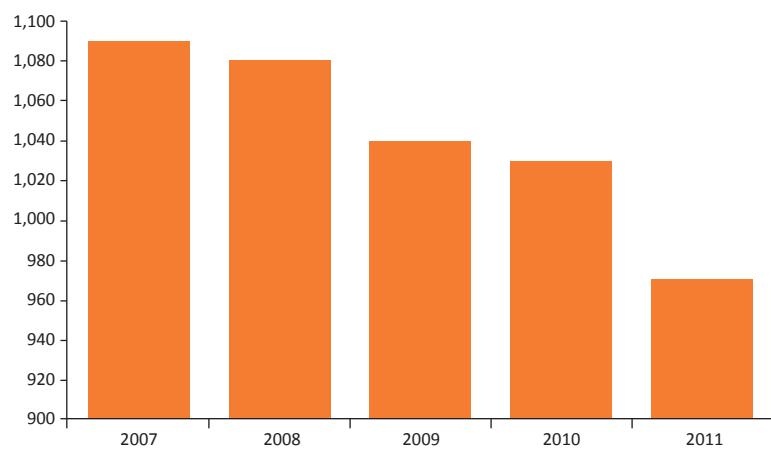
Current use of residential schooling as part of a care package

With this in mind, it is unsurprising that a number of different organisations have been championing the extension of the use of residential schooling for disadvantaged children. Box 2 provides some examples.

Box 2: Examples of approaches to placing disadvantaged children in residential schooling

- The SpringBoard Bursary Foundation¹⁴⁵ has recently launched and is aiming to place 30 disadvantaged children in boarding schools in 2013/14. Its long-term aim is to have 2,000 disadvantaged pupils on bursaries at boarding schools across the state and independent sector by 2023.
- The Royal National Children's Foundation¹⁴⁶ has supported some 3,000 vulnerable young people at up to 200 state and independent boarding schools in the last 40 years. It is currently supporting 300 young people at 90 boarding schools throughout the UK. These young people are usually from impoverished, lone-parent families and are supported at boarding school (sometimes with siblings) often for the duration of their secondary schooling.
- A number of independent boarding schools also have their own bursary schemes. For example, in the last 100 years, the Lord Wandsworth Foundation has provided over 2,500 places at Lord Wandsworth College to children who have lost the support of one or both parents through death, divorce or separation. The Rugby School, Royal Alexandra and Albert School and Reed's School are further examples of the many independent schools that provide bursary places.

Figure 11: Numbers of looked after children who are placed in residential schools



Source: DfE.

¹⁴⁵ <http://thespringboardbursaryfoundation.org.uk/>

¹⁴⁶ www.rncf.org.uk

However, despite this existing use and the obvious advantages, boarding schools are relatively rarely used for children in care. Only 1% of looked after children are in residential schools and the numbers have been falling in recent years (see Figure 11).¹⁴⁷ Over half of these are in care on account of a disability and are likely to be placed in highly specialist settings.¹⁴⁸ 14 authorities do not place any children in residential schools and a further 58 place fewer than five.¹⁴⁹

To tackle this issue, the last Labour government established a 'Boarding Pathfinder' project that aimed to increase dramatically the number of young people placed in residential schools.¹⁵⁰ The project was spearheaded by Lord Adonis and worked with 12 local authorities, more than 70 state-maintained and independent boarding schools, the Boarding Schools' Association, the State Boarding Schools' Association, the Frank Buttle Trust, Royal Wanstead Children's Foundation and the Joint Educational Trust. However, at a cost of nearly £400,000,¹⁵¹ the project was, in one key respect, a dismal failure. Over its two-year evaluation period only 17 young people started at a boarding school, and only 11 were still in place at its end.¹⁵²

There were several reasons for this poor take up. First, there was an acknowledgement that, for many children in care with complex needs, boarding school might not be an appropriate placement unless the school was capable of providing considerable additional services. Secondly, there was some initial resistance from young people who were offered places. Very few had ever known anyone who had attended (or considered attending) boarding school and this meant that they were reluctant to take the leap. More worrying, however, was the evaluators' observation that many social care professionals were said to maintain 'particular views that boarding schools were only appropriate for young people from more privileged backgrounds'. Last year one of the evaluation's authors went further, saying:

...in the current system, it's down to social workers to convince the child that boarding school would be a good move for them. But local authorities were not putting children forward for consideration for boarding schools because social workers took the view that boarding schools were for the privileged few and were opposed to them in principle.¹⁵³

This bias is entirely misplaced. From the small sample of successfully placed young people, some important lessons were learnt. For most of those included in the evaluation, being placed in a boarding school had alleviated strained and complicated family situations and had been a positive experience overall, both socially and educationally. The evaluation's authors drew attention to the fact that the young people they interviewed described stimulating curricular and extracurricular activities, a supportive yet structured environment, an increased confidence in their abilities and encouragement to do well, and removal from peer groups or behaviours which they had considered, in retrospect, to have had a negative impact on them.

Similarly a report conducted by Colin Morrison chairman of the Royal National Children's Foundation (RNCF)¹⁵⁴ in 2007 showed that where vulnerable young people from poor backgrounds had been given stable places in boarding schools they often excelled academically, as well as socially.¹⁵⁵ In the sample of 11-17 year olds who had spent three or more years as boarders, 85% were achieving better

147 DfE <http://www.education.gov.uk/rsgateway/DB/SFR/s001026/index.shtml>

148 Of the 970 looked after children in residential schools, 560 are disabled: <http://www.publications.parliament.uk/pa/cm201011/cmhmansrd/cm110426/text/110426w0011.htm#11042790001556>

149 DfE <http://www.education.gov.uk/rsgateway/DB/SFR/s001026/index.shtml>

150 DCSF, *Boarding Provision for Vulnerable Children – pathfinder* (2007)

151 PQ 196568, 1 April 2008, <http://www.publications.parliament.uk/pa/cm200708/cmhmansrd/cm080401/text/80401w0023.htm#H0804021003847>

152 C. Maxwell, E. Chase, J. Statham & S. Jackson, *Boarding School Provision for Vulnerable Children: pathfinder evaluation* (2009), Thomas Coram Research Unit for the DCSF

153 Sonia Jackson in *Community Care*, 4 September 2011, <http://www.communitycare.co.uk/Articles/02/09/2011/117386/can-boarding-schools-help-prevent-children-being-taken-into-care.htm>

154 Formerly the Royal Wanstead Children's Foundation.

155 C. Morrison, *Breaking Through* (2007), Royal Wanstead Children's Foundation, <http://www.rnfc.org.uk/public-docs/BreakingThrough.pdf>

grades than the average for a child of their age. This was despite the fact that 70% of the sample had been diagnosed with severe emotional problems before they started at their school.

This potential has been recognised by some authorities and, last year, Kent announced that they would offer boarding school places for up to 30 children at risk of entering care.¹⁵⁶ As well as this, some 70 of the 152 local authority children's services directors in England and Wales have signed up to the Assisted Boarding Network and the first placements by local authorities with the support of boarding schools and RNCF have now been made.¹⁵⁷

Extending the role of residential schooling

Given the positive results from the above studies, it would be beneficial to give more young people in foster care (and more foster carers) the opportunity to see whether residential school was for them.¹⁵⁸ To do this effectively would require the cultural barriers to the placement of vulnerable children in boarding school to be tackled. In particular, the biases against this approach from some social workers and local authorities need to be broken down. This is particularly important given the recent finding that, despite looked after children having the “highest priority” in admissions to any schools in their area, under the current system where social workers make the choice, they are still more likely than their peers to go to relatively poor schools.¹⁵⁹

With this in mind, an effective way of spurring action from local authorities would be to give children and foster carers the authority to request certain school placements. This would provide a push to local authorities to consider this as an option for some looked after children and would fit well within the government’s declared ambition that foster carers should “...make everyday decisions as they would their own child and without the child feeling that they ‘stand out’ as a looked after child”.¹⁶⁰

Recommendation: Foster carers should be given the “right to request” particular school placements for children in their care, including the opportunity to seek placements in residential school settings. Such a scheme should also be made available to families whose children have not been taken into care but with whom children’s social services are engaged in preventative work.

Giving foster carers the opportunity to make significant decisions for the children in their care, with their consent, is an important step in ensuring that these young people gain the ‘pushy parent’ they have always lacked and that the state so often fails to be. If the social worker and local authority did not fulfil this right to request, they would need to give a full explanation for the reasons.

Such an approach could simultaneously improve both placement and schooling stability and the quality of education that vulnerable children receive. However, the problem is that there are currently only 37 state boarding schools providing around 5,000 boarding school places.¹⁶¹ The majority of these places have schooling paid for by the state, with boarding fees paid by parents. Only two of the 37 schools provide places for children aged under 11.

This presents two issues. The first is that, should this approach successfully increase the demand for residential state school places, there might need to be a substantial

¹⁵⁶ BBC News, 22 June 2011, <http://www.bbc.co.uk/news/uk-england-kent-13881133>; *Community Care*, 4 September 2011, <http://www.communitycare.co.uk/Articles/02/09/2011/117386/can-boarding-schools-help-prevent-children-being-taken-into-care.htm>

¹⁵⁷ Following the collapse of the Pathfinder, the RNCF established the Assisted Boarding Network in conjunction with Norfolk County Council which, alone among local authorities, had gone on from the Pathfinder to increase its use of Assisted Boarding for young people on the edge of care.

¹⁵⁸ Morrison, C., *Breaking Through*

¹⁵⁹ E.g. 16% of children in care go to the lowest-attaining primary schools compared to 10% of their peers. <http://www.guardian.co.uk/education/2011/sep/19/children-in-care-education-system>

¹⁶⁰ DfE, *Foster Carers’ Charter* (2011), <http://media.education.gov.uk/assets/files/pdf/t/the%20foster%20carers%20charter.pdf>

¹⁶¹ Parliamentary Question 96496: <http://www.publications.parliament.uk/pa/cm201212/cmhsrds/cm120307/text/120307w0003.htm#12030788001131>; deposited paper 2012-0431: <http://www.parliament.uk/deposits/depositedpapers/2012/DEP2012-0431.xls>

increase in provision. The second issue is that it is likely that many foster carers and families that would like to choose this option could be unable to afford the fees.

We have already outlined that there are potential savings in the order of £6,000 per child from sending a fostered child to boarding school. The total savings are likely to be higher since this figure does not include potential future savings in terms of the wider educational, health and employment outcomes. This means that there is a good case to be made for local authorities paying for boarding fees on behalf of those foster carers or parents who could not afford it.

The question of scalability is more challenging, but is an issue that has been considered before. In 2006 Sir Cyril Taylor outlined his belief that it would be possible to cater for a meaningful number (he thought around 5,600) of looked after or vulnerable children in such a fashion. This would be a noble ambition. The annual savings that might be accrued from such an investment might be of the order of £33.6 million without taking account of the long-term savings achieved by improved stability and outcomes for the young people involved.¹⁶²

He believed this increase in capacity could come from a number of sources:

- Increased capacity in the existing state boarding schools, or new state boarding schools;
- Academy schools being encouraged to take on boarders; and
- Seeking firmer charitable involvement from public schools.¹⁶³

However, there are now greater difficulties with the routes outlined by Sir Cyril. There are a number of reasons for this. The first is that, following the demise of Building Schools for the Future, it is likely that the majority of schools becoming academies will use existing school sites, rather than building new sites. This means that it is extremely unlikely that new academies will have the capacity to take on boarding places. This makes it unlikely that, in the existing climate, a significant number of additional schools will take on boarding provision.

This leaves a challenge to increase capacity in the existing network of State Boarding Schools. However, the government's approach to state boarding has lacked a firm direction for many years.

Part of the problem is the need for capital investment to maintain the standard of boarding houses. Under the previous government, some boarding houses received emergency funding for capital investment. However, even with this funding many were left in an unsatisfactory condition. An example is the Westgate school in Hampshire, where in 2007 an Ofsted inspection of its boarding provision at Rotherly House found that:

“The boarding environment is of an unacceptable standard. The school acknowledge the decoration, furnishings fixtures and fittings need to be improved and there is ongoing discussion about how to address these issues. A tour of the boarding environment was undertaken and many areas were in need of redecoration including shower area and dormitories. Furnishings were very old and worn, including beds and some mattresses and boarders report these to be uncomfortable.”¹⁶⁴

By 2009 and after some investment it was found that “...the overall standard of boarding accommodation is satisfactory. While some areas remain unsatisfactory, there has been a significant improvement in the overall provision”. However, it

162 Based on an annual saving of £6,000 for each of the 5,600 young people involved.

163 C. Taylor, *Who Will Champion Our Vulnerable Children* (2006), Special Schools and Academies Trust

164 Ofsted (2007), The Westgate School: inspection report for boarding school.

has been judged that Rotherly House would require a further £278,000 (2009 prices) to deliver a “...sustainable improvement in the physical condition of the provision”.¹⁶⁵ This is part of the reason why state boarding at Westgate School will end in 2013.¹⁶⁶ Another is that the demand for boarding at the school had been declining. There were already significantly lower numbers of boarders below year 10 and following the announcement of its closure, the number of boarders dropped to 13.¹⁶⁷

Speaking to experts in the provision of state boarding suggests that a lack of investment and underuse of beds are not an isolated situation. For instance, the recently opened Wellington Academy has 100 available beds of which around 50% are unused.¹⁶⁸

This means that, while the government is investing in the provision of new boarding facilities,¹⁶⁹ it risks losing some of the capacity that already exists within the sector. The existing capacity is also being underutilised.

This means that to deliver an increase in the provision of boarding places for looked after children, a much clearer strategy needs to be put forward by government to ensure that the capacity within existing state boarding houses is maintained and more effectively used.

This should come alongside an increase in the number of schools providing boarding places. A number of free schools are already planning to include a boarding element in their provision and more could be encouraged to do so.¹⁷⁰ Including such provision in their plans, could be part of the offer that potential Free Schools make to their local communities. Government should assess barriers and challenges to Free Schools taking on boarding places and seek to increase the number of Free Schools offering this capacity.

Given the potential impact on the lives of vulnerable children, the approach would also be a worthy candidate for philanthropic donation or investment of the kind that underpinned the growth of Academies. Just as the current climate in education is conducive to non-government groups supporting initiative and new thinking, so should the DfE seek to foster the same spirit within the care structure. With this in mind, there may be scope for government and business to invest in social impact bonds to provide a gradual year-on-year increase in the number of beds.¹⁷¹

Other options are, of course, possible and given the potential impact on the lives of some of our most disadvantaged children alongside considerable long-term cost savings, this suggests that the initiative deserves fresh consideration.

Recommendation: The Department for Education should seek to deliver a year on year increase in the number of places in boarding schools that are available to vulnerable children. These places should be available both to children within the fostering system and children on the edge of care. Increasing the level of provision by at least 1,000 by 2015/16 should be a realistic aim and would lead to a reduction in short-term costs in the order of £6 million for local authorities. The longer-term savings from improved outcomes would be much larger.

To deliver this increased provision of places, local and national government must work to deliver an increase in provision in both the state and independent sector.

¹⁶⁵ Hampshire County Council Decision Report, 17th July 2012. Reference 3902.

¹⁶⁶ Note that this is part of a wider consultation on schooling in Winchester: <http://www3.hants.gov.uk/boardingreview>

¹⁶⁷ Hampshire County Council Decision Report, 17th July 2012. Reference 3902.

¹⁶⁸ *ibid*

¹⁶⁹ For example 17.3 million investment in new boarding provision for a state boarding school setting up in West Sussex <http://www.telegraph.co.uk/news/8523940/Exclusive-Government-to-give-green-light-to-first-fully-free-state-run-boarding-school-owned-by-a-state-primary.html>

¹⁷⁰ For example see <http://www.holyportfreeschool.com/>

¹⁷¹ See, for example, the work of Allia (formerly CityLife) which raises money for charitable causes through social investment, www.allia.org.uk

Recommendation: The government should seek to increase the number of places for vulnerable children that are available in independent boarding schools. This could be facilitated by local authorities working with charitable trusts and other partners (e.g. the Boarding Schools' Association, RNCF, the Assisted Boarding Network and the SpringBoard Bursary Foundation) to develop pathways for vulnerable children to find places in high quality boarding provision. Local authorities should channel funds through these schemes and directly to independent boarding schools to encourage placement of disadvantaged children.

Recommendation: The government should also seek to increase the number of places available in state boarding schools. To do this, it must:

- Optimise the use of existing boarding accommodation;
- Work with existing schools and representative groups like the State Boarding Schools' Association to develop a strategy for increasing capacity in the future. This strategy should be identified as a key ministerial priority within the department; and
- Assess how new and existing Academies and Free Schools might be encouraged and supported to take on boarding provision and explore innovative ways of funding this through philanthropic investment.

Conclusion

This report has laid out a series of significant reforms that would both reduce the need for the care system for looked after children and improve the outcomes of those who still find themselves in need of being taken under the wing of the state.

Our proposals have argued that we should be attempting to intervene earlier and target support at those families most likely to be in difficulty and least likely to be able to cope with the responsibility of looking after children. Combined with improved support for young adults leaving the care system, the suggested reforms will ensure that the intergenerational need for care can be tackled.

We have also argued that local authorities need to do much more to provide stability for children in their care around a child's placement, school life and relationships to social workers. To push local authorities into further action, they must be required to monitor stability in a much more sophisticated manner, taking into account children's full care history, rather than a single year.

We should also recognise that children coming into care have a diverse range of needs and disadvantages and so we should build a care system that offers a diversity of placements to meet those needs. Adoption is not the only form of care that can provide stability and the right support to young people in need. For this reason, a new approach must be taken with regards to the system of residential care in the UK to ensure that it is better targeted and more flexible and that local authorities can be sure of the quality of care available for children being placed in residential care outside of their own community.

Finally, more mixed modes of care should be considered. This should involve the use of residential schooling for more vulnerable children. Such an approach can stem the flow into care by creating an option for families on the edge of breakdown, as well as providing stability of education for children already being fostered. However, the current system is unlikely to take the strain of increased numbers of state-boarders. This means that the government needs to explore more innovative uses of both independent and state boarding places and how to increase participation of new Free Schools and Academies.

Overall, by seeking to offer care that provides not just an alternative to a disrupted or ruined family life but a solution to it, we can hope to mitigate some of the terrible personal issues that stem from such problems. Along with reforms already being undertaken, our reforms would help to provide the neediest children with the care and support they desperately need and deserve.



A Better Start in Life is the third in a series of reports from Policy Exchange on the system of care for looked after children. It makes recommendations for local authorities to utilise the opportunities that state and independent boarding can provide for disadvantaged children. The report also makes recommendations for how residential care can become more specialised and effective and on how early intervention and targeting of support can be used to reduce the need for the care system. In all of these areas local authorities must also be held to account in the outcomes they provide. To do this, they must publish more accurate and timely information on the stability and effectiveness of the care and support they give some of the most vulnerable and disadvantaged children in our society.

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