

## **NCH's initial response to *Care Matters: Time for Change***

NCH welcomes *Care Matters: Time for Change* as a real step forward in the right direction. We want to highlight those areas that are particularly strong and important, but also sound a warning on areas where we need to see further progress.

### ***Care Matters because...***

**...everybody deserves to be cared for and have the opportunity to succeed.**

Words of an NCH care leaver

### **We welcome:**

- The increased level of investment of over £300million up to 2011
- The extra £280 million for short break services for disabled children
- The White Paper's focus on improving outcomes, accountability for achieving them, and young people's participation in setting expectations
- A commitment to engage the issues of emotional as well as physical health
- Steps taken to improve the quality of foster care both through revising the National Minimum Standards and outlining the skills that all foster carers should have in increasing access to specialist support
- The way in which government is addressing issues around leaving care through providing longer term access to mentors and foster care, and the needs of older children on the edge of care through Multi-Systemic Therapy.

### **But...**

The government could do better on the further and continued development of preventive services that can keep children out of care.

### **And there are areas where they must go further...**

- While the commitment is there to tackle issues and needs holistically, the government must do better in securing delivery of services from all departments – particularly those that are dependent upon health authorities and the Department for Health
- The interface with criminal justice is weak, with too little concern for, or acknowledgement of, the needs of asylum seeking children and young offenders. The Home Office must do more to work closely with the DfES to meet the needs of these groups
- We are concerned that the innovation and contribution of the third sector in achieving improved outcomes is underestimated and not acknowledged

### **What does the White Paper propose**

- £600m has been invested in the Every Child Matters agenda to date, and over £300 million more will be invested over the next Comprehensive Spending Review (CSR) cycle up to 2011 (£13.5m in 07/08; £88.9m in 08/09; £95.6m in 09/10; £106/6m in 10/11).
- Local authorities will be expected to: have a Children in Care Council; a Pledge for this group (similar to the idea of Charters in the Local Government white paper); undertake training as a corporate parent (NCB have developed a programme); undertake an annual stock-take of outcomes which will be ultimately accountable to the Minister; be prepared for a 3 year cycle of Ofsted 'proportional' inspections; and be clearer on expected outcomes.
- £280 million for short breaks (which is defined as support care for challenging children). Pilots developing the MIST model for older young people in care and on the edge of care.
- An increased role and priority for the extended family to be given residency orders as a better alternative to institutional care. Also more effort in improved ways of re-integrating children back into their families after they have left care.
- Local authorities are discouraged to place children outside the local area. The commissioning process will make this more difficult as local authorities will have to make a special case for why this is necessary.
- Foster Care standards will be strengthened through the upcoming review on the statutory guidance in 2009.
- 9 Virtual Head teacher pilots to be launched and a commitment on admissions that will see better access to the best schools and no child in care being moved in years 10 and 11.
- Addressing the quality of foster and residential care both through revising the National Minimum Standards and outlining the skills that all foster carers should have in increasing access to specialist support.
- There is also scope to develop access for children leaving care to a mentor up to the age of 25, and a £2000 bursary for those going to university.
- Other notable themes with less tangible commitments include:
  - Building resilience through stable attachments; developing an emotional well-being performance measure
  - Security, continuity, identity as key things to realise
  - Early identification
  - Very little on alternatives to custody, asylum seeking children; and tangible policies and progress on CAMHs and other health issues
  - Very little references to the voluntary sector, but there is a section on the private sector (though mainly in relation to employment opportunities and CSR activity)

## **NCH's initial response to the government's White Paper**

Raising the life chances and improving the experiences of children in care is an urgent need. The outcomes of children in care – be they educational attainment, physical health or emotional well-being, lag a long way behind that of the general population and certainly fall below what we would aspire to for our own children.

NCH warmly welcomes the white papers' ambition and objectives, and we will make every effort to support measures that build services that place the child at its centre and deliver better outcomes for all vulnerable children.

This is a unique opportunity to unite support and action in ways that will demonstrate society's commitment to our most vulnerable children and to develop services that realise their potential.

This hope is one that stems from young people themselves. For example, when we asked young people who had recently left NCH projects their views they told us ***care matters because....***

*We're special – we should be at home with our mums and our dads, where we belong. If that's the best thing*

*Because everybody deserves to be cared for and have the opportunity to succeed*

*People have got the right to be cared for differently because we are important and have the right to be different*

*Kids need somebody to care, safe homes, good childhoods, feel loved, hope*

*Children need looking after. People deserve better treatment. More trust*

*We need a system that supports and works to give everybody a chance*

*Gives children a chance to make a new start and a better future*

*More vulnerable, scarred minds, damaged by bad experiences – adults of the future*

*Somebody to care, safe homes, good childhoods, feel loved, hope, belonging, stability*

**We have welcomed this White Paper as a real step forward in the right direction. We want to highlight those areas that are particularly strong and important, but also sound a warning on areas where we need to see further progress.**

**1. We welcome the increased level of investment of over £300 million up to 2011.**

While extra resources is not always the answer, we believe that further investment is needed in order to develop and sustain the high quality innovative projects that organisations like NCH are developing. One of our main concerns has always been that funding is far too insecure and short term to enable service development and continuity that really benefits young people. There are many services currently facing funding uncertainty that really do deliver positive outcomes and long term benefits, financial and social, for both the children and the communities they live in.

**2. We welcome the extra £280 million to roll-out short break services for disabled children.**

We are also very pleased to see a real commitment to funding and rolling out short breaks services. NCH has been providing short breaks to disabled children for over 20 years. A significant number of the children using our services have multiple and complex needs, which are often with associated health-care needs or life-limiting illnesses.

We run 28 residential and family-based short breaks services that are used by over 1,000 disabled children and young people. We also run 11 holiday and weekend activity services, five children's resource centres with an early years emphasis and 20 community respite services. Through these services we have seen real benefits for children and their families and look forward to working with the government in taking this agenda forward.

**Case study: Geraint – NCH Blackwood Resource Centre**

Geraint is 14 and has been using NCH's Blackwood Resource Centre for seven years, where he spends two nights a month in respite care. He also used NCH's Caerphilly Children's Centre from when he was diagnosed with an autistic spectrum disorder at two until he went to full-time school at four.

NCH's short breaks service has opened up a wealth of new experiences for Geraint, says his mother Ann: *'Using the service has given Geraint different experiences like going swimming and meeting different people. I would say that getting used to being supported by other people, and not being totally reliant on me as his sole carer has been the greatest benefit.'*

Geraint has severe communication difficulties.

His mother Ann stresses the positive impact that accessing the service has had for her son:

*'He doesn't speak but you can tell he is happy to go there. He is now very well balanced. He has improved his social skills as well.'*

**3. We welcome the White Paper's focus on improving outcomes, accountability for achieving them, and young people's participation in setting expectations.**

NCH believes that providing a clear and transparent commitment to children and young people can only benefit them in the long run and we are totally committed to placing the child at the centre of services. We warmly welcome the commitment to setting up Children in Care Councils, and for each local authority to be clear on their expectations concerning outcomes, and accountable for achieving them.

We support the idea of a Pledge but this must be consistent with the concept of Charters promoted in the Local Government White Paper. These measures will enable young people to be clear about what they can expect from their local authority, and the community can judge an authority's commitment and treatment of children in care by a visible standard.

However, we would not want local government to descend to the lowest common denominator, or use the 'Pledge' as a means of providing a minimum corporate parenting role. The Pledge should be used to encourage best practice and an escalation in quality of service, care and duty. Therefore an authority's 'Pledge' to children in care should include an even stronger obligation to valuing and raising the voice of young people. It should also include a young person's entitlement to a veto on moving to independence. This would include the option of a return into care if things go wrong or if the experience confirms that they are not ready for independence.

Other aspects that should be drawn out in the Pledge are a responsibility on authorities to care for and meet the emotional well-being of children in care. We would look for specific references to supporting young people tackling emotional difficulties and low self esteem and the availability of, and access to, Child and Adolescent Mental Health Services (CAMHS).

We also hope to see continued guidance for commissioning, borne out in practice which emphasises outcomes above structures and processes. We must create a system that enables us to concentrate on outcomes rather than closely defining processes and systems that may quickly become unfit for purpose and stifle innovation.

**4. We welcome the commitment to engage the issues of emotional and physical health**

NCH is delighted with the importance given to emotional and physical health which runs throughout the White Paper; from the promotion of resilience factors for carers, to elements of the care pledge and on to the commitment to develop a performance indicator for local authorities.

NCH is launching a new campaign called Growing Strong which will focus on the emotional wellbeing and mental health needs of children and young people. Early findings from NCH research linked to our campaign demonstrate the important link between childhood emotional well-being

and later life chances. When considered alongside concerns about the declining emotional well-being of Britain's youth, and our relative poor performance in building resilience, we very much welcome moves in the White Paper to address this issue.

NCH believes that resilience promoting interventions need to define outcomes in relation to positive age-appropriate development and capabilities - not just the absence of symptoms and risks. Our initial research has revealed a current lack of external assessment measures specifically focussed on resilience as a discrete concept. So far, it appears that examples of well-researched, effective interventions that promote emotional wellbeing are few and far between. We know far more about what works in tackling risk than we do about what works in promoting resilience.

During the course of our Growing Strong campaign NCH will be working to develop an evidence base of effective interventions linked to our existing outcomes framework. We would be very keen to work with the government in developing this area of work and sharing our findings.

**5. We welcome steps taken to improve the quality of foster care both through revising the National Minimum Standards and outlining the skills that all foster carers should have in increasing access to specialist support.**

Raising the standards and access to high quality support and training is something NCH has long held to be essential. Young people experience varying difficulties in their lives and emotions and behaviours can be in a state of flux. As a result foster carers need to be skilled enough to cope with varying challenging behaviours.

We are pleased to see that the government has heeded our concerns about a tiered model of foster care and a formal qualifications framework. We believe that foster carers should have qualifications based on agreed competencies but a qualification framework is not the answer to 'professionalising' foster care - rather we need a more flexible system both in the methods of learning and in building up proficiencies.

It is therefore very encouraging to see the development of a new training and qualifications system that incorporates the principles of social pedagogy. This was an explicit call from NCH following the green paper and we would like to see this new system underpinned by standards that are transferable. This means that qualifications or accredited competencies could be used between child care settings, so that, for example, a nursery nurse may be able to become a foster carer and vice versa.

**6. We welcome the way in which the government is addressing issues around leaving care through providing longer term access to mentors and foster care, and the needs of older children on the edge of care through Multi-Systemic Therapy.**

In our response to the Green Paper NCH stated that children and young people should not be confronted with a 'cliff-face' at key transition stages whereby services end entirely or change considerably.

As a result we very much welcome the proposals around lengthening young peoples' contact with mentors or foster carers. Nationally young people leave home on average at the age of 24 and most people experience two or three attempts at leaving home before finally leaving. If the government is serious in raising the standard of corporate parenting and fostering so that it is genuinely a positive experience we need to design a system that reflects the needs of young people to move gradually towards independence over a longer period of time - just like their peers who are not in care. Indeed we would hope that the proposals in the white paper do not simply postpone the cliff-face, but that young people feel and experience a genuine open door to return to a place of support and continuity if hit by a crisis.

**Case study: Multi-disciplinary Intervention Service Torfaen (MIST), Wales**

A creative example of how services can be integrated is NCH's mental health work in Wales. MIST (Multi-disciplinary Intervention Service Torfaen) is a tier 3-4 mental health service whose specific aim is to prevent placement breakdown and support care leavers.

The team is truly multi-disciplinary comprising a generic project manager and staff from health, education and social care. Staff offer direct support before needs escalate as well as linking to all local support services. NCH would welcome the opportunity to investigate further the cost savings of such a service when set in comparison with a traditional NHS-led CAMH Service.

We also warmly welcome proposals to develop Multi-Systemic Therapy services for older children on the edge of care. NCH has run a similar service in Wales for some years which has proved very successful. We urge the government to work with us to ensure that the lessons we have learnt from running this service can be incorporated in the pilots now being set up.

**7. The Government could do better on the further and continued development of preventive services that can keep children out of care.**

Our concern is that while the government continue to support and acknowledge the benefits of preventive services that support children, young people and their families on the edge of care, there is growing pressure to cut the funding for these services and divert money into other

areas. We believe this short term measure will have a negative long term impact. In order to work well, preventive services must be positively funded with an equal status to that of targeted services. Where this is achieved we can avoid these services losing-out when local authorities are looking for savings, and services become sustainable in a way that enables providers to plan effectively in conjunction with other services in families' lives.

The government is aware of our many prevention and crisis intervention projects which have been heralded as examples of best practice. We currently run twelve services across the UK aimed specifically at preventing family breakdown and children entering the care system. These projects have achieved high levels of success.

The positive additions to the white paper that have come in response to the consultation on the green paper must not be at the expense of preventive services that were, quite rightly such an important feature of the earlier document.

#### **Case Study: NCH Crisis Intervention projects**

NCH runs a number of rehabilitation projects for families at risk of losing their homes as a result of anti-social behaviour. The work of these services has been evaluated by Sheffield Hallam University showing significant social and economic benefits.

Even in the interim evaluation, published in 2005, referral agencies gave our services an average score of eight out of ten, and families described the support we offered as 'brilliant' or 'fantastic'. All our services have been developed from our learning from NCH's Dundee Families Project which provides floating outreach support to help families retain their existing accommodation. Families referred to these projects tend to be large - a fifth having more than four children; they have low employment rates and are often in debt.

The results of these projects are impressive. The levels of complaints about anti-social behaviour had substantially reduced, 95% of families had maintained their tenancies, 80% had managed to reduce the threat of possession action, and in 84% of families school attendance had improved. We have undertaken initial analysis of the cost savings of our Intensive Family Support Projects which show savings of £4000 per family. Our success in developing this form of intervention has been recognised by the Respect Unit which has based its preferred model on the work pioneered by NCH.

NCH's Crisis Intervention Services work specifically with the most vulnerable young people and families by providing them with urgent and intensive support. Services are offered on a time-limited, 24/7 basis to families. And at the end of the period, families are linked into existing local services. The intervention involves diffusing the immediate and precipitating crisis that leads to the referral to local services.

Evaluation of our project in Plymouth showed after two years of running that 94% of children worked with did not enter the care system who otherwise may have done. An initial analysis of the savings involved in our Crisis Intervention Service show approximately £54,000 could be saved per child per year.

Therefore, while acknowledging their contribution and success the Government must do more to support Crisis Intervention Services and Intensive Family Support Projects that support families with multiple and persistent problems. NCH has a number of models which demonstrate success in achieving this approach.

We also urge the government to take a longer term view of the support needed by individual families. In our experience support for families and parents often ends very soon after a child 'returns home'. This can lead to many problems. For example, young people who are in and out of the care system are more likely to end up in custody. Extending services and support to these groups of families and young people can therefore avoid many longer term problems. Similarly, children who are adopted have the same disrupted histories and need not to be forgotten as needing support after adoption.

#### **Case Study: Herefordshire Family Support Project**

This project closes the 'revolving door' and provides a route back to statutory services. There are two key aspects of this service which are important to highlight. Firstly it has a high level of success in preventing families from re-presenting to services - breaking the 'revolving door' cycle. It does this by providing volunteers to support families once they have moved on from more intensive family support. This volunteer service costs just a sixth of the standard family support work at approximately £500 per year per family - most of which finances volunteer training and monitoring standards.

Secondly, our evidence from this model shows great success in re-engaging families with statutory services. A mother with learning difficulties was struggling to parent her two teenage children. The children were on the Child Protection Register (CPR), and the mother was extremely wary of statutory services. She wouldn't voluntarily let anyone 'official' into the house. Because the NCH volunteer was from a charity the family were much more receptive to her interventions and she was able to work in partnership with them to the point where the registration of the children on the CPR was no longer needed.

**8. While the commitment is there to tackle issues and needs holistically the government must do better in securing delivery of services from all departments – particularly those that are dependent upon health authorities and the Department for Health. Their commitment must match that of the DfES.**

We have been greatly encouraged by the way in which the DfES has both engaged and listened to young people and practitioners from all the sectors in developing their current set of proposals. As a result they have a set of very strong positive policies that we believe will greatly benefit children in care and on the edge of care. However if this approach is to work it must be backed-up at a national and local level by similar cross-departmental co-operation.

Therefore more must be done to ensure that local agencies, particularly Councils and Primary Care Trusts, are able to work effectively in partnership with the voluntary sector and with each other. The lead for this must come from the Department of Health itself, and we hope that it will, over the coming months engage and support this agenda, building upon the work of the DfES.

This will be essential if many of the issues and needs identified in the white paper are to be comprehensively addressed. For example, access to high quality health care including mental health and dental services is a crucial issue for children in care. Proposals to improve services to children with mental health needs (especially for children who are older than 16) are moving in the right direction. However, a great deal more must be done to meet this growing and considerable issue.

Research shows that children who are looked after have a higher rate of mental health problems than children who remain with their families, especially of depressive illness (45% of children in care have some form of mental illness compared to 10% of general under 18 population). Failure to acknowledge and treat these problems may cause difficulties ranging from placement breakdowns to serious mental health problems in later life.

Despite this higher prevalence and the need for these children to access specialist services, they still experience significant problems in accessing treatment. Given the extent of the problem the government should be equally, if not more, concerned about ensuring children and young people in care and on the edge of care have access to good health services as they are about accessing 'good' schools.

**9. The government must do better in addressing the needs of particularly vulnerable groups, even where that may not be popular.**

NCH is disappointed with the lack of concern or acknowledgement given to the needs of asylum seeking children or young offenders, or discussion as to how these needs should be addressed within the care system.

The disproportionate number of children in care who offend is well known, running at almost three times the national average. We are disappointed that the opportunity for making the links and addressing this issue explicitly in the white paper has not been seized.

We believe that far closer working between the Home Office and the DfES is needed on this issue, in particular to ensure that targets and incentives work across government departments to keep young people from offending and out of custody wherever possible.

NCH has been able to demonstrate success in using various models of care in dealing with young offenders while also keeping them out of custody. The white paper does make reference to the Intensive Fostering programme being developed by the Youth Justice Board, but only in passing as a model for the development of Multi-dimensional Treatment Foster Care Pilots for adolescents with complex needs and challenging behaviour. We believe the links between the Youth Justice Board pilots

and DfES initiative needs to be strengthened to provide a continuum of services that encompass real alternatives to custody through the greater use of specialist and remand fostering.

**Case Study: Foster Care NCH Wessex Community Project**

Foster Care NCH Wessex Community Projects has lengthy experience in providing remand fostering. A recently published evaluation of the project indicated that 75% of young people in remand foster care did not offend while in placement (BAAF 2006). NCH has also undertaken to run the first two of three pilots for Intensive Fostering with funding through the Youth Justice Board. The convicted young people are offered a fostering placement, as an alternative to custody.

In addition each young person is involved in an intense programme which ensures that they are actively engaged in education or training, have the opportunity to broaden their social opportunities, and break from their peer group. Work is also done with their families to improve their relationship and help their families support the changes they are making.

Some young offenders will still end up in the secure estate. These young people should be treated as 'looked after' children so that they are eligible for all the same support and access to services as every other child in need. This would include access to local authority leaving care services.

The white paper talks about the **particular** needs of Unaccompanied Asylum Seeking Children (UASC). We believe that unaccompanied asylum seeking children are children first and foremost and have the same universal needs as any other child. While the common factors for asylum seeking children will be needs and issues relating to immigration matters, NCH believes the response to each child has to be tailored to take into consideration their unique needs and circumstances. We therefore have grave concerns about some of the proposals in the current Home Office consultation. Specifically, that asylum seeking children over 16 will generally be placed in accommodation that is shared with other young people, while the majority of under-16s are placed with foster carers. We believe these proposals by emphasising difference, rather than acknowledging similarities and shared needs, further undermine the position of this already vulnerable group.

**10. NCH is concerned that the innovation and contribution of the third sector in achieving improved outcomes is underestimated and not acknowledged.**

NCH believes that the voluntary sector brings a unique approach to the delivery of children's services. Indeed many of the progressive and innovative services being advocated by the white paper were developed by the third sector. It is disappointing; therefore, that the full potential of the voluntary sector is only an implicit part of Care Matters.

As a voluntary sector organisation we can, and do, act as a bridge co-ordinating families' interaction with other agencies, making their

experience of these service more fruitful and enabling the different agencies to work more effectively, saving time and resources.

There are many examples of where this is the case with the public sector, but we would also emphasise the work we carry out with private sector companies. The Financial Futures case study below is just one example where we have been able to harness the skills and resources of the private sector for the benefit of children, young people and their families.

### **Financial Futures**

Barclays Bank and NCH have undertaken a joint national initiative to help vulnerable and excluded people improve their money management skills, make informed decisions about their finances, and reduce money worries.

Barclays will invest up to £1.8 million over three years in the 'Financial Futures' initiative with NCH. The initiative will link Barclays expertise and resources with NCH's commitment to the Every Child Matters agenda and work with families living in poverty, young people, and socially excluded groups such as disabled children and their families and those in rural communities.

Financial Futures aims to help develop better budgeting skills, minimise debt and plan more effectively for their future. It will also help disadvantaged young people to manage their finances and live independently.

As part of the joint work NCH audited our own projects in order to understand what the major financial literacy needs are, and to identify examples of best practice in projects that already do some activities to promote better understanding of money matters.

On their part Barclays Bank has enabled thousands of its employees to volunteer for Financial Futures. Their work, for example, includes Barclays employees having the opportunity to provide practical financial workshops to NCH service users, offering expert advice on issues like setting up a bank account, managing debts, dealing with an income or debt crisis, and prioritising spending. The target is to reach 3,000 young people, parents and carers using NCH services over the three-year period.

We also provide a means of reaching the most vulnerable groups in the community, reaching out across ethnic and socio-economic divides. In many cases we are able to do this more successfully because we are not the state or a profit motivated private sector organisation.