Personal Submission to Sir Martin Narey's Children's Homes review

Dear Mr Narey,

Thank you for the opportunity you have afforded to what I hope will prove to be a wide and diverse cross-section of opinion in relation to children's residential care. Before making my contribution it would seem appropriate to offer some personal information which may contextualise my offering.

This submission is made on the basis of my personal involvement in children's services since 1974 when I became an unqualified social worker. I was employed in (the same) Local Authority, Sefton, for some 27 years, managing teams of social workers and taking responsibility for the area management of a district called Bootle, where coincidentally, I was born. Bootle would, I imagine, be classified as an inner-city-type area with high levels of social depravation which undoubtedly contributed to high incidence of drug and alcohol abuse, poverty, crime, family fragmentation and a higher than average number of children both in care and others who were placed on the Child Protection register. My final few years in Sefton were spent as Service Manager for Looked After Children, a post in which I was responsible for all of the departments residential homes, our fostering and adoption services, a relatively newly created leaving care service and a specialist multi-agency team of workers that I had formed to find alternatives to children (primarily teenagers) becoming looked after. The latter team was also charged with taking responsibility for 'high profile' cases that included working with young people (and their families) who had been charged with, or were the victims of serious crime. Sadly this included both perpetrators and victims of murder. I also held lead responsibility within social services for all matters relating to education, which led to me being invited onto the board of a government funded initiative across Merseyside (The Inter Agency Development Programme) where we achieved considerable success and recognition for our work in addressing and establishing systems to improve the educational attainments and engagement of looked after children. We also drafted what I believe was the blueprint for children's Personal Education Plans.

I left the Local Authority in June 2000 to establish a charity that was designed to deliver a range of residential services for looked after children and young mothers. Unfortunately, my then employer failed to honour his commitment of funding, so after five months of working for no financial reward I resigned and set about dismantling the registration with the Charities Commission. For an interim period of six months I worked as an independent consultant during which time I undertook a range of tasks including a review of the fostering and adoption service in Lancashire and project managed the closure of Fylde Farm, a large scale and in my view rather anachronistic CH(E).

In July 2001 I accepted an offer to take up the position of Group Operations Manager (I was subsequently made CEO) of a medium sized, family owned, independent provider of residential care and developed that service (with huge support from others) over the subsequent 14 years to include fostering, education and therapeutic services all of which were considered to be 'Good' or 'Outstanding' by OfSTED at the point of my redundancy in January 2015. Since then I have worked as an Independent Consultant working with ICHA, NCERCC and a very small

number of independent providers of residential and fostering services. I am also one of the founders and now a member of the Board of the Every Child Leaving Care Matters Campaign.

I welcome the opportunity to make a personal submission to you review but would, as you will expect also wish to be associated with that already submitted by the ECLCM campaign. Inevitably, perhaps there will be some overlap between the two but in this submission I will seek not to repeat those made in association with my colleagues.

There is no priority order to the points that I will raise.

Residential child care can be a truly positive life-changing and enhancing experience for a child and there are countless examples over many years of children who have thrived in the best of children's homes. Equally there are legion examples of the most appalling and abusive practice in children's residential homes stretching back as far as and perhaps before the creation of the former Approved School estate. It is equally true to say that we are blessed in this country with possibly thousands of gifted, compassionate and dedicated foster carers, kinship carers, actual and would be adopters. Within that cohort one hopes, but cannot be totally confident, that there are few if any who will like previous foster carers, kinship carers and adopters abuse and (thankfully rarely) murder the children who have been placed with them. Generalisation, is as most would accept, an unhelpful practice.

As a social work 'child of the seventies' it is perhaps inevitable that I am strongly influenced by systems theories. As such I cannot consider residential care in isolation – it is part of the children's social care system. One moreover, that most children who come into contact with children's services departments will not experience; for those who do though, it will frequently be a resource considered only when others have 'failed'.

Residential Care as a last resort

In my experience, certainly over the last twenty years or more it has increasingly become the case that residential placements for children are made as a last resort. As a commissioner and provider as well as an independent social worker rarely if ever, in fact I cannot remember a single example, have I come across a referral for a residential placement that has not come about after a succession of previously failed placements for the child. I believe we are all familiar with what appears to be a common pattern of placement for children who have to enter the care system.

Children's services departments quite properly seek to avoid children coming into care. The motivation is hopefully because of an absolute commitment to maintain children within their own families and thus localities. The threshold for intervention is rightly high. I believe that massive effort is rightly expended on (successively) Child and Family Assessments, Children in Need Plans and, or Child Protection plans in an attempt to keep families together within their community. This is good *per se*. It is also good because we know how relatively unsuccessful care can be for children.

However for those children who despite all of the above efforts are placed in care (as opposed to being placed at home on care orders, which to a rather dated social worker like me can seem almost a contradiction in terms) their destination is most likely to be a foster home and probably one within the LA's own resources. From here a number of possibilities exist:

- A return home to parents

- Placement with kinship carers
- A permanence plan be that with adoptive parents or perhaps with their existing foster carers
- Placement breakdown

For the purpose of this submission only the last has relevance. It is a fact that many placements breakdown; sadly it is also the case that this can happen on multiple occasions and generally only after many such breakdowns is residential care given consideration and then not because of what it can offer the child but because of what every other placement has failed to offer.

The child then moves into residential care as a last resort, not as the placement of choice. Whatever trauma, difficulties the child faced and experienced in leading up to coming into care will have, by now, been compounded by several or in some cases very, many other 'failed' placements. All too often then, at best the children's home is used for damage limitation – we should be surprised not at the sometimes poor outcomes that some children's homes achieve but amazed at the excellent outcomes achieved by the children who live in others.

I wish to offer just two examples if I may from my personal experience? In my last full-time post I monitored all referrals to my company for both foster and residential placements. A very large Local Authority referred a 7 year old boy for a foster placement. He had been raised at 'home' in a playpen with the family's two dogs. He had been removed and placed in foster care. In the previous twelve months eighteen placements had broken down as a result of his 'uncontrolled aggression and disruption'. The commissioner, who I knew well, was seeking another foster placement. I called her and suggested that I could not believe that all eighteen sets of foster carers were poor and wondered what it was that the Authority was hoping to find in the nineteenth placement that would be different. I suggested a placement in one of our children's homes that specialised in working therapeutically with children who had severe attachment difficulties. I was, unsurprisingly, told that 'they' would not fund a residential placement and despite my protestations my offer was refused. The child was referred three more times in the next four weeks – each time after another breakdown. I called again and said that I would offer the children's home placement for the price of a fostering placement and once I had assured them that this would last for the duration of the placement it was agreed. He remained with us for a little over four years before moving to his foster carers almost a year ago – he is still there and is doing well.

The next example is one I included in a presentation that I made to some lawyers and judges two years ago – hence the dates are included (my memory is not that good generally)

This referral was received by me on 12th October 2012. It was made by a social worker from a Local Authority in north east England. I was told:

"J.'s age is a major issue. At 8 he is not of an age of criminal consent, which denies him access to further services, and means that his case is not deemed appropriate for discussion in certain arenas. I recently completed the Vulnerability Checklist for J. in an attempt to have his case discussed at RMG.

(I was told that he had 'wrecked the house', had stabbed and killed a pony, kicked a pet pigeon to death, that he frequently and violently assaulted his mother, father and siblings; that he is permanently excluded from school.)

"However, due to his age and his none involvement in sexual exploitation, hard drugs or overnight absconding for example he only scored at 49 and the referral would not have been accepted."

The Local Authority were seeking a foster placement, which, perhaps inevitably I did not offer one and my suggestion of a residential placement was reluctantly(by the social worker) turned down because he did not meet 'the criteria'. I have no idea of what may have happened to J but I fear that three years on his life will not have improved very much.

Residential care, when delivered well, can and should be the placement of choice for a limited number of children. The start not the end of the line. The placement where some children with very significant challenges or difficulties can be 'held' safely and securely (in a therapeutic, not physical sense) by skilled and well supported adults whilst we help them unravel their difficulties and anxieties before moving to live with a foster or adoptive family should this be assessed to be in their best interests and (at least in part) their wish.

Staffing, training and service conditions of residential workers

Residential work is poorly paid; this is true in all sectors of social care and stories are legion of concerns related to the 'quality' of staff and their qualifications. Some time ago I was possibly naïve enough to think that we might eventually introduce a model of care in our children's residential sector based on social pedagogy. The reality is that the salaries and service conditions of 'residential child-care workers' (we do not even have a universally accepted name for these individuals!) are, as the apocryphal story goes, 'poorer than someone stacking shelves in Tesco's'. Whilst there are many truly outstanding individuals in residential work the reality is that we are in a society where the cost of living is high and the salary that one can earn as a residential worker is not necessarily routinely going to attract the most able candidates. I am not necessarily an advocate of the argument that residential work needs to be a 'profession' demanding graduate entry as this would undoubtedly deny many people who eventually demonstrate that they are truly gifted individuals the opportunity to work with children in care. However if one assumes that children in care are complex individuals with a range of difficulties to overcome then it seems not unreasonable that those working with them – not warehousing them as was all too often the case in the past – will need a certain intellectual capacity. Most professionals who care for or treat their fellow members of society are required to demonstrate that they have the capacity to function at graduate level, nurses therapists of various types, social workers and teachers being among this cohort – though I will address social work qualifications and competence later in this submission.

We have, over recent years, frequently 'moved the goalposts' in terms of the requirements made of residential care workers from NVQs to Diplomas but frankly none of these are the most demanding of courses of study. We place some of the most vulnerable members of our society in the hands of a group of people who live with, care for, on occasions deliver treatment plans devised by others and who are or should be required to write relatively complex assessments of progress and yet who at times demonstrate a relatively limited ability to conceptualise the emotional and psychological turmoil that their 'charges' are going through. As a 'profession' we still 'train on the job' – not an entirely bad thing, if part of a mixed recruitment strategy - but what it does ensure is that most people who enter the work are untrained and remain so for anything up to two years whilst they are given increasing responsibility for children's lives. In part, at least because of the low salaries there tends to be a high turnover of staff and so it is all the more

difficult to hold together experienced, well qualified and well trained staff teams who can deliver the best of residential care to our children. We decided some years ago that the practice of employing trainee social workers was no longer acceptable – though personally I believe that this blanket change may have been mistaken. How then can we justify those with the responsibility of the day to day care of vulnerable children being untrained or training on the job?

The economics of children's residential care (which I will consider elsewhere in this submission) is such that low salaries are likely to remain the case and as such it seems fanciful to imagine that the 'standard' of recruits to the 'profession' will rise and more particularly that the profession as a whole can expect a steady improvement in those aspects of quality than can be influenced by the calibre of recruits.

Therapeutic Support

In my view all children in care have been traumatised to some degree. The mere fact that they have been removed from (perhaps not even very good or kind parents) is in itself a dreadful experience – as I used to continually tell those of my social work team(s) members who occasionally fell into the trap of considering themselves to be 'rescuers.' For the child admitted to residential care – if one accepts my earlier comments about this generally being after a series of 'failed' placements – then this trauma is the more acute, in terms of separation, loss and the consequential attachment issues regardless of any underlying difficulties that the child may have in addition. Yet the fact remains – and there is ample research evidence to support this that therapeutic intervention is rarely readily available or even sought for many children in care regardless of whether or not they are placed in their home locality or not. If one imagines, for example a child being cared for away from their family as a result of a broken limb then one would expect that an appropriate treatment programme would be in place. Why then do we not make a similar assumption in regard to a child with an inevitable emotional ill-health (minimally) deficiency? Therapy in my view can, be delivered either via a qualified therapist or, ideally within a therapeutic environment that is clinically supervised by an expert. I am not advocating that a 'therapeutic community' is necessary for all children in care; merely that we address the issues that burden children in a skilled and consistent manner delivered through a team of residential staff who are adequately trained and supported in working therapeutically with children. Again, from personal experience I know that this can be successful and the evidence is a matter of record in the children's homes where I was once the Responsible Individual. I would like to make one final point on this subject. Several years ago I was responsible for opening a specialist children's home for young people with acute mental health problems. All were suicidal and prior to admission all were placed either in secure units or secure hospitals for their own safety. We operated a DBT model, though I have no reason to believe that other models would not be as successful. My point is that all of the young people (actually all of our children were older teenagers and girls) except for one were 'diagnosed' as having 'emergent personality disorders'. Whilst I am somewhat less than impressed with such a diagnosis which, to be irreverent, seemed to parallel the over diagnosis of ADHD or ADD in the nineties, what was clear is that on researching the girls personal histories we were able to identify a 100% correlation between early attachment issues, which had never been addressed therapeutically and their presenting mental health issues as adolescents. I am not a clinician and not qualified to have anything other than a reasonably well-read informed opinion but it does occur to me that had some of these issues been addressed at an earlier stage – all of them had transitioned

through care in the manner which I described previously – then perhaps they would not have been suffering from acute conditions. Further I am bound to wonder if such early intervention might have an impact among other things on the alarming rate of suicide among care experienced adults.

Residential Care and 'the market'

There can be little argument that residential child care is a relatively expensive option. The significant proportion of costs for many companies is staffing (my own experience is that this equates to approximately 85%). Clearly if we were to improve, as I would suggest, the service conditions and status of residential workers then this would rise which, at a time when funding is tight might well be considered counter-intuitive. What factors could mitigate this?

1. The first in my opinion requires a longer term view. I have neither the wisdom, time or data to calculate the cost of the 'failures' of the care system in the longer term but suspect that they represent a massive cost to society that could, were we to improve care and the outcomes of care, be dramatically reduced. I am certain that whilst I cannot make the calculation that somewhere in Whitehall the required data and those who could adequately analyse it are both available.
2. Recent years have seen an increasing use of tender and framework arrangements – which tend replace in principle, though not in fact the former practice of Local Authorities placing only with 'preferred providers'. I contest that this is a flawed if not entirely failed system.
    a. There is a very considerable cost to providers in writing bids for tenders – this is passed on to commissioners in some form or another
    b. There is no consistency in the criteria used by those issuing tenders which means that increased cost occurs for every framework arrangement. Presumably they all seek the same assurances from providers in respect of the quality of care to be delivered? Why then can we not have a standard format which would be cheaper to complete and therefor reduce cost – albeit possibly marginally? The National Framework has never been adopted but one wonders why not?
    c. I believe that on occasion the tender process effectively reduces choice of placements sometimes to the detriment of children. I was once responsible for a children's home, specialising in working with children experiencing autism, it was rated 'outstanding' by OfSTED. The Local Authority area (one of, if not the largest, County Council in the country) in which it was located introduced a new framework and among the conditions for application was that the provider had to offer a minimum number of 'beds'. We had only the one children's home and could not meet this criteria so were excluded from the tender even though the particular Authority had placed one of the two children in residence. This ultimately led to us having to close the children's home (after both children had followed their agreed transition into adult provision some twelve months later) and an outstanding resource was lost.
    d. Many framework partnerships insist on making annual monitoring visits to children's homes who have been included on the arrangement. In consortia tenders it is common for each LA who have a child placed to make their own visits. This not only disrupts the children but adds considerable cost to the LA's when between OfSTED inspections and Regulation 44 visits I would have thought that they could assure themselves of the

quality or otherwise of provision – even if they don't feel that they could ask the placing and visiting social workers to prepare a report on the home based on their already scheduled contact.

3. Increasing control of the market by larger, frequently venture capitalist backed, providers is evident. Whilst this is merely a reflection of what I might consider a personal prejudice I am alarmed at the ethos of many such organisations who appear keen to buy out smaller providers and exercise increasing control over the market – which should they succeed will have major impact on the eventual costs of placements based simply on the law of supply and demand.
4. This is merely an observation. Few could take issue, I hope, with the aspiration to increase the 'minimum' or even 'living wage' as is planned by the government. It will though have a considerable impact on the costs to residential child care providers given the calculation of 'sleeping in hours' to the formula. I would not begrudge an increase in salary to staff and indeed to do so would contradict comments that I have already made but the implications for cost may, I fear discourage commissioners further from making what in some cases would be the correct placement.

Social Workers

I am aware of initiatives such as 'Frontline' and 'First Line' designed to contribute to the raise the standard of social work practice but I do have reservations about the quality of some qualified social workers based in part on the quality of some social work degrees. There have always been poor social workers – as indeed one might find less than able members of any profession. However over the last fifteen or more years I have become increasingly alarmed at the number of individuals who qualify and yet seem to be severely challenged when demonstrating acceptable mastery of literacy and an ability to analyse and assess effectively. I believe that, if anything, the demands and expectations of social workers has increased during the period of my career. The skills required to perform well in an increasingly complex world of social care are I suggest greater than they have ever been; levels of scrutiny by the courts, other professionals and society as a whole are justifiably high and yet I am bound to say that I frequently come across social work graduates and undergraduates who can neither spell or, it seems, even make good use of the 'spell check' or 'review grammar' key on their keyboard. These individuals are in many senses entrusted with the well-being of the children under their supervision and frankly many are not, in my view, good enough. Particularly in relation to children in care in general and residential care in particular I have to acknowledge that I am told of increasing caseloads and such like but it is desperately depressing to me that I have personal knowledge of social workers who cause me concern in relation to:

- The infrequency of visits made by social workers to the child in placement – barely exceeding, if at all a statutory minimum in some cases
- Their failure to participate in the review of the carers or children's homes in which the children are placed when invited to do so
- Their failure to understand how to communicate with children
- A lack of understanding of the purpose of undertaking 'Life Story' type exercises and the refusal to participate in them once underway
- Failure to provide (required) comprehensive documentation on placement
- Failure to know how to communicate with a placement

- Failure to advocate on behalf of 'their' child in a range of circumstances

There are of course many excellent social workers but that is of little consolation for the children who are less fortunate and for whom, where they conscious of it, Professor Munro's observations about the importance of social workers developing relationships would resonate deeply.

Independent Visitors

The role of the Independent Visitor to children's homes is crucial as I think all would agree. I have experience of some exceptional people undertaking this task, but sadly also a few who I believe add nothing to the safeguarding of children in ensuring that children's homes are adequately monitored and scrutinised. I believe that the following measures, if implemented, would help to improve the quality of Regulation 44 visits and monitoring.

- There should be a national minimum standard relating to the appointment of an independent visitor – this should examine their c.v.; qualifications and a written submission to OfSTED demonstrating their understanding of the responsibilities of the role.
- Independent visitors should be registered with and approved by OfSTED and subject to a level of scrutiny
- Ofsted should be asked to establish a regional forum for independent visitors. To remain registered independent visitors should be required to attend and contribute to this forum minimally on an annual basis.

Regulatory Standards

The standards relating to residential care (Quality Standards 2015) differ significantly from those applicable to foster care (NMS 2011) and I question why this is the case. All of the above suggests that the burden placed on the responsible persons for fostering and residential services respectively differs markedly. Surely this cannot lead to good practice? Regardless of a child's placement their need to be safeguarded should remain paramount and as such there can be little sense in having two significantly different sets of expectations in the respective regulations.

There may well be justifiable reasons why the regulatory requirements are different for children's homes than for the other services that the Inspectorate regulate but one might also start by posing the question? "What is regulation for?" One imagines that no-one would challenge a statement that "It is to ensure that young people are safe, their agreed care needs are being met, their wishes and aspirations are being addressed, they are being educated, trained and supported towards adulthood and/or discharge and that their rights to be consulted and included and listened to under legislation are met in full."

It appears that at times the differences between the two regimes are as much political and based on political dogma as good child care and regulation – arguably more so. Foster care is still perceived as 'family' centred and 'domestic'. That is possibly true to a large extent, except that it fails to recognise foster carers are professional carers or to recognise foster care as a being 'therapeutic ' placement – as a good residential care should be. Perhaps in fact the differentials could be considered as disrespectful to the professionalism of foster carers? Another perception could be that the difference is actually discriminatory to foster carers who are simply seen as 'carers'.

As regulations and the application thereof became subject to a government commitment to a 'lighter touch' and 'less intrusive' in family based care it appears that no such consideration existed in respect of residential care. One could develop an argument that aspects of self-fulfilling prophecy apply in the differential between the two types of placement (foster care and residential care) settings. Young people placed in foster care are perceived as somehow having a closer relationship to their carers than is the case in residential care, and accordingly less at risk of exploitation and abuse. Whilst it is the case that incidents of systemic and institutional abuse of children in care has (almost inevitably, by definition) occurred in residential settings the incidents of children's death at the hands of their carer's are almost exclusively confined to family placement settings and have been since the case of Dennis O'Neill in the 1940's. I suggest that incidents of abuse come about as a consequence of the quality of the people providing the care not the setting in which the care is given.

It is also a fact that by and large children in foster care present fewer 'challenges' to their carers in having their needs met than do those who have moved on to residential care. Indeed almost no children move to residential care – regardless of their needs until after one or sometimes many more failed family placements.

There are other anomalies in inspection expectations relating to subjects such as Health and Safety Regulations including consideration of issues such as COSHH, storage of information and indeed the level of recording per se. All receive greater emphasis in children's homes than they do in foster homes. This may be understandable at one level as extensive 'rules' would doubtless change the nature of a 'family home'. However should the aspiration for children's homes not be that they should, as far as is possible, reflect the atmosphere of a family home? If this is not the case then it is discriminatory. The recent incident reported in the press of a child in a children's home being arrested for the theft of staff ice cream from the staff fridge may well have been outrageous but it is the type of thing that can happen if we fail to ensure that children's homes become "the child's home" rather than a "home in which children live".

Children in care are among the most vulnerable in our society. Almost by definition that vulnerability is established merely by virtue of the fact that they are in care at all. Quite properly, given the statistical data published in respect of the life outcomes for children in care, the decision to make a Care Order, admit the child into care on a voluntary basis or place him/her with 'Family and Friends' is not taken lightly and in the vast majority of cases will only happen if Children's Services Departments can demonstrate that it is in the best interests of the child that parental responsibility must be shared by the state or exercised in partnership with the state (voluntary care under Section 20 of the Children Act 1989).

What, in my opinion, is required is an overarching 'Quality Standard for Children in Care' (I would argue that the ongoing use of the word 'minimum' in relation to standards is entirely wrong and immediately 'sets the bar' too low). Children who are looked after rarely choose to be, nor do they determine, the 'type' of placements into which they are moved and this is perfectly correct and understandable. It is also perfectly correct that within such a standard, variations will exist to reflect the physical environment in which they are living i.e. a 'family home' or a group living environment – though increasingly children's homes cater for one, two or three children which is no more than most foster homes and perhaps we should aspire to them being considered as a 'larger family home'. What is not acceptable is that the standards specified for the two 'environments' concerning the quality of care,

desired outcomes for the children and aspirations that are in place for children in the public care should be different. The services are inspected by the same inspectorate, children, not infrequently move between the services – generally from foster care to residential care as a consequence of the greater challenges that they either experience or present - and they should know that the outcomes that we as a profession, indeed a society desire for them and the future that we wish to plan with them should be determined by their needs and not their placement type. The parameters for 'Good Enough Parenting' (sic) that are applied by Local Authorities in determining whether or not intervention is justified do not vary from city to city. The threshold applied by Family Courts in deciding if a child should be removed from or supervised within their birth families under the terms of a Care Order remain constant regardless of the background of parents or the districts in which they live. How then can we justify variable standards in relation to how care providers, be they in the state or independent sector, are judged on a scale varying from 'inadequate' to 'outstanding'? The Oxford Dictionary has it that 'a standard is "a level of quality, especially one that people think is acceptable". Our children in care, therefore must be cared for in a manner that, regardless of where they are placed, is of an identical quality standard.

Ed Nixon

12.11.15.