

A letter to the Chair of the independent review of children's social care.

Disclaimer:

This letter has not been created on behalf of ECLCM and does not seek to represent the views of the whole ECLCM team – though fellow Board members have had the chance to read it and have given consent for it to be added to our website. It is personal and based on my own views formed over the course of my working life.

In some senses it is a response to The Case for Change, published by the 'Independent Care Review' and is presented as an open letter.

As a team we were offered and took up the chance to discuss our campaign with Mr MacAlister, but I was permitted a separate meeting with him to represent my own views on a range of matters. Inevitably the meeting was time limited, and I had far too much to say. I did agree, though, to send additional food for thought to the review team and this is it. Unfortunately, it is a 'long read' and this may put people off so if you wish to skip to comments specifically about the ECLCM campaign then just head to pages 8 and 9. Having said that and from a personal perspective all that goes before is, in many senses, what led me to being part of this team.

Thanks

Ed

A letter to the Chair of the Independent Review of Children's Social Care.

Dear Mr MacAlister, thank you for virtually seeing and listening to me on 25th June. I appreciate that you said there would be a record of the meeting but, as time was against us, I have, as promised, put down my thoughts in writing and added some of the things that we could not get around to discuss. You may, or as you said one of your team may, find time to read this and I hope that you find it interesting as you move forward to the next stage in the process. I'll not go into my background as I have already explained that to you twice and you will have decided whether it is relevant or not.

Thank you for allowing me to bring the agenda.

Let's start with social workers, after all I am one. The 'Case for Change' certainly had a great deal to say about social workers and frankly it was by no means all positive. Not surprising perhaps, given that social work as a profession approaching its forty-eighth birthday (and I can speak of, if not for, forty-seven of these) has been through so many changes as society adjusts its expectations of the profession yet again. The arrow on the roulette wheel seems destined to rest on relationship-based social work again. Personally, as I shared with you I can't understand how there can be any other form of social work and anything else feels like social processing. I believe that those almost five decades ago there were many excellent social workers as there are now, some less good and some, frankly who should have been directed by their managers to find an alternative occupation.

Of course the fashion these days is for social work to be a graduate-entry profession – even sometimes when the degree is entirely unrelated to social care or anything close. I regret that we are predominantly employing graduates for two main reasons.

Firstly, we are largely excluding many who would make brilliant social workers but who not possess a degree. Some of the most brilliant social worker practitioners that I knew and know were or are not graduates. Such individuals may well be lost to the profession. Second, I struggle (but some might say I would, wouldn't I as an effectively, if not fully retired, 'old school' social worker'?) with the fact that many young people decide on a career in social work at eighteen and embark on their degree. I am critical of neither these individuals or the institutions in which they gain their degree or Masters, but the difference between studying and practicing social work can be considerable and (carrying a considerable financial burden accrued during their studies) this may account for the frighteningly high 'drop-out' rate of social workers, qualified but lost to the profession forever. Worse still, perhaps they will remain in jobs to which they are unsuited and in which they are unhappy until they can afford to move to employment elsewhere.

I know no social workers who have entered the profession with anything other than the intention to make a positive difference. This is excepting some of the dreadful individuals who, many years ago preyed on children in unregulated, pre-registration provision along with the paedophile rings that were able to thrive in the days preceding the Care Standards introduction at the turn of this century. The profession is full of good people though as the Case for Change points out, their opportunities to support families appears to be severely curtailed by an overwhelming series of required tasks that means they spend a small proportion of their time enabled to create the very relationships that must be at the heart of their work. How can this be changed? Either social workers must be freed up to build relationships and or the bureaucratic demands must be reduced – or both. I explained a system that had worked in my service through the eighties and nineties where, in an inner-city area of very high levels of social deprivation, by introducing a workload management system we were able to ensure that all those supported by the social work team received the time and service required to maximise the chance of children not coming into care. Social workers were supported by initiatives such as Sure Start – now sadly defunct and by investing in Family Centres. This particular system (and there were others) guaranteed that social workers had the face-to-face time necessary with children and their families to support them and help resolve difficulties. In return social workers had to ensure that 'cases' were either (generally the case) brought to a successful conclusion for all or face the consequences. It worked brilliantly. Social workers were given the opportunity to apply their skills and knowledge, children and families had the opportunity to grow to trust their social workers and work with them to resolve challenges. Cases were closed - not to re-open. This meant other of the emergency cases could be allocated to the team and eventually we reached an equilibrium where the same size of team was managing the area workload and what's more doing social work not 'fire-fighting' Outcome happy team and a well-supported community. Of course, such a system brings risks. First, all of the cases that couldn't be allocated were supported on an emergency/crisis basis only and closely monitored by middle managers to assess risk. Second, the risk of the system as a whole was 'held' by managers who were left in little doubt by more senior managers that should anything go wrong then they would be finished. We, the whole team, and possibly many others around the country who attempted similar approached took that risk. I am not proposing this as a universal social care panacea, but it was radical, and it worked. Of course, we did not resolve all 'cases' but we stemmed a wave of children coming into care. A

subsequent initiative was taken in establishing a team of social workers, former residential staff, an Education Welfare Officer and our newly appointed Looked After Children's Nurse to focus on a 24/7 support team working with families in the community where (primarily) teenagers were at great and often immediate risk of coming into care or experiencing a placement breakdown. By delivering intensive support to families, our own Local Authority children's homes and foster homes in crisis – sometimes including staying overnight in the family home or taking children away from (but not into care), for up to 24 hours a crisis situation – we were able to further decrease the cohort of children entering or moving around the care system. These systems did require additional investment – though the support team was actually funded by savings that we had managed to make in our residential sector - but we considered them investments in the proper sense of the word. That is money or other resources that one sets aside in the hope that eventually there will be a dividend. By investing in the service the LA saved a great deal of money in the medium term because children were not moving into care or within care – with the costs associated with both of these things. In essence we saved more than we spent. I cannot comment on the longer term benefits of this system as I left the LA a few years after we had established the 'preventative' team.

You posed the question in Case for Change, “How do we address the tension between protection and support in Children's Social Care that families describe? Is a system which undertakes both support for families and child protection impeded in its ability to do both well”? My answer is “Absolutely not”. Support and protection are part of the same continuum and the same social workers – if freed up to practice their profession, not process will be best place to know when and if, the risk of significant harm outweighs the damage done to a whole family by removing a child or children into care. Will this require more funding? Possibly. Will it require inspirational and strong leadership? Absolutely. Our social work community have been outraged by what they have, understandably perceived as unfair criticism in the 'Case for Change'. This may or may not have been intended but my belief is that is exactly what has happened, and we need to show faith in these people and allow them to practice as they would wish not constrained by systems that mean they spend as much or more time looking at computer screens as they do with the people they entered the profession to help and support.

You state in your report that for those children who do come into care that “Care must build rather than break relationships.” Obviously' but the suggestion is clearly that the opposite is true, and one wonders if this is the case, then why it is so? At the point of entry into care there is a window of perhaps several weeks to possibly a year when there is the greatest chance of a child being able to return to their birth or extended family. The first thing we often get wrong is that frequently a child entering care loses not only their family but their social worker too. All too often different teams of social workers specialise in different aspects of children's journeys and those who have worked to keep children living safely (enough) within their birth family are in teams specialising in that role, whereas social workers 'specialising' in working with children in care are in another. Consequently, there is likely to be a change of social worker at or very close to the point where the child moves into care. I suggest that if and when this is the case then it is not in children's best interests. The social worker who knows the child best should remain as the child's social

worker unless and until a decision has been formalised in a statutory review that the child's care plan is not to return home.

The Case for Change poses a question about why 'care' doesn't facilitate strong and loving relationships. The answer may be quite easy in most cases. Firstly, it can, and does do this on many occasions. There is ample evidence to support this such as, I suggest, underlies something children in care told Ofsted in their survey of children's wishes and feelings as part of the *Ofsted children's social care questionnaires 2021*. Now, I acknowledge that I am speculating here but if children had not been able to form, sustain and value "strong and loving relationships" with their carers then I find it hard to believe that, within the reporting on the aforesaid questionnaires, Ofsted describe "*A theme within the responses this year was children saying that they wished they could stay where they were for longer and that they did not have to move on when they were 18*". Note the word "theme" – not an occasional comment, not something a few children referred to but, presumably something that came up repetitively.

So, it can and does happen but certainly not always. It may be possible to interrogate these Ofsted findings to try to ascertain why so many children in all foster and residential care expressed this view and I trust and hope that such an interrogation will form part of the independent review of children's social care. However, let's examine how, on those occasions when attempts at supporting families to stay together are deemed to have ended we place children in care. Routinely (and generally appropriately) the first option will be to consider kinship care so that the child can remain as part of their extended family, perhaps stay at their existing school or day care and experience as little disruption as possible. There is of course a difficulty in that recent data on the numbers of children coming into care suggest that there is (as many have believed for years) a very significant link between rising numbers of children coming into care and poverty. If this is the case then one must consider it likely that extended family members may fall within the same or a similar economic demographic and may find the cost of caring for an additional family member prohibitive. Yet we continue to provide financial and other¹ support for kinship carers at a lower level than 'mainstream' foster carers. This being the case it is conceivable that whilst the quality of care may be acceptable it places additional burdens on the family or individual offering the care. Support for kinship carers should be provided on a compatible and needs-led basis in the same way as it is for other carers and the review would do well to consider recommendations in this area.

If no members of the child's family are able and available to offer care then the next placement option is commonly a foster carer from within the LA's own resources. Again, the logic appears sound. Local, minimal disruption, potential to sustain existing educational and health services.

Rarely, if ever, a child's first placement in care will be in a residential children's home or school. There are reasons why this is the case primarily the cost involved as residential care is a relatively expensive option.

¹ Please also consider later comments in respect of therapeutic support for all children in care – kinship or otherwise.

For many years, over forty in my personal experience, this pattern has been repeated and also repeated is the extremely high proportion of children in care who have multiple placements. Each change of placement leading to further disruption for the child and frequently the compounding of the very issues that led to their being taken into care initially. At what point do we examine why as a society we have been guilty of this serial failure of our children in care? Ideally now with the advent of the independent care review. What has been the missing feature? I suggest it is 'assessment' of children's needs.

I have used this example before but, to me at least it still seems relevant. Coming into care is a traumatic experience for a child (as it is for their family). Inevitably it will create or, often, compound attachment issues for the child. The child must, therefore, be considered to have emotional and or mental health needs. How well, if at all, are these considered along with other behavioural issues that may exist having lived within a family that, in the judgement of those responsible for her or his removal from their birth family, is in some or perhaps many ways dysfunctional?

So imagine two children of the same gender, physical and intellectual capacities, 'equals' by all measures one chooses to place faith in.

Child one falls from a climbing frame and injures its leg. It is comforted (probably by its loved ones) whilst awaiting an ambulance. The paramedics make an assessment and determine that the child has almost certainly suffered significant harm and in all probably has broken its leg. The child is taken to hospital and the assessment continues through examination by a doctor and x-rays. It is determined that the child's leg is broken and the doctor states that surgery is required to heal the leg. The child undergoes surgery having had this explained to them not only by the doctor but also its carers who remain ever present. Surgery is successful, as is the subsequent hospital care and a long period of physiotherapy – during which time the child's school are supportive sending work home and it may, not unusually, even receive a visit from someone from the school to encourage it maintaining its studies so as not to fall behind classmates. Eventually after further assessment by medics the child is considered to be healed. Throughout this whole healing period the child is surrounded by family who meet its needs and eventually a full recovery is achieved.

Child two has experienced a traumatic childhood raised in a family who, for whatever reasons are unable to meet its physical, emotional and developmental needs. A social worker is allocated, and other services supplement the support to the family – including the child's school that, despite the child being an erratic attender send work home on a regular basis – but it never comes back. Eventually, it is determined that the child must, to safeguard its welfare after it has been assessed as being at risk of suffering significant physical and emotional harm. The risk of harm will, I'm sure, have been assessed but will the child have had a comprehensive assessment – unlikely. In all probability the child will be placed with foster carers, an obvious choice as ideally placement within a family is least disruptive and potentially threatening. The traumatised child may have seen distressed parents and or siblings as it left home. The social worker or another worker will have done their best to comfort and reassure the child telling it something along the lines that it cannot live at home for a

while because there are difficulties and will elaborate on those particular difficulties and how they may be resolved in time. They will also try to explain to the child something about the 'new' family that they will be living with for a while. The child will meet these 'strangers' and in a short while will be left alone with them, again reassured and comforted as the, no doubt, excellent foster carers begin the task of trying to help the child settle. I will not elaborate further as there are many excellent accounts of just how traumatising removal from parents – even those judged not very adequate parents can be.

The foster carers will probably have received good training. The child will probably not have access to any therapeutic support as no assessment will have been available and even if it has there will a long waiting list. The foster carers will, no doubt offer care and love to the child, its basic needs will be met but who will heal the emotional harm that the child has suffered? Unlike child one there is unlikely to be a treatment plan simply a move from a dysfunctional family to a 'good, approved family'.

Essentially child one is thoroughly assessed, receives and immediate and appropriate health intervention, is supported and surrounded by their secure base (family) through this process. Child two has no secure base and in any event has been removed from those who were (un)able to provide this and placed in a strange house, with strange (if kind, loving and trained but in all probability not in trauma-informed practice) people yet we expect this to be enough to heal it. Little wonder that so many children in care 'fail', have multiple placements, are traumatised repeatedly by new placements.

Children on the cusp of and who enter care all require a full assessment of their needs and this assessment should inform placement choice in a setting where they can be 'healed' in much the same way as children who suffer serious physical injuries.

Once in care, a vast majority of children do not receive therapeutic assessment and tailored intervention. They live their lives in six-monthly cycles (in line with their statutory reviews), not knowing if they will stay where they are living or be moved elsewhere. (*Ofsted children's social care questionnaires 2021 – op.cit*) They know that, regardless of their wishes and feelings that if they are in foster care they will have to move on when they are 21, or 18 if they are in residential care. This impacts on their willingness and, frankly, impedes their potential to commit to placements and relationships with those caring with them – particularly for those placed in residential care which often happens at or beyond their 15th birthday – the clock is already being 'run down'. At the time of our meeting the article to which I will shortly refer (written by Dr Sarah Parry, who has agreed to me referencing it for which I'm grateful) had not been published and I was unaware of it. However, having read it I think it offers many of the points that I would associate myself with – though far more evidenced-based and succinctly put than I could have done.

[WE NEED TO REFORM THE STANDARD OF CARE IN CHILDREN'S HOMES](#)

Once again, creating a system such as Dr Parry suggests would require additional funding but as with a previous example that I have mentioned this additional funding

would be reflected in 'dividends' as fewer children supported like this would likely become part of the dreadful data that we collect year on year on the outcomes for care leavers, so many of whom fail to match the achievements and indices of non-looked after children for reasons entirely unrelated to their abilities. The human cost of failure is incalculable, but the financial cost is not. The University of York are among those who have put a 'price' of our failing children in the care system. The costs are both actual costs to the economy such as benefits claimed by care leavers who are less likely to gain employment; the costs of accommodating a disproportionate number of care leavers in hospitals for those with mental ill-health and in prisons; the costs associated with the sad fact that it is more likely (for whatever reasons, justifiable or not) that the children of care experienced people will be more likely to enter care themselves; the high incidence of drug and alcohol related problems within the care experienced community – the lists as we all know go on and are well documented. This is not because those children in care are in some way deficient or anti-social or deviant, it is because collectively we, as their corporate parents, have failed them. There are other costs, opportunity costs of our failing care system. Every child we fail, and it would seem from the evidence that there are many thousands, represents a lost income to the country. Lost income from their tax and National Insurance contributions if they are not in employment; lost costs associated with the talent that we are failing to nurture and recognise in children in care who might easily become the next theoretical physicists, computer scientists or even political leaders' children who could, and sometimes do go on to make massive contributions to our society working in fields that we don't even tell them about because they are in care.

There are many successful care leavers, of course, but rather than celebrate this fact we should be corporately ashamed we should be asking why this is even a 'thing'. Whilst I would support the excellent idea that being a care leaver should be a protected status this is only necessary because so many are prejudiced (often in ignorance) against them.

In our discussion we talked, albeit relatively briefly, about the exponential rise of Unregulated homes and their use by Local Authorities as placements for vulnerable children. The BBC, the Guardian and many others have delivered to us the horrendous stories of children being placed at risk of exploitation in some of these homes and again for me to elaborate further is not, I assume, necessary. It is though, perhaps worth reminding ourselves that the abuse we hear of associated with many such provisions is not entirely dissimilar to the situation that, mainly retrospectively, we learned of that was occurring in 'children's homes' in the days prior to the requirement to register such facilities and which has directly led to the IICSA enquiry. The emergence of Unregulated accommodation is not entirely unlike that of the growth in the independent and third sector registered and regulated provision at the time that so many Local Authorities found that they could not operate children's homes in a cost-effective manner. As we bring increasing numbers of children into care so we need an increasing 'placement base' in which they can be accommodated. In the years leading up to the end of the last century this is how the proportion of residential children's home places shifted from the Local Authority sector to the independent and third sector and I suggest (as have others) that now, as we are experiencing a very significant growth of the numbers of children entering the care system, the shortfall in placements has encouraged the growth of an

unregulated sector. The Government has announced that it will ban unregulated accommodation for children in care aged 15 and under. Is this good enough? Absolutely not. In a report published in September 2020 the, then, Children's Commissioner recommended that the use of semi-independent and independent provision should be made unlawful for all children in care:

"No child under the age of 18 should be placed in an unregulated setting. All children aged under 18 should receive care, rather than support. As such, there should be a requirement that any setting they are placed in is regulated as a children's home".

The proposals, as I currently understand the situation, is that a new set of standards and regulations will be introduced to facilitate this legislative change. Will they achieve the impossible and demonstrate that children of 16 and 17 do not need to be cared for? No, because it is simply not true. At a time when the Case for Change makes a case that our care system fails to consistently ensure that "strong and loving relationships" are built and sustained it is surely an oxymoron to consider that a system without care can deliver strong relationships and love? Others have spoken on this much better than I could possibly do, and those voices are perhaps best expressed by Carolyn Willow of Article 39 (a small children's rights charity that for the second time in less than 2 years finds itself having to challenge the Government on legislative proposals):

"The Education Secretary states that he cannot imagine a circumstance in which a child under the age of 16 would be put somewhere where they don't receive care. But children aged 16 and 17 also need care. This shameful policy announcement entrenches a two-tier care system."

Caring for children is an expensive business. Caring for children in foster care and residential care is even more expensive. There are some – typically extremely large corporate entities – who make what I would consider to be outrageous profits, and this is entirely unjustifiable. There are many much smaller providers who earn a living in the independent and third sectors much as do their counterparts in the public sector and who neither make nor extract an income that is unreasonable when contrasted with colleagues working at a similar level in publicly operated services. Whilst it was possibly considered to be a parody I stand by something I co-wrote with Jonathan Stanley in May of this year and from which this extract is lifted:

"There will be a cap on profit extraction, with surplus above 15 per cent being reinvested in the provision or paid directly into the newly created 'Care bank' which will be a national resource offering financial after care support to care leavers across the country"².

The piece was satirical but, save for detail, the principles are surely worthy of discussion in an attempt to ensure that both the public and private sectors deliver excellent, therapeutically informed care at a reasonable cost.

Inevitably, I will end on the matter that first brought me to participate in public debate about children in care, the discrimination against children leaving care from

² <https://www.cypnow.co.uk/blogs/article/a-residential-child-care-worker-s-queen-s-speech>

residential children's homes. I have already had a focussed discussion with you on this matter in my role as a member of the board of the Every Child Leaving Care Matters campaign so I will be brief. The legislation that brought about the differing treatment of children in care, the Children and Families Act 2014, enabled in principle though I would acknowledge not always in fact, children in care living with foster carers to stay put until they are 21 years of age. This is supported by me and everyone else I have ever met. It is a simple matter to prove that this discriminates against others i.e. children in care who are living in a placement that is not foster care because they have no right to Stay Put.

Some have argued that the Staying Close innovation programme is an alternative to Staying Put for children in residential care. This is not the case. It could subject to the assessed needs, capacities and wishes of the child be *an* alternative but should never be considered to be *the* alternative. In reality, though, I and others were willing to go with Staying Close as a pilot programme. as it is the placement of children in unregulated accommodation. It is better than children being evicted at or approaching their 18th birthday from their (children's) home but only by degree.

In his novel, 'Howards End' E.M. Forster used the epigraph "Only connect". I hope that this review will consider his words carefully. I suggest that what we have is not, as some would suggest a 'broken system' but an often disconnected one. I firmly believe that there are thousands of good and better workers in all parts of the workforce and across the public, independent and third sectors. There will be some who are less than up to the required standard as would be the case in any workforce in the country.

But are we 'connecting' and working together across and within those sectors? Are those in the public sector talking and connecting effectively with their counterparts in the provider sector in their commissioning activities? Are those charged with supporting and safeguarding children connecting with services that can support families in the communities. Are those community services what they need to be, what are the shortfalls and how can these gaps be bridged? Are social workers and residential and foster carers connecting as they should to ensure that they are all working congruently to deliver consistency and care for the children for whom they are collectively responsible? Are managers and staff connecting so that the former ensure that the latter can work most effectively in completing their duties and fulfilling their responsibilities?

Certainly the sector needs investment but does the Government connect with this in understanding that investment astutely assessed and delivered in the short to medium term can deliver massive savings and improved lives in the longer term future? A cliché, I know, but it's also true to say that these are our children and actually a much used question over the course of recent times remains nonetheless relevant at all levels of the system from the Secretary of State down and through Children's Social Services, "Would this be good enough for my child"? If not, then it's not good enough for children in care.

Ed Nixon
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