

Set up to fail?

Overlooking looked after children

Set up to fail? Overlooking Looked After Children was commissioned and edited by Paul Burstow MP and researched and written by Richard Stokoe.



The diary of Kevin Jacobs

3rd July 2001 – Kevin Jacobs was remanded into Feltham Young Offenders Institution. A ‘looked after’ child since the age of seven, he had a ‘phenomenal history of self harm’ and was desperate for attention. Everyone who met Kevin agreed that he should never have been in prison.

19th July 2001 – Kevin was given a six-month detention and training order.

14th September 2001 – Kevin was found unconscious and hanging in his cell having been bullied several times. Kevin told prison officers that he was suicidal.

26th September 2001 – Staff discovered ripped sheets and a large hook under Kevin’s bed and moved him to the health centre for closer monitoring.

27th September 2001 – Kevin was transferred to a normal cell as the health centre one on the wing was being refurbished.

28th September 2001 – Kevin’s social worker came to visit. In his desperate and depressed state, Kevin had wanted to return to his old care home in Guildford. That day, his social worker told him there was no place for him.

29th September 2002 – Kevin was found hanging dead from a sheet tied to the cell bars.

He was 16.

26th September 2002 –An inquest jury found “systematic neglect and gross deficiencies in the system” contributed to his death.

31% of the prison population were once looked after children.

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1. Introduction

- 1.1 Looked after children are the most vulnerable children in society. At some stage in their short lives, they have faced traumatic experiences that many adults will have never faced themselves. Abuse; neglect; rape; torture; disability; exile; bereavement; homelessness, or abandonment by those who are meant to love them are just some of the horrors that these children have had to face before being taken into care.
- 1.2 They enter care mentally scarred, lonely, frightened and bewildered. It is then the duty of social services and both local and national government to pick up the pieces and provide these children with an opportunity to start again and make something of their lives.
- 1.3 However, the services are not getting to these children. The chronic lack of information about the plight of these children masks the devastating problems they face trying to get access to services that have the ability to transform their lives. Lack of access to GPs; mental health services; dentists; social workers; or the right type of schooling, have left improving the lives of these children an almost impossible task.
- 1.4 The obsessive target culture pursued by Ministers is obstructing, rather than enhancing, the opportunities of thousands of looked after children. The consequences for failure to help these children are stark.
 - Four out of five will be unemployed or unemployable.
 - Three in five will have no educational qualifications
 - One in three of the prison population was a looked after child.
 - One in four looked after children will be a parent when they leave care.
 - One in five will be homeless two years after leaving care.
- 1.5 This is the tip of the iceberg. They are the facts we do know. There are many hidden problems that are left unknown and ignored. **The most vulnerable children in our society are being set up to fail.**

2. Summary and recommendations

- 2.1 There is no single reason why children become 'looked after children'. Despite being in the care of the state it is remarkable how little the state knows about the lives of these children and what happens to them when they leave care. From the available evidence it is clear for many children they never overcome the multiple disadvantages that they have; they never have the opportunity to realise their full potential.
- 2.2 Despite a fall in the number of children entering care, in part caused by local authorities setting higher thresholds for triggering admission to care, the numbers in care have actually increased because they are remaining in care for longer. The rationing of access to these services is yet a further sign of the chronic underfunding and staffing shortages that bear down on the service.

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- 2.3 In practice, the child's needs are not at the heart of services for looked after children. The evidence points to a system that does harm to children through delay. The experience of far too many children is not of a co-ordinated response to their needs involving social workers, health professionals, teachers, and carers but of buck-passing and cost shunting. Children need parents, and if their birth parents let them down, they need to be able to turn to social workers, health professionals, teachers, and carers, who place them ahead of their professional boundaries and work to ensure a secure and nurturing environment.
- 2.4 It is a scandal that the Government knows so little about the mental and physical health needs of looked after children. The delays in assessments as well as several changes of placement can lead to mental and physical health problems being missed. No referral or slow referral to Children and Adolescent Mental Health Services (CAMHS) then compounds mental health problems further.
- 2.5 With as many as 1 in 4 looked after children having a statement of special educational needs, educational attainment must be viewed outside the typical GCSE boundaries that Ministers became so focused upon.

3. Recommendations

- 3.1 The recommendations have been divided up into those that are directed to central Government, those that require action by local authorities and other local agencies, and those that require the action of other organisations.

Central Government

- 3.2 The Prime Minister should appoint a Cabinet Champion for Children. The Champion should have responsibility for co-ordinating the Government's response to the Convention on the Rights of the Child and ensuring that Government departments and agencies have complementary objectives and targets for children.
- 3.3 The Government should bring forward proposals for establishing on a statutory basis the Office of the Commissioner for Children to co-ordinate, monitor, and promote issues affecting children, acting as an advocate for the rights of children.
- 3.4 Undertake an urgent audit of all data currently collected by Government departments and agencies concerning looked after children to identify gaps and determine priorities for new data collection.
- 3.5 The Department of Health must undertake an urgent review of its current social work recruitment drive and implications of the number of people entering social work training in the UK. In conjunction with the Local Government Association a further recruitment campaign should be launched promoting the profession and challenging the myths about the

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profession. However, the chronic retention problems in children's social services must also be urgently addressed to provide the essential continuity to vulnerable children's lives that would allow them to become productive and beneficial members of society.

- 3.6 The special needs of looked after children must inform all of the standards in the Children's Services National Service Framework.
- 3.7 The Department of Health must ensure that its Alcohol Strategy specifically identifies and meets the needs of looked after children.
- 3.8 Urgent research work must be undertaken by the Department of Health to establish how many looked-after children are referred to child and adolescent mental health services, how many go on to enter adult mental health services and how many suffer major mental disorders in later life.
- 3.9 The Home Office should commission research to discover how many unaccompanied asylum seeking children go into looked after children services, what their needs are, what the cost implications for each local authority are and what additional services need to be provided for these children.
- 3.10 The Department of Health should enter into discussions with the LGA and ADSS to set up pilot projects to measure the impact on educational attainment and personal development of looked after children sent to boarding school.
- 3.11 A national care line and website should be set up specifically for looked after children, their families and professionals to provide a signposting service, the dissemination of best practice and an source of information.
- 3.12 The Department of Health should undertake an urgent assessment of the financial implications that face children's homes in the light of the increased liability risks associated with the profession following the collapse of the main insurer for children's homes.
- 3.13 Urgent identification of what measures can be put in place to prevent looked after children becoming persistent offenders and an independent review should be set up to look at whether juvenile detention centres are beneficial to the long term rehabilitation of youth offenders back into society. The review should also look at whether this type of institution is long-term cost effective, and whether, despite opting out of article 37(c) of the UN Convention on the Rights of the Child, a child being locked up in adult prisons is advantageous for the child or society.
- 3.14 The completion of the target for all staff to achieve *NVQ Caring for Children and Young People level 3* is essential to provide staff with the skills and understanding that is required.

Local Government and other local agencies

- 3.15 Social Service Department experiencing serious recruitment and

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retention difficulties must examine the scope for reallocating tasks to free up social workers to concentrate on complex cases. Developing effective administrative and IT support for social workers. Identifying and encouraging suitable candidates amongst the existing workforce for training in social work.

- 3.16 A social worker must be assigned, and first contact must be made with, a looked after child within 1 week of entering into the care system. This means that social services, health and education departments in local authorities must fast-track the neediest children through assessment and diagnostic services.
- 3.17 Primary Care Trusts must review their arrangements with local Social Services Departments to ensure that looked after children have access to a GP and NHS dentist and that they receive regular check-ups and urgently adhere to the belated guidance *'Promoting the Health of Looked After Children'* published in November 2002.
- 3.18 Primary Care Trusts must ensure that adequate resources are provided to Child and Adolescent Mental Health Services to enable emotionally damaged and distressed looked after children to receive timely and appropriate care at the right time and in the right place.
- 3.19 Local authorities should consider establishing a post funded jointly by social services and the local education authority to provide an advocacy and truancy service.
- 3.20 Local authorities should work with other local agencies to develop strategies to increase the pool of foster carers by investing in dedicated staff to recruit and provide 24 hour backup and support to carers, including specialist education and health support and through payment of competitive package of remuneration
- 3.21 Local authorities need to work with other agencies to post adoption support, including specialist education and health support.
- 3.22 Training courses for teachers, health professionals and social workers must emphasise the importance of concise, comprehensible, non-jargoned report writing that can be disseminated to all branches of the childcare system.
- 3.23 Preventative programmes and support must be introduced by local authorities to stop formerly looked after children ending up homeless so soon after finishing their period of care.

4. Children in care? The Facts

- 4.1 At any point in time there are as many as 60,000 children looked after by the authorities in England. There is no single reason why children become 'looked after children'. It might be the result of a temporary

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crisis in the family that makes it impossible for the birth parents to continue caring for them. It could be as a result of abuse or neglect. Seven out of ten looked after children will return to their birth family within a year.¹

- 4.2 Where circumstances require a child to be taken into care and become a looked after child, the local authority Social Services Department has the statutory duty to put in place alternative arrangements to support the child. These can range from placement within the child's birth family, residential care, foster care or adoption.
- 4.3 In researching this report it has become all too clear that there are large gaps in our knowledge about the condition of looked after children. Statistics can mask the truth as well as offering new insights. As this report documents, the dearth of data makes the development of robust policy responses exceedingly difficult and calls into question the current Government's approach.
- 4.4 This report tries to establish a clear baseline from which progress can be measured. *Table 1* on the next page sets out what policy-makers and practitioners know about the children in their care.
- 4.5 As *Chart 1* shows, since 1994 there has been an increase of 14% in the numbers of looked after children. Despite fewer children entering care, the numbers have also increased as a proportion of the number children in England and Wales. Within this overall increase there has actually been a decrease in the number entering care, but those that do, stay longer. Numbers in care for less than six months have remained broadly constant, but numbers in care for between six months and two years are increasing.
- 4.6 As *Chart 2* shows the pattern varies across the age groups. There has been a 35% rise amongst the under 4s, a 27% rise for 5-9 year olds, a 10% rise for 10-15 year olds and a 9% reduction for over 16s.² During this period there has been a 25% increase in care order placements since 1996.³
- 4.7 As *Table 1* demonstrates the educational attainments of looked after children is a serious cause for concern. While the focus has been on exam performance at 16, less attention has been paid to post 16-education. No Government Department currently collects figures on the numbers of children looked after who go into further education.⁴ However, estimates have been made which suggest that between 12% and 19% of looked after children go on to further education.⁵

¹ <http://society.guardian.co.uk/glossary/page/0,11638,646455,00.html>

² <http://www.doh.gov.uk/public/cla2001.htm>

³ <http://society.guardian.co.uk/socialcare/news/0,8372,441541,00.html>

⁴ HoC Hansard, [61784] 24 Jun 2002 : Column: 736W Phil Willis MP

⁵ P.3 Who Cares?, The education of children who are looked after by local authorities, a guide for elected members, Barbara Fletcher, LGA

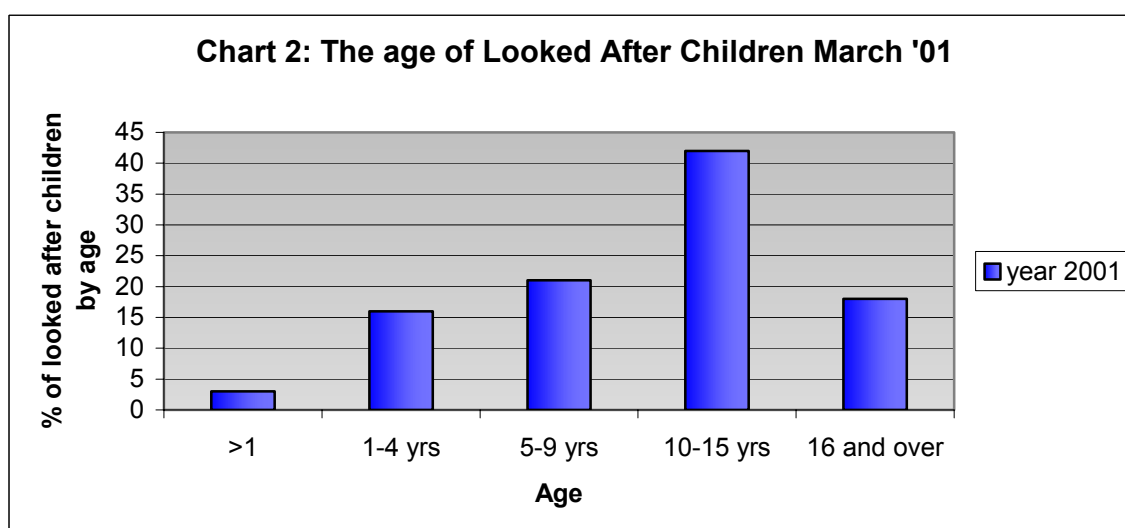
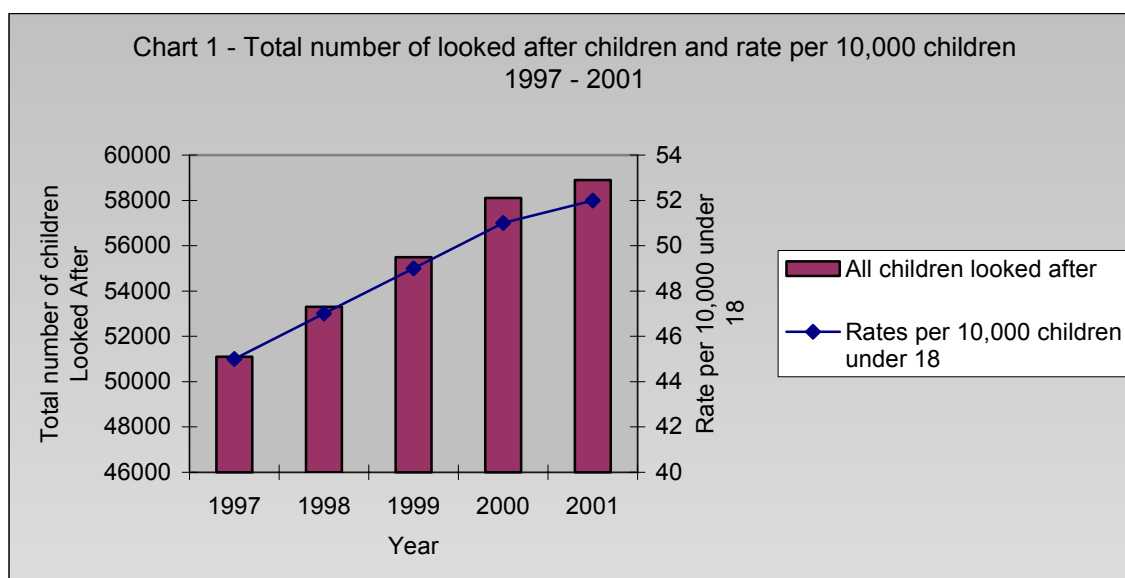
Table 1: A looked after child's life in figures

<p style="text-align: center;">WHO ARE LOOKED AFTER CHILDREN?</p> <p><i>THERE ARE 58,900 LOOKED AFTER CHILDREN AT ANY ONE TIME</i></p> <ul style="list-style-type: none">• 56% children leaving care are boys, 44% are girls• Around 27% have a physical or mental impairment• 6.6% are black• 6% are of mixed race• 1.8% are Asian <p style="text-align: center;">HOW DID CHILDREN END UP IN CARE?</p> <ul style="list-style-type: none">• 41% have been abused or neglected• 10% have been taken into care because of family dysfunction• 8% were put in care because of fears for their welfare• 3.9% are abandoned or lost• 3.3% have been placed in care because of their behaviour• 2.1% are accused or guilty of an offence• 1.9% are orphans• 1.3% are in the preliminary stage of adoption• 1.2% have parents in prison• 0.7% have been homeless or their families made homeless• 0.6% are children whose parents needed some respite• 0.2% have suffered a breakdown of their adoptive family <p style="text-align: center;">WHAT IS THEIR HEALTH LIKE?</p> <ul style="list-style-type: none">• 96% have behavioural or emotional difficulties• 31% have not had basic health checks, inoculations or have gone to the dentist• Between 17.5% and 25% have a child by the age of 16• 13% are mentally or physically disabled• 5% have not had a social worker allocated to them <p style="text-align: center;">HOW DO THEY DO AT SCHOOL?</p> <ul style="list-style-type: none">• 55% will leave school with 0 GCSE's,• 26% have a statement of Special Educational Need• 25% have missed 25 days or more of school a year• 10% will have 1 A-G GCSE• 10% will have 1 GCSE A-C• 9% will have 5 A-G GCSE's• 6% have been excluded from school all together⁶• 5% will have at least 5 GCSE's A-C• 4% will have at least 1 GNVQ⁷ <p style="text-align: center;">WHAT DOES LIFE HOLD FOR THEM?</p> <ul style="list-style-type: none">• Between 50% and 80% will be unemployed or unemployable• Between 6% and 10% girls in care will have a child of their own.• 31% of the prison population is a formerly looked after child• 20% have experienced homelessness within 2 years of leaving care• 12% –19% go on to further training or education
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⁶ SSI and Ofsted – 'Education of Children who are looked after by Local Authorities'

⁷ Statistical Bulletin 2002/27 28 November 2002, Department of Health Tables 2 & 3 Page 14

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- 4.8 Research undertaken by the homeless charity Centrepont found that 30% of formerly looked after children had experienced a period of homelessness, with almost three quarters of them being homeless for at least a year.⁸ As many as one in five formerly looked after children have experienced a period of homelessness within two years of leaving care.⁹
- 4.9 According to the *Criminality Survey 2000*, 31% of the sentenced male prison population had been taken into local authority care as a child.¹⁰ This suggests that around 19,400 men in prison today have background of local authority care. The picture is similar for the female prison population with as many as 1 in 4 female prisoners having been taken into local authority care as a child. This equates to 1,000 female

⁸ <http://www.centrepont.org.uk/pdf/factsandfigures/care.pdf>

⁹ Broad, 1998; Biehal *et al*, 1995

¹⁰ HoC Hansard [51080] 24 Apr 2002 : Column: 324W Paul Burstow MP

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prisoners.¹¹ Based on the average cost of a prison place at £35,784,¹² **it can be estimated that the Home Office spends in the region of £730million a year to keep former looked after children in prison.**

- 4.10 While it has proved possible to obtain figures for the number of prisoners who were formerly looked after children in the adult population, there is no similar data collection for juveniles in detention centres.¹³ What we do know is that 2,800 or 11% of children over ten years old who were looked after in England and Wales were cautioned or convicted of an offence during both the year 1999/00 and 2000/01.¹⁴
- 4.11 **The financial costs outlined above represents only the tip of the iceberg when it comes to assessing the cost to society of our looked after children in our society.**

5. The legal and institutional framework

- 5.1 The Children Act 1989 is the centrepiece of the laws that govern our child protection system. It replaced and codified the legislative arrangements that had been put in place by a succession of Acts of Parliament from the Children's Act 1948 to the Children's Act 1963. The main provisions of the Children Act 1989 are:
- To place local authorities with social service responsibilities under a duty to act as corporate parents to all looked after children.
 - For local authorities to act to protect children from harm, which arises from family breakdown, or abuse within the family.
 - To incorporate looked after children into the decision-making processes for their future.
- 5.2 The legal framework has been added to, and amended by, a series of Acts passed since 1997. These include the Protection of Children Act 1999 and the Carers and Disabled Children Act 2000, which were introduced as Private Members Bills; and the Children Leaving Care Act 2000 and the Adoption and Children Act 2002. A brief description of the main features of these Acts can be found in *Appendix A*.
- 5.3 The Children Leaving Care Act 2000 extended the duties of local authorities to care leavers and removed the entitlement of 16 and 17 year-old care leavers to the main income related benefits. The Act came into force in October 2001 and placed a duty on local authorities to provide support by agreeing a programme of education and training which meets the needs of the individual care leaver. Local authority support may be extended until a care leaver's 24th birthday and can continue for longer if this is necessary to complete their agreed programme.

¹¹ HoC Hansard 24 Apr 2002 : Column: 324W; figures for prison population taken from HoC Hansard 8 May 2002 : Column: 235W

¹² P.10 Prison Service Annual Report and Accounts for 2001-02

¹³ HoC Hansard [52140] 1 May 2002 : Column: 824W, Dr Vis MP

¹⁴ HoC Hansard [75711] 13 Nov 2002 : Letter to Paul Burstow MP

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- 5.4 Lead responsibility for children's services rests with the Department of Health. It has had the lead since the Local Authority Social Services Act 1970 established unified social services departments.¹⁵ Before 1970 the Home Office had the policy lead. However, which department should lead has been and remains a source of contention. Before 1970 the Ministry of Health saw the Home Office as over-directive, inspectorial and unwilling to place trust in the professional competence of welfare officers. The evidence suggests that this is now a problem that the Department of Health is currently experiencing.
- 5.5 When lead responsibility passed to Health the then Secretary of State for Social Services (including Social Security) Richard Crossman MP, reported the Prime Minister, Harold Wilson as having remarked, when he indicated that the DHSS would be taking over the children's department from the Home Office, that he was not sure '*whether in your case we merged the right two departments*'. Despite this view, possible alternative mergers were not pursued.¹⁶
- 5.6 While the Department of Health has the lead responsibility it requires a co-ordinated approach across Government, which includes the Department for Education and Skills.
- 5.7 In law, legal responsibility for children in care rests with the local authority who makes arrangements for the looked after child's care. The local authority has a duty as a 'corporate parent'. This duty encompasses the whole authority and all elected councillors.
- 5.8 Since Labour came to power in 1997, a number of initiatives that have been introduced with the aim of helping disadvantaged children. These include Quality Protects, which has been the backbone of the Government approach to improving vulnerable children's services through Sure Start; the Children's Fund; the Children's and Young People's Unit and the Connexions Service. A brief description of each of these initiatives can be found in *Appendix A*.

6. Left in limbo: waiting for assessments

- 6.1 At the local level, it is local authorities Social Services Department that have the statutory responsibility for looked after children. As discussed above, the Children Act 1989 sets out the powers and duties of Social Services Departments in the protection and welfare of children while in care.
- 6.2 As 'corporate parent', the whole local authority and not just the Social Services Department has the responsibility to ensure that each child in its care has the opportunity to realise their full potential. The child's needs are meant to be at the heart of services for looked after children. As

¹⁵ Recommended by the Seebohm Report, Cmnd Paper 3703, July 1963

¹⁶ Chapter 5, The Creation of the British Personal Social Services 1862-74, Joan Cooper

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discussed in Section 3 of this report for many children who find themselves in the care system their prospects are dreadful.

- 6.3 For a child entering care time is of the essence. The Social Services Inspectorate report on its inspections of children's services between August 1999 and July 2000 found that most local authorities have set threshold for admission to care that are becoming increasingly high. Despite this, social service departments in England provided a total of almost 21 million days of care to looked after children, 15% more than during 1996/97.¹⁷
- 6.4 Even after admission, time is critical. Delays or rushed assessment can have a crippling long-term effect on a child's development. A child who is taken into care is very vulnerable and quickly institutionalised. It is essential that a child's health, educational, emotional and developmental needs are assessed quickly and a timely and tailored package of support put in place.
- 6.5 If children in care are not to suffer multiple disadvantages it is vital that all of the agencies work together to complete their assessments. This involves a wide range of people from social workers, teachers, and GPs to carers, guardians and family. Without co-ordination, delay in one assessment can cause delays in other assessments. For example, delays in undertaking a health assessment, which might be caused by difficulties accessing the child's medical records, can result in an inappropriate educational placement.

7. Chronic staff shortages put lives at risk

- 7.1 The effectiveness of our child protection and care system is seriously hampered by staffing and cash constraints. In August 2002, Denise Platt the Chief Inspector of Social Services stated in her annual report: -

"In the councils inspected an average 3% of cases of children on the child protection register were not allocated and an average 5% of looked after children were not allocated to a social worker. From a sample of case files, doubts were raised about arrangements to protect one in eight children. Inspectors took the view that the welfare of children was adequately safeguarded in only 21 out of 32 councils. A particular area of concern was staff recruitment which was insufficiently robust to ensure adequate safeguards."¹⁸

¹⁷ Looked after Children Statistics published 21st November 2002
<http://www.doh.gov.uk/public/cla2001.htm>

¹⁸ P. 27, Para 2.58 Modern Social Services a commitment to reform The 11th Annual Report of the Chief Inspector of Social Services

7.2 If the Chief Inspectors findings are the norm, there could be as many as 1,000 children on the ‘at risk’ register and 3,000 vulnerable looked after children who do not have an allocated social worker.¹⁹ If the arrangements for child protection found to be in doubt in one in eight cases were repeated across England as a whole there would be around 11,250 children where there are question marks over their safety.

7.3 Without doubt one of the reasons so many vulnerable children are without a social worker is the crisis in recruitment and retention in Social Services Departments in general and in particular children’s services. The Chief Inspector of Social Services issued the Secretary of State for Health with a stark warning in her annual report, she states:

“Vacancy rates and recruitment difficulties vary nationally (the most severe problems being in the South East and London) and locally. Social worker vacancies have been variously reported across the country and, according to inspection evidence in children’s services, the use of agency staff occurred mainly – though not exclusively – in London and the South East. Evidence from the SSI in-year monitoring suggested that, while all groups of staff were affected at some level, the greatest recruitment and retention problems nationally were of foster carers and field social workers, with shortages of domiciliary care workers and Approved Social Workers also having an impact.”²⁰

7.4 Table 2 below shows just how acute the staffing crisis has become in some parts of the country.

	Vacancy Rates		Turnover Rates	
	Managers and Supervisors	Care employees	Managers and Supervisors	Care employees
London	11.3	17.8	18.2	12.4
North West	7.4	6.6	13.4	19.4
Eastern	16.7	0	0	0
East Midlands	9.1	9.3	22.3	19.1
West Midlands	14.6	13.2	10.4	12.8
North East	4.5	3.7	12.4	14.3
South East	15.4	16.3	6.9	14.9
South West	4.8	13	5.6	27.1
Yorks & Humbs	7.1	8.1	6.8	10.5
ENGLAND	9.8	9.8	11.1	15.3

Notes:

¹⁹ P. 27, Para 2.57 Modern Social Services a commitment to reform The 11th Annual Report of the Chief Inspector of Social Services

²⁰ P. 40, Para 2.93 - Modern Social Services, a commitment to reform, The 11th Annual Report of the Chief Inspector of Social Services 2001-2002

²¹ P.23 SOCIAL SERVICES WORKFORCE SURVEY 2001 Report No. 29 Social Services Workforce Series September 2002 Social and Health Care Workforce Group - LGA

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Vacancy rate is the number of vacant posts at 30th September each year which authorities are seeking to fill or will seek to fill, as a percentage of the establishment (all posts).

Turnover rate is the number of leavers from the social services department in the 12 months to 30th September as a percentage of employment.

7.5 The findings of the Chief Inspector were underlined in a report published by the Welsh Assembly in 2001. It found that management and social worker vacancies were stopping some Social Services Departments from fully meeting their statutory duties. Examples given in the report (with our underlining) include:

- “• Team leaders who need to deal with challenging cases are not always able to monitor and supervise adequately the current cases within their team
- Managers who have to take on additional temporary or dual management responsibilities are not able to perform their quality assurance functions
- The general pressure of casework is leading to superficial completion and use of the Looked After Children materials published by the Department of Health, which, in turn, hinders the process of evaluating progress and informing future objectives in individual cases.²²

7.6 These gaps in the system are the very faults that have been the subject of child abuse and death inquiries for the past 30 years.

7.7 With as many as one in six social work staff leaving each year, high turnover and vacancy rates result in greater reliance being placed on agency staff. Inevitably children suffer from a lack of continuity in their care and stability in the relationships they form with social work staff.

7.8 In October 2001 the Government and Local Government Association (LGA) launched a £1.5 million recruitment campaign to attract people into social work. Remarkably, the Department of Health has no figures for the number of social worker applications generated by the campaign.²³ However, a measure of the low priority the Government attaches to recruiting social workers is the fact that it has spent eight times as much on police recruitment.²⁴

7.9 A further example of Government indifference to recruiting social workers came when it announced 2,000 equity loans of £10,000 for key workers in areas of high housing costs outside London. The majority of these loans were made available to healthcare workers and teachers. Social workers were left to fight with fire fighters and prison service workers for 80 places.

7.10 Anecdotal evidence from social work staff suggests that the campaign is not working. Results of a survey carried out by Community Care

²² P. 11, Para 3.16 - Education Provision for Looked After Children a joint inspection report by SSIW and Estyn – July 2001.

²³ HoC Hansard, 4 Jul 2002 : Column: 576W, Paul Burstow MP

²⁴ 12 August 2002 <http://www.guardian.co.uk/crime/article/0,2763,772872,00.html>

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magazine in August 2002 found that 77% of those who responded cast doubt on the campaign success, with only 23% believing it is enough to stem the exodus from the sector and fill vacant posts.²⁵ While the effectiveness of the recruitment campaign has been called into question what is clear is that the pool of trained social workers is shrinking. According to the Local Government Association (LGA) and Association of Directors of Social Services (ADSS) there has been a 12% fall in the number of students qualifying with the Diploma in Social Work during the last five years.²⁶

- 7.11 On top of chronic staffing shortages there is a serious funding problem. Children's services are under considerably more strained than other social services. The latest figures on the cost of a looked after child in a placement show that: -

GROSS COST PER WEEK OF A LOOKED AFTER CHILD PLACEMENT – MARCH 2001²⁷			
	Gross weekly cost of placing a child in a children's homes or in foster care	Gross weekly cost of placing a child in a children's homes	Gross weekly cost of placing a child in foster care
England Average	£545	£1,910	£281
Local Authority Minimum	£301	£1,032	£146
Local Authority Maximum	£1,083	£5,475	£578

Social services budgets, and in particular, children's social services budgets are under huge pressure. According the LGA/ADSS survey about 60% of social services overspends came from children's services in 2001/02.²⁸

- 7.12 A survey of local authority Social Services Departments by the LGA and ADSS found that 60% of the £213 million overspend in 2001/02 came from children's services.²⁹ One respondent to the survey said:

“The budget continues to be under severe cost/volume pressures, particularly children in residential care (£1.5m) and in foster care (£0.25m). This is mainly due to high referral rates, increased complexity of cases, lack of suitable/local resources to

²⁵ P.9 Community Care magazine 22-28 August 2002

²⁶ P.11 Tomorrow's Children, LGA & ADSS, September 2002

²⁷ Social Services Performance Assessment Framework Indicators 2000-2001 and mid 2001-02

²⁸ Local Authority Social Services Budget Survey, Local Government Association, Association of Directors of Social Services Society of County Treasurers/Society of Municipal Treasurers 19th February 2002

²⁹ Local Authority Social Services Budget Survey, Local Government Association, Association of Directors of Social Services Society of County Treasurers/Society of Municipal Treasurers 19th February 2002

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support care packages and inability to access foster placements resulting in more externally purchased placements”³⁰

- 7.12 Funding shortfalls leave social services, and in particular children’s social services, under constant pressure. The greater the financial pressure on social services, the less able to provide early preventative measures which would stop ‘children in need’ becoming ‘looked after children’ and consequently putting even greater long-term financial strain on to children’s social services.

8. Foster and residential care

- 8.1 Up to two thirds of all looked after children are placed in foster care.³¹ Between 1996 and 2000 numbers of children in foster care increased by 2%, but the length of placements increased by 13% leading to an overall increase of 15% in the number of days of foster care provided.³² Conversely, the number of children looked after in residential homes has declined by 15% although again an increase of 8% in the number of days of care per year means that the total number of days of care after falling between 1996 and 1998, stayed constant in 1999 and then rose slightly in 2000.
- 8.2 Many local authorities are reporting increasing difficulty in recruiting foster carers. A recent £2million recruitment drive met with little success.³³ Currently there are 37,000 foster carers caring for 45,000 children at any one time. It has been estimated that there is a shortage of 8,000³⁴ foster carers.

9. Professionals divided by a common language

- 9.1 Report writing and record keeping are an essential part of the life of looked after children. With so many different professionals involved in the care of looked after children, it is essential that they understand each other. Not only must they be able to understand each other; they need to be understood by carers and children alike. Unfortunately standards of report writing are very variable and the use of jargon acts to obscure meaning. The result can be a sense of being excluded on the part of the child and a failure to communicate between professionals can lead to mistakes being made.
- 9.2 At present, Social Services Departments and Local Education Authorities keep their records separately, with different formats and contents. There is a need for all of the professionals involved in the care of looked after children having a common set of ground rules for the writing of reports

³⁰ <http://www.adss.org.uk/>

³¹ The Fostering Network:- <http://www.thefostering.net/comdir/cditem.cfm?NID=267>

³² <http://www.doh.gov.uk/public/cla2001/cla2001tableq.pdf>

³³ P.9, Observer on Sunday, 3rd June 2001, Tracey McVeigh. The article highlighted that despite £2million being spent aiming to recruit 7,000 new carers, only 1,000 were recruited

³⁴ Fostering Network, July 2002:- <http://www.thefostering.net/newspub/story.cfm?id=31>

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to ensure that information can not only flow confidentially between agencies, but also comprehensibly.

- 9.3 Report writing is just part of the picture. There are serious questions about the level of trust and confidence teachers and social workers have in each other. In the Joint Chief Inspectors Report, Safeguarding Children, it states:

“Serious concerns were expressed in a few areas. Teaching staff in one area said that they no longer reported concerns, as they had lost confidence that social workers would respond positively. Police in another area reported a loss of confidence in the response of social services.”³⁵

10. Health needs go unheeded

- 10.1 As discussed earlier in this report there is a dearth of reliable statistical information about the circumstances of looked after children. This is particularly evident in the field of health. The Department of Health does not regularly collect information about the numbers of looked after children who have mental health problems or a physical disability. In answer to a Parliamentary Question, Health Minister, Jacqui Smith MP, said:

“The Department carried out a children in need census in February 2000 which showed that in a typical week, there were about 29,000 children who were receiving services and were regarded as disabled, of whom 8,000 were children looked after. This report can be found on the children in need home page of internet at www.doh.gov.uk/cin/cin/2000.htm (paragraphs 30–32 refer). These figures were considered too unreliable to publish at local authority level, because of confusion in some authorities as to whether to include all disabled children or only those who need services by virtue of their disability or disabilities. No further breakdown is made in relation to children who are mentally disabled and/or physically disabled.”³⁶

- 10.2 The absence of reliable information concerning the physical and mental health needs of looked after children hampers the planning, commissioning and delivery of appropriate services. Without a clear local or national picture of the scale and extent of physical disability or mental illness how can the wide range of agencies who have a part to play the care of looked after children hope to provide the right support?
- 10.3 Based on the Department of Health’s ‘unreliable’ census what emerges is that as many as 13% of looked after children are mentally or physically disabled. At the present time the information that is available to policy-

³⁵ Para 6.9 P.47 Safeguarding Children, Department of Health October 2002

³⁶ Hansard HoC [63872] 24 Jun 2002 : Column: 736W Paul Burstow MP

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makers and practitioners is extremely limited failing as it does to provide any breakdown of the number or type of impairments that looked after children have.

- 10.4 Mental and physical health problems in looked after children are easily missed, not least because some children experience several changes of placement while in care. **According to the Department of Health, 31% or 18,600 looked after children have not even had the minimum medical and dental check ups that should be provided to all children.**³⁷ Access to basic check-ups is just the beginning. As discussed in Section 5, time is of the essence for children entering care. Early assessment by primary care and appropriate referral to specialist health services can make a significant difference to the future well being of the child.
- 10.5 The mental health charity Young Minds, estimate that **96 per cent of looked-after children in residential care have mental health problems and 66 per cent of looked-after children in foster care have mental health problems.** *Table 3* lists the prevalent mental disorders faced by looked after children.

Table 3 - Prevalent Mental Health Problems and High Risk Behaviours of Looked After Children³⁸

Anxiety/fearfulness	Eating disorders
Low self-esteem	Drug/alcohol misuse
Unusual sadness/depression	Overdosing
Isolation	Cutting
Poor relationships with other young people	Other forms of self harm
ADD/ADHD	Severe tantrums
Poor relationships with adults	Serious mental illness

- 10.6 Despite having no hard evidence with which to contradict Young Minds, Health Minister, Lord Hunt of Kings Heath, dismissed the figures.³⁹ However, it is hard to dispute that so many of the most vulnerable children who have been taken into care because of abuse or other traumatic and terrifying experiences will suffer from mental health problems.
- 10.7 Young Minds also found that while almost 90% of teachers, social workers, health visitors and other front line staff have had contact with children experiencing mental health problems, only 20% have received relevant training on child mental health. In addition, the charity found that only 10% had received any relevant training within the last 3 years.⁴⁰

³⁷ Social Services Performance Assessment Framework Indicators 2000-2001 and mid 2001-02

³⁸ Page 18 Tables 4.3 and 4.4 - *Feeling Mad or Sad - What Helps?* - Nicky Staley - August 2002

³⁹ 17 Jun 2002 : Column 485 Earl Listowel

⁴⁰ www.youngminds.org.uk, News release 12 March 2001

- 10.8 The chances of being referred to Child and Adolescent Mental Health Services (CAMHS) means teachers, social workers, health visitors and other front line staff spotting the signs. The low level of training must call into question how many children fall through the net and have unmet mental health needs. Those who are spotted are still dependent on the understanding and onward referral of a GP. **Even if the looked after child gets onto a CAMHS waiting list, they may well have moved to a different foster or residential placement, or even out of local authority care by the time their appointment finally comes up.** This will inevitably have stark implications for the long-term mental well-being of any looked after child both in the short term and in later life.
- 10.9 Currently, it is not known how many looked-after children are referred to child and adolescent mental health services, how long they wait, how many go on to enter adult mental health services nor how many suffer major mental disorders in later life.

11. Sex, drugs and alcohol

- 11.1 The lack of basic information is a recurrent theme of this report. The sexual health of looked after children and children leaving care is on the admission of Ministers largely a mystery. In answer to Parliamentary Questions the Department of Health has confirmed that it has undertaken only limited data collation. Nevertheless, according to the Department of Health one in four care leavers had a child by the age of 16.⁴¹ However, the source for such figures is more revealing than the figures themselves:

“The results of the survey, funded by the Department, were published in 1992 by the National Children's Bureau under the title "Prepared for living? A survey of young people leaving the care of three local authorities" (authors: N. Biehal et al.). The publication is available in the Library.”⁴²

- 11.2 **To rely on a report which is 10 years out of date and based on the experience of just three local authorities is appalling. Alternative sources estimate that it may well be ‘at least 1 in 7 women leaving care are pregnant or mothers’.**⁴³
- 11.3 The Social Exclusion Unit in its report on Teen Pregnancy examined the attitudes of looked after children to parenthood and pregnancy they found: -

“Research suggests that looked-after young people as a group are more likely than others to be against abortion and most would not consider giving their baby up for adoption. The most likely choice is to carry on with the pregnancy. The National Children’s

⁴¹ Hansard HoC [61359] 17 Jun 2002 : Column: 151W, Paul Burstow MP

⁴² HoC Hansard 24 Jun 2002 : Column: 736W Paul Burstow MP

⁴³ P.123 - NCH Factfile 2002

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Bureau has estimated that it is twice as common for looked-after young people to want a baby by the age of 20, compared with young people who live with their families. Most looked-after mothers told the Unit they had very little education about becoming a parent from school or care and most did not attend the ante-natal and parent craft classes available locally.⁴⁴

- 11.4 The number of children in the total population who become pregnant up to the age of 16 is around 4.2 per thousand of the under 16 population⁴⁵. For looked after children this rate is around 142.8 per thousand. **This means that looked after children are 34 times more likely to become pregnant than a child who is in a normal home.**
- 11.5 The link between alcohol, social exclusion and teenage pregnancy has been regularly cited. Alcohol consumption may contribute to higher levels of unsafe sex. Recent research found that 20% of young men and 13% of young women aged 14-20 identified alcohol as the main reason for their first sexual experience⁴⁶. According to a Drug & Alcohol Education and Prevention Team report:
- “Further risk factors include low educational achievement or having a poor social-economic background. Parental behaviour patterns are also factors because children of teenage mothers are more likely to become teenage mothers themselves, and those of problem drinking parents are more likely to develop their own drink problems.”⁴⁷
- 11.6 Perhaps unsurprisingly, the children of problem drinkers have greater problems with alcohol themselves than their peers in families of non-drinkers. Alcohol misuse can be the cause of family breakdown. The children of problem drinkers are more likely to under achieve at school, suffer emotional and psychological problems, and exhibit anti-social behaviour. At age 15, young people who have a parent with an alcohol problem have a higher risk of psychiatric disorder. Heavy drinkers are twice as likely to have had a parent with an alcohol problem than the general population.
- 11.7 However, the research evidence suggests that the way a child responds to excessive parental drinking depends on a range of factors including the child’s personality, the maintenance of a stable family environment, and strong social support outside the home from school, church or other adults important in the child’s life. Family disharmony, which led to

⁴⁴ P.61 Para 8.24 TEENAGE PREGNANCY Presented to Parliament by the Prime Minister by Command of Her Majesty June 1999

⁴⁵ Office of National Statistics: Teenage conception rates: by age at conception and outcome <http://www.statistics.gov.uk/StatBase/Expodata/Spreadsheets/D4985.xls>

⁴⁶ Drunk in charge of a body: young people, alcohol and sexual contact, Acquire, No. 29 (2001)

⁴⁷ Drug & Alcohol Education and Prevention Team – Alcohol and Teenage Pregnancy March 2002 P.9

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childhood difficulties, is a more significant factor in the child's development than simply having a parent with a drinking problem.⁴⁸

- 11.8 In its report *Alcohol and Teen Pregnancy*, the Drug & Alcohol Education and Prevention Team conclude with a recommendation regarding sex and alcohol education that is more directly related to situations that young people come across. The report recommends:

“Those working with young people in a range of contexts can valuably make links between alcohol and sex both: -

- Directly, by providing opportunities to look at situations where drinking and risky sex happen together and to develop the knowledge, attitudes, values and skills to be prepared for them and /
- Indirectly, through a holistic programme that addresses risk taking per se, helping young people understand positive and negative consequences of risk taking, and promoting the acquisition of knowledge, attitudes, skills and real opportunities for making healthy choices in general.”⁴⁹

- 11.9 This has yet to be adopted by Government.

12. Educational potential denied by delay

“The scandal of 75 per cent of school leavers from residential care leaving without any qualification must be recognised. Even more scandalous is that only 1 per cent leave with an A-level qualification.”⁵⁰

– Rt. Hon David Blunkett MP when Education Secretary

- 12.1 As discussed in Section 5 for too many looked after children the damage and disadvantage that they have suffered which triggered their being taken into care is compounded by the time it takes to undertake a comprehensive needs assessment. A report by the SSI in Wales put it this way:

“In the most complex cases, delays in completing assessments and arranging educational placements often occur and put the neediest children at even greater disadvantage”⁵¹

- 12.2 The academic record of looked after children is a tangible measure of the extent to which the system fails them.

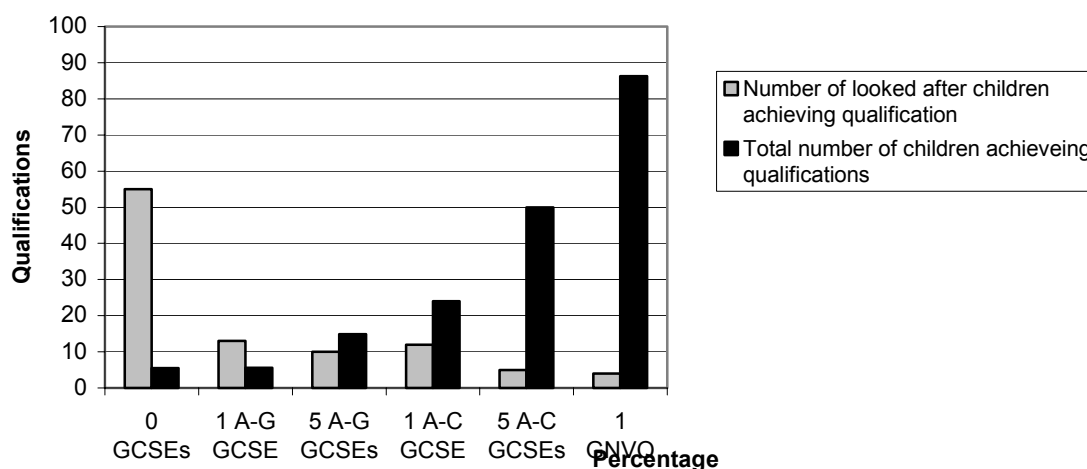
⁴⁸ Velleman, R and Orford, J (1999) Risk and resilience: adults who were the children of problem drinkers. Harwood Academic Publishers.

⁴⁹ p6 Drug & Alcohol Education and Prevention Team – Alcohol and Teenage Pregnancy March 2002

⁵⁰ HoC Hansard, 8 Jun 1998 : Column 813, Secretary of State for Education Rt. Hon David Blunkett MP

⁵¹ p5 Para 2.2, Education Provision for Looked After Children a joint inspection report by SSIW and Estyn – July 2001

Chart 3 - Number of Children with GCSE Qualifications compared to Looked After Children with Qualifications 2001/02



Note⁵²

- 12.3 Apart from the assessment delays that looked after children suffer they face a number of significant hurdles. First, according to the Department of Health 26.5% or 8,900 looked after children have a statement of special educational need.⁵³ In a joint report by the Department for Education and Skills and the Department of Health set the level of statements in context:

“It is estimated that young people in care are six to eight times more likely to have a Statement of Special Educational Needs than pupils in the general schooling population. Pre-care experiences, disrupted schooling and previously unmet needs may explain why they are so over-represented.”⁵⁴

- 12.4 Second, the extent of physical impairment and mental health problems amongst looked after children described earlier in this report point to serious unmet need. The absence of any systematic collection of data by Government has left the scale of the challenge largely hidden. Teen pregnancy is a third hurdle. With between 14% and 25% of looked children already parents themselves without access to childcare and other after school support, achieving educationally is very difficult.
- 12.5 Not only does delay compound disadvantage so too does disruption and discontinuity of placement. In the report, *‘Education of young people in public care’*, Ministers came to the conclusion that: -

⁵² P.14 Table 2 - Looked after children Figures extracted from DoH/ONS Statistical bulletin 28th November 2002 ‘Educational qualifications of care leavers, year ending 31 March 2002: England’. • All children figures taken from Table 1, DfEE/ONS – ‘Statistical Bulletin May 2002 Gcse/Gnvq And Gce A/As/Vce/Agvq Examination Results 2000/01 - England

⁵³ P.21 Table A Outcome Indicators for Looked-After Children Twelve months to 30 September 2001 England - August 2002

⁵⁴ P53 Para 9.2 – Education of Young People in Public Care, DfEE and Department of Health, March 2000

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“Repeated changes of school and of placement are damaging, not only because of the disruption they cause, but because each change represents another ending. Some young people experience unwanted family breakdown and go on to experience the termination of placements which they do not want to end. Some find it difficult to relate to new carers or to trust them, and they and their carers do not obtain the support they need in time to prevent another crisis and eventual breakdown.”⁵⁵

12.6 Just as girls are out performing the boys in GCSE’s in the general population so too are girls in care. As can be seen from *Chart 4* below with the exception of girls who have been in care for less than a year all looked after girls achieved at least 50%, 1 A-G GCSE by 2001 as per the target set by Government. The picture for boys is very different; not one category of boys achieved the Government target.

12.7 What also emerges from *Chart 4* is that the disruption and trauma of being taken into care has its most marked effect on the educational attainment of children who are in care for a short period of time. Looked after children who are in care for 3 years or more appear to perform better than their short-term peers.⁵⁶ The Department of Health has admitted that it has no idea why this difference in performance occurs:

“At this stage, it is only a matter of conjecture as to why children who are looked after for less than three years do better at school the longer they are in care; or why children looked after for 3 years or more, time spent in care makes little difference. It may give an insight into the type of child who receives long term care, or it may simply reflect better recording of school achievements for those in care longer.”⁵⁷

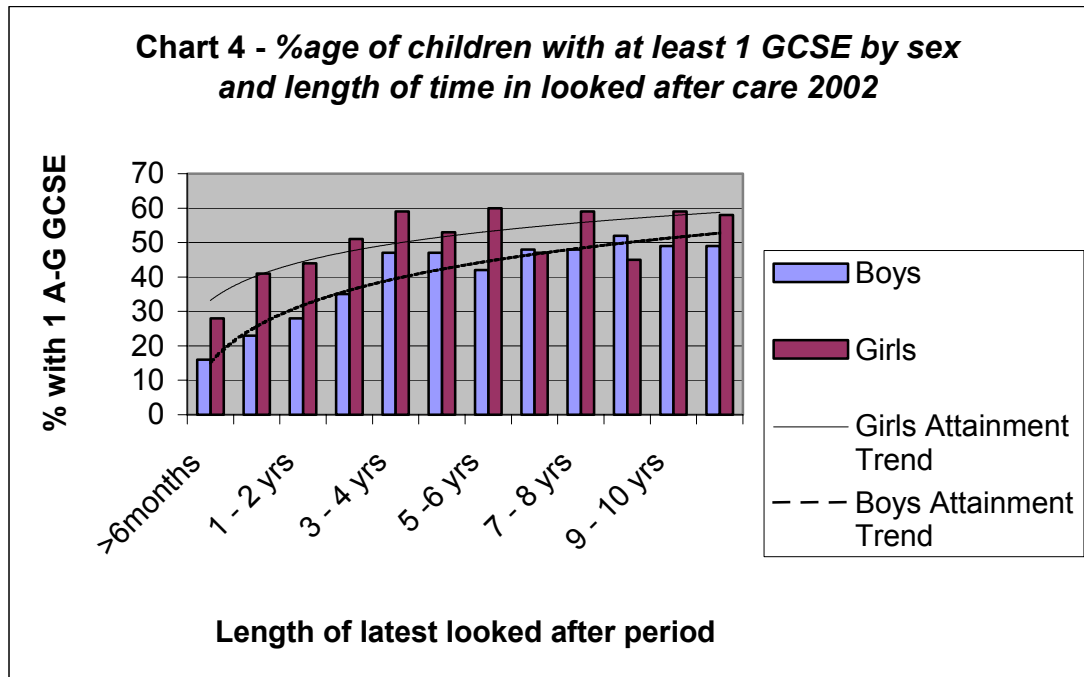
12.8 There should be no conjecture. When around 2 in 3 of all children looked after spend less than 3 years in care, it should be a priority to establish why these children are not achieving.

⁵⁵ Para 4.27 - Education of Young People in Public Care, DfEE and Department of Health, March 2000 - <http://www.dfes.gov.uk/incare/section04.shtml#4.25>

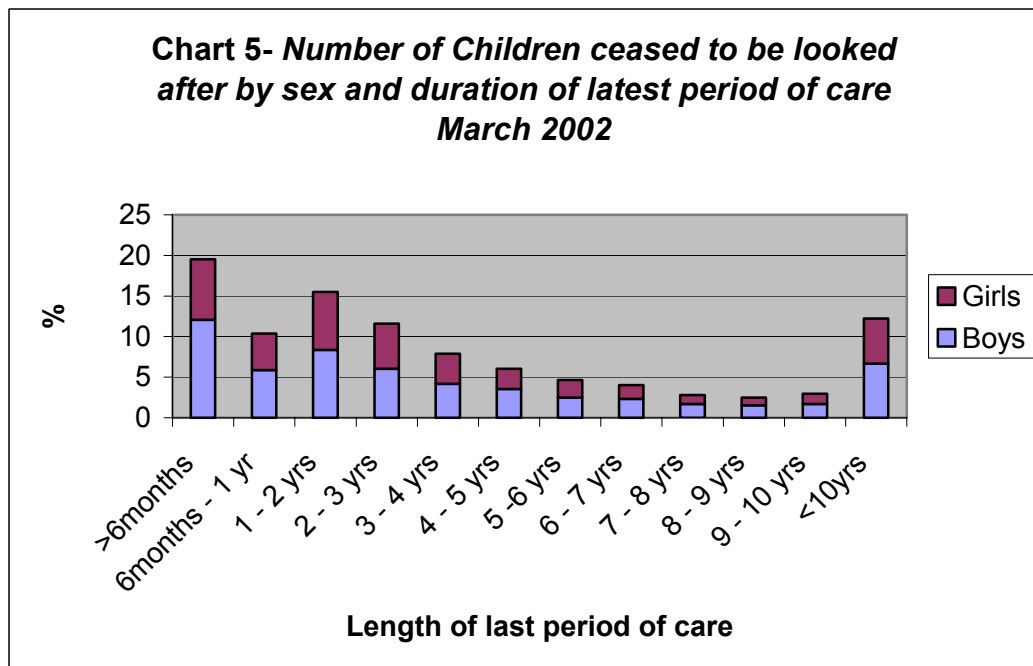
⁵⁶ P.4 Table ii - Statistical Bulletin 2002/27 28th November 2002 Department of Health

⁵⁷ P.3 Para 14 - Statistical Bulletin 19 October 2001 Department of Health

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12.9 As can be seen in the *Chart 5* below, that the majority of children looked after stay in a care for less than a year. For these children some disruption to their lives is almost inevitable. However, the disruption must be kept to an absolute minimum. The instability, the length of time to get a school place, the failure of an assessment to be implemented quickly the problems within the family all contribute to the failure of these children to achieve.



13. Targets that miss the point

- 13.1 The Government has attempted to address the poor academic attainment of looked after children by setting targets. The first targets were set by the Department of Health in November 1998 in response to the *Working Together to Safeguard Children*. The target states:

“At a national level, the target is:
Local authorities to improve the educational record of the children they look after so that the proportion of children leaving care aged 16 or above who have gained at least one GCSE or GNVQ qualification increases to 50% by 2001, and to 75% by 2003.”⁵⁸

- 13.2 As discussed in Section 11, the original target had not been met. Just 45% of children leaving care had gained at least one GCSE or GNVQ by 2002. There appears to have been no attempt to understand the reasons for missing the target. The other educational target is set out in the Department of Health; *The Quality Protects Programme: Transforming Children's Services*. However, this new target may prove even shorter lived than the last as the Department of Health has indicated that it may change again later in 2002 or early in 2003. The target states:

“Improve the educational attainment of children and young people in care by increasing to 15% by 2003/04 the proportion of children leaving care aged 16 or over with 5 GCSE's at grade A*-C and maintain this level up to 2006.”⁵⁹

- 13.3 These targets fail to accept the complex situations that all looked after children have faced in their recent past. When a child has been abused, is an unaccompanied asylum seeker, has a child or has a mental or physical disability, GCSE attainment may not be relevant.
- 13.4 It is imperative that the opportunities are available for a looked after child to achieve educationally. However, these children need a truly holistic approach to their needs. Any target solely based on achieving GCSE attainment is not only unrealistic and blinkered, but also dangerous to the long-term welfare of looked after children. It distorts the priorities of social services and educational departments into providing services that might not be in the long-term best interest of the child.
- 13.5 If Ministers should set any target and strive to achieve it, it should be the target to reduce absenteeism among looked after children. A report by the Social Exclusion Unit in 1998 found:-

“The latest Youth Cohort Study showed that 38 per cent of truants reported they had no GCSE's, compared with 3% of non

⁵⁸ P.12 Para 2.10 The Government's Response to the Children's Safeguards Review, Department of Health, November 1998

⁵⁹ P.18 'IMPROVEMENT, EXPANSION AND REFORM: THE NEXT 3 YEARS. Priorities and Planning Framework 2003-2006' – Department of Health - September 2002

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*truants. Of those who has truanted, only 8 per cent obtained 5 or more GCSE's at grades A-C, as against 54 per cent of those who had not truanted in Year 11.*⁶⁰

- 13.6 As discussed in Chapter 6, Ministers must tackle the failure of looked after children to be allocated a social worker. These social workers must have regular contact with these children. By doing so it allows the most vulnerable, and consequently the most likely to experience absenteeism, to get help quickly and do better at school.

14. Out of school

- 14.1 Looked after children are much more likely to be absent from school than the rest of the population. With as many as 1 in 3 of the looked after children who sit GCSE's being excluded or absent from school for long periods of time,⁶¹ the low educational attainment described in Section 11 is unsurprising.
- 14.2 According to the Department for Education and Skills and the Office of National Statistics around 23 in every ten thousand secondary pupils (0.23 per cent) were excluded in 2000/01.⁶² **Given that 6.5% of looked after children are excluded from school⁶³, this means that they more than 28 times more likely to be excluded from school.**
- 14.3 In 1998 a report by the Social Exclusion Unit on truancy and school exclusions recommended that 'effective education should be considered a key outcome of relevant social services work involving school age children'. The Unit set a target of reducing by one third the numbers of permanent and fixed term exclusions by 2002, and a similar reduction in the time lost to truancy. Two years later the Departments for Health and Education repeated this in a joint report. The figures for exclusions and truancy for 2002 reveal that while exclusions have reduced from 12,298 in 1997/98 to 9,210 in 2000/1, the rate of truancy has not fallen at all over the same period.⁶⁴
- 14.4 Despite the scale of the problem of absenteeism and exclusions amongst looked after children, there has been little action or guidance from the Government. The lack of research into the causes of absenteeism and the failure to find and promote models of good practice is having a serious effect on the chances of looked after children.

⁶⁰ Para 3.3 P.17 Truancy and Social Exclusion Report by the Social Exclusion Unit May 1998

⁶¹ SSI and Ofsted – 'Education of Children who are looked after by Local Authorities'

⁶² Permanent exclusions from schools and exclusion appeals, England 2000/2001 (provisional estimates) (23rd May 2002) - <http://www.dfes.gov.uk/statistics/DB/SFR/s0331/sfr10-2002.doc>

⁶³ SSI and Ofsted – 'Education of Children who are looked after by Local Authorities'

⁶⁴ Hansard HoC - 4 Jul 2002 : Column: 488W, David Laws MP

15. Other concerns

- 15.1 If we know little about looked after children in general we know even less about unaccompanied asylum-seeking children in particular. There is no regular collection of statistics concerning the numbers and needs of this group. Apart from information about asylum seeking children who applied ‘at-port’ or ‘in-country’, there are no figures for these asylum seeking children who are looked after by local authorities.⁶⁵
- 15.2 The figures show that in 2001, there were around 3,469 asylum seeking children without parents entering the UK, up 27% since 2000, a five fold increase since 1996.⁶⁶

Unaccompanied^{1, 2, 3} children aged 17 or under applying for asylum in the United Kingdom, 1996 to 2000 <i>Year of application</i>	<i>Applied at port</i>	<i>Applied in-country</i>	<i>Total</i>
1996	477	154	631
1997	671	431	1,102
1998	1,083	1,954	3,037
1999	1,498	1,851	3,349
2000	1,394	1,339	2,733

(1) Unaccompanied at the point of their arrival and not known to be joining.

(2) May exclude some cases lodged at local enforcement centres.

(3) Figures exclude disputed age cases.

- 15.3 Under the Children’s Act 1989 the Home Office administers a grant to local authorities for unaccompanied asylum-seeking children. Like other looked after children they are subject to a needs assessment by the receiving social services department. The assessment should look at children's cases on an individual basis but it is likely that those children under 16 will be assessed as needing to be taken into care under Section 17 of the Children Act.⁶⁷ Older children may be assessed as needing the less intensive support available under Section 20⁶⁸.
- 15.4 How it is possible to plan sensibly for the needs of these children without basic information is hard to see. Establishing a clear picture of the numbers across the country, by region and authority, is a prerequisite for planning services and support in order to cater for these children.

⁶⁵ Asylum Statistics United Kingdom 2001 09/02 Tina Heath and Rachel Hill 31 July 2002

⁶⁶ HoC Hansard 15 Jul 2002: *Column 90W* – Paul Burstow MP.

⁶⁷ Section 17 (1) provides for ‘the general duty of every local authority (in addition to the other duties imposed on them by this Part)- (a) to safeguard and promote the welfare of children within their area who are in need; and (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs.’

⁶⁸ Section 20 (3) provides for ‘Every local authority shall provide accommodation for any child in need within their area who has reached the age of sixteen and whose welfare the authority consider is likely to be seriously prejudiced if they do not provide him with accommodation’

- 15.5 Another area of concern is the withdrawal or massive increase in the cost of liability premiums for children's care homes. Some residential homes are facing increases in their premiums of up to 700%. The increases have stemmed from a rise in claims made by staff for injuries caused at work and the collapse in 2001 of Independent Insurance that offered competitive rates for high-risk clients such as care homes.⁶⁹ Given the importance of placement for looked after children it is vital that the scale of the problem is determined and measures taken to prevent the closure of homes.
- 15.6 Another missed target relates to the training of care home staff. As part of the Quality Protects programme the Department of Health published *The Government's Objectives for Children's Social Services*. This set the target that all residential child care workers would be qualified to at least 'NVQ Caring for Children and Young People level 3' by March 2002. However, according to a Parliamentary answer given to Mr Burstow, just 2,020 out of 9,608 had qualified by this date⁷⁰

16. Breaking the cycle of failure

- 16.1 Children's services are stuck in crisis management mode, that is the strong impression anyone who reads around this topic will gain. As this report documents, Social Services Departments find themselves operating under intense pressure. While there are examples of excellent practice and effective multi-agency working from across the country the picture is patchy. The emphasis must be placed firmly on models of care that place early intervention that supports children and their families' top of the agenda.
- 16.2 One such model is the 'wraparound' model for care. This model originates from the USA where it has proved a successful way of tackling some of the most difficult and disadvantaged children. The model looks at meeting the needs of the family and of the child by fitting services around them rather than the other way round. The aim is to enable a looked after child to go back to their family and school, and has proved to be successful in improving the performance and prospect of vulnerable children in the United States.
- 16.3 There are no simple solutions to what are complex problems but there are some clear lessons. To overcome multiple disadvantages and enable looked after children to fulfill their potential requires an approach that targets extra help and support at the right time, in the right way and in the right place.
- 16.4 When a child is taken into care, time is critical. Social services, education and health must work together to ensure a rapid but comprehensive assessment is made of the child's needs. The assessment must be followed swiftly by a decision about a suitable placement.

⁶⁹ 'Insurance crisis could shut children's homes' Mary O'Hara, Guardian 13th July 2002

⁷⁰ HoC Hansard 16 Oct 2002 : Column 869W Paul Burstow MP

- 16.5 Every looked after child deserves the opportunity to succeed. Given the central importance of education, local authorities need to strengthen co-ordination between social services and education, both at the strategic level and operational levels. The establishment of a joint post to coordinate the educational needs could achieve this aim and support looked after children who are experiencing difficulties in attendance at school. Such a post should make it possible for data to be collected concerning the reasons for school absences amongst looked after children. The post would become a focal point for social workers, teachers, carers and family to ensure that a child who was failing to attend school would be identified quickly and a package to stabilise the situation and support their educational needs could be put in place.
- 16.6 No child should be excluded from all schools.** Appendix A sets out programmes devised to tackle this, and Ministers should look and adapt a successful programmes for national roll out.
- 16.7 Given that the evidence reviewed in Section 11 points to the important part that stability of placement and continuity of relationships plays in the development of looked after children the contribution that could be made by boarding schools should be evaluated. A pilot scheme should be set up to offer a number of looked after children the opportunity of attending a boarding school. The pilot would concentrate on long term looked after children reaching the age of 11. The aim of the pilot should be to evaluate the educational and life skill benefits of such placements.
- 16.8 Recent reports of the case of Ryan Williams, who appears in a television documentary series called *Second Chance*, highlight how such an approach could change children's lives. Ryan was not in care but he was experiencing difficulties at school and was described as 'rude, disruptive and unmanageable' by his former headteacher who said that unless he agreed to leave the school he would be expelled. Given the opportunity to attend a boarding school he has excelled. Ryan is now studying for 10 GCSE's, his report card put him in the top third of pupils in the school.⁷¹
- 16.9 In the last eighteen months there have been tentative approaches by local authorities to the Independent Schools Association about the possibility of developing such a scheme. So far these negotiations have failed to be translated into a workable scheme for looked after children. The Government could pump-prime such a pilot scheme in order to ensure that it is objectively evaluated and the results widely shared.
- 16.10 It must be stressed that the parental responsibility would remain with the placing local authority and such a scheme would in no way replace the responsibility of social services to ensure that the child's other emotional and developmental needs were met. Clearly, for such a scheme to succeed would require a good working relationship between the school and social services to provide the assistance needed to these children. If

⁷¹ Observer, 13th October 2002

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the pilots were to prove a success such an initiative would likely only be applicable to a relatively small number of looked after children.

- 16.11 Looked after children need to be provided with a life skills education. The introduction of citizenship lessons goes some way to meeting this need but for looked after children should be taken further. Courses could include parenting, basic finance management (bank accounts, bill paying and the dangers of debt and County Court Judgements), basic home maintenance (cooking, cleaning) and simple DIY. These are basic life skills that institutionalised children miss out on when growing up within a care rather than a family environment.
- 16.12 If return to the birth family is not an option adoption has a proven track record of offering children stability and the chance to fulfil their potential. Providing a safe and loving family environment through adoption can make a real difference to the social and educational development of the child.
- 16.13 In September 2002, the Department of Health set a target of increasing by 40% the number of looked after children who are adopted by 2004/5, and to exceed this by achieving, if possible, a 50% increase by 2006.⁷² However, this target must be set against the fact that the number of children being adopted over the last 5 years has not even reached 1997 levels. It also must be recognised that 89% of adoptions are of those children who are aged 0-9 years old, they make up less than 50% of all looked after children. In setting such a target there is a danger that hitting the target become the point of the exercise rather than meeting the needs of the child.

Number of adoptions in England and Wales in each of the last five years ⁷³	Number of adoptions
1997	5,212
1998	4,617
1999	4,988
2000	5,036
2001	5,131

- 16.14 In order to expand the pool of potential adoptive parents the Government introduced the Adoption and Children Act during the 2001/2002 session of Parliament. While many of the measures have secured support from all sides of both Houses the proposals to allow unmarried couples to adopt have proved controversial, yet eventually acceptable. This is despite 24% of 16-59 year old couples living in long-term cohabitation.⁷⁴

⁷² P.18 'IMPROVEMENT, EXPANSION AND REFORM: THE NEXT 3 YEARS. Priorities and Planning Framework 2003-2006' – Department of Health - September 2002

⁷³ HoC Hansard 8 Jul 2002 : Column: 768W Paul Burstow MP

⁷⁴ Office of National Statistics: Cohabitation amongst non-married people aged 16-59, 1996-1999 <http://www.statistics.gov.uk/StatBase/Expodata/Spreadsheets/D4865.xls>

- 16.16 But adoption is not the end of the State’s obligations to formerly looked after children. Post adoption support for the child and the adoptive family is crucial. The parents may need help accessing extra health and education provision - in a similar way to children currently in the foster care system.
- 16.17 There is good practice in post adoption support, but the good model of support need to be widely disseminated and followed. One such model divides support into four levels. These are detailed in *Table 4* below along with the cost implications and take up rates.⁷⁵

LEVEL	SERVICES AVAILABLE	COST PER FAMILY	% UP TAKE
1	Newsletter, helpline, websites, leaflets, family days, etc	£400	100%
2	Contact, mentoring, training, counselling, life story book, letterbox, independent support for birth parents, Section 51 (birth record counselling), search and reunion advice, etc	£1,000	56%
3	CAMHS, Educational support, abuse issues, multi agency input etc	£3,000	12%
4	Intensive therapeutic input, respite, acute health care, residential special placement etc	£18,000	5%

- 16.18 The services described in the table provide families of adopted children the type of support that minimise the chances of a breakdown in the adoption. The provision of such services would also help to encourage prospective adopting families to come forward and consequently improve the long-term outlook of a vulnerable child.

17. The task for central government

- 17.1 There are a number of common threads running through much of the existing writing and research on looked after children. They can be summarised as:

- A lack of reliable data

⁷⁵ This information shows the adoption support costs based on the usage of three metropolitan local authorities who commissioned After Adoption to provide comprehensive support. An adoption support package based on identified needs at time of placement was provided for each child and family. The collated data represents the percentage take up over a two-year period (April 2000- March 2002). In addition it includes requests for services from families whose children had been placed prior to April 2000. Approximately half the families are in this category. In total there are 465 families with a total of 590 children in this study.

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- A lack of joined up policy and practice leading to delays and poor outcomes
 - A lack of capacity caused by cash and staff shortages
- 17.2 Each of these threads requires action by central government if looked after children are to be given the chance in life they deserve. The temptation to control every aspect of children's policy from Whitehall must be resisted. Further major structural upheaval involving the nationalisation of the child protection system and services for looked after children will serve only to delay practical action on the ground.
- 17.3 Central government has a key role to play in collecting and analysing data about looked after children and disseminating the results. Such information is an essential tool for those responsible for providing services. This report has documented a series of gaps in our knowledge of the condition and needs of looked after children. An audit should be undertaken of the current data collected by Government on looked after children to identify all of the gaps, priorities should then be set for plugging these gaps.
- 17.4 As well as securing reliable baseline data central Government along with the LGA, have a leadership role in the collection and dissemination of good practice models. Shifting the emphasis from naming and shaming poor practice to applauding and rewarding good practice. The Department of Health should develop and host a website for this purpose, such a site would offer an ideal place to showcase and exchange good practice.
- 17.5 The Department of Health should evaluate the feasibility of a national looked after 'one stop shop' helpline and website to help looked after children, their carers, teachers, social workers, and family. This would not be a substitute for the provision of services at a local level but act as a sign posting service for all people working and caring for looked after children. Such a service could be branched into several sections: -
- 'Carerline' – to provide help and advice to foster parents, carers, guardians and parents of looked after children and to provide information of how that child can progress through the system in the most effective and efficient way possible for the child. This should also provide a central point for social workers; teachers, health professionals, police and carers to ask for help in disseminating badly written or jargoned reports on looked after children.
 - 'Undermineline' – a specific confidential line for young looked after children to talk about homesickness, bullying, schoolwork and an extra person to confide and listen to.
 - '10-14 line' – a specific line for children to talk confidentially to someone about the above plus advice on sexual health, drink and drugs, and their rights as a looked after child
 - '14 to 21 line' – a specific confidential line to talk to someone about all of the above plus legal advice, training, housing and benefits.

17.6 The development of such a sign posting and advice service would not be a replacement for the social worker or carer. In order that the child lines meet the needs of looked after children it would be essential that looked after children are involved in their design, implementation and running. Furthermore, ways should be sought to involve current and former looked after children in the delivery and management of the services.

18. A champion for children

18.1 Children inside and outside the care system have little or no opportunity to have their say about the decisions that affect their lives. In a number of countries Government's have responded by establishing an independent Children's Commissioner to champion the rights of children as a way of meeting their obligations under the UN Convention of the Rights of the Child. Independent Children's Commissioners have the task of actively seeking the views of children and actively engaging with Government at all levels to ensure that policy-makers and practitioners take account of the views and needs of children.

18.2 More recently the Welsh Assembly secured primary legislation from Westminster to create a Children's Commissioner for Wales. Similar posts are being considered for Scotland and Northern Ireland. So far the Government in England has refused to create such a post preferring instead to establish the post of Children's Rights Director within the National Care Standards Commission (NCSC). While the Children's Rights Director is a welcome innovation it is limited in its scope because it only covers children within the care system and this leaves millions of children without a voice.

18.3 Recently the UK Government has been criticised for its failure to meet its obligations under the United Nations Convention on the Rights of the Child. The report by the Committee on the Rights of the Child expressed its concern that there was no 'central mechanism' to co-ordinate the implementation of the Convention across government at all levels. The Committee concludes that the lack of a Commissioner "makes it difficult to achieve a comprehensive and coherent child rights policy."⁷⁶

18.4 A Children's Commissioner would have the following role and responsibilities:

- The office should be independent, and should cover all children and young people ordinarily resident in England up to age 18, and those over 18 to whom after care duties apply.

⁷⁶ Page 3 - COMMITTEE ON THE RIGHTS OF THE CHILD - Thirty-first session -
CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES UNDER ARTICLE
44 OF THE CONVENTION

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- Its remit should be to co-ordinate, monitor and promote issues affecting children's rights and interests, including implementation of the UN Convention on the Rights of the Child.
- The Commissioner should have the power, in unusual and exceptional circumstances, to carry out an investigation of circumstances relating to a child's or children's rights and/or interests.
- The Commissioner should oversee all child death reviews and ensure that findings from such reviews are widely disseminated.
- The Commissioner should have the power to report to Parliament.

19. Conclusions

- 19.1 There is no single reason why children become 'looked after children'. Despite being in the care of the state it is remarkable how little the state knows about the lives of these children and what happens to them when they leave care. From the available evidence it is clear for many children they never overcome the multiple disadvantages that they have, they never have the opportunity to realise their full potential.
- 19.2 Despite a fall in the number of children entering care, in part caused by local authorities setting higher thresholds for triggering admission to care, the numbers have actually increased because they are remaining in care for longer. The rationing of access to these services is yet a further sign of the chronic funding and staffing shortages that bear down on the service.
- 19.3 In practice, the child's needs are not at the heart of services for looked after children. The evidence points to a system that does harm to children through delay. The experience of far too many children is not of a co-ordinated response to their needs involving social workers, health professionals, teachers, and carers but of buck-passing and cost shunting. Children need parents, and if their birth parents let them down, they need to be able to turn to social workers, health professionals, teachers, and carers who place them ahead of their professional boundaries.
- 19.4 It is a scandal that the Government knows so little about the mental and physical health needs of looked after children. The delays in assessments as well as several changes of placement can lead to mental and physical health problems being missed. No referral or slow referral to Children and Adolescent Mental Health Services (CAMHS) then compounds mental health problems further.
- 19.5 With as many as 1 in 4 looked after children having a statement of special educational needs, educational attainment must be viewed outside the typical GCSE boundaries that Ministers became so blinkered focused upon.

20. Recommendations

- 20.1 The recommendations have been divided up into those that are directed

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to central Government, those that require action by local authorities and other local agencies, and those that require the action of other organisations.

Central Government

- 20.2 The Prime Minister should appoint a Cabinet Champion for Children. The Champion should have responsibility for co-ordinating the Government's response to the Convention on the Rights of the Child and ensuring that Government departments and agencies have complementary objectives and targets for children.
- 20.3 The Government should bring forward proposals for establishing on a statutory basis the Office of the Commissioner for Children to co-ordinate, monitor, and promote issues affecting children, acting as an advocate for the rights of children.
- 20.4 Undertake an urgent audit of all data currently collected by Government departments and agencies concerning looked after children to identify gaps and determine priorities for new data collection.
- 20.5 The Department of Health must undertake an urgent review of its current social work recruitment drive and implications of the number of people entering social work training in the UK. In conjunction with the Local Government Association a further recruitment campaign should be launched promoting the profession and challenging the myths about the profession. However, the chronic retention problems in children's social services must also be urgently addressed to provide the essential continuity to vulnerable children's lives that would allow them to become productive and beneficial members of society.
- 20.6 The special needs of looked after children must inform all of the standards in the Children's Services National Service Framework.
- 20.7 The Department of Health must ensure that its Alcohol Strategy specifically identifies and meets the needs of looked after children.
- 20.8 Urgent research work must be undertaken by the Department of Health to establish how many looked-after children are referred to child and adolescent mental health services, how many go on to enter adult mental health services and how many suffer major mental disorders in later life.
- 20.9 The Home Office should commission research to discover how many unaccompanied asylum seeking children go into looked after children services, what their needs are, what the cost implications for each local authority are and what additional services need to be provided for these children.
- 20.10 The Department of Health should enter into discussions with the LGA and ADSS to set up pilot projects to measure the impact on educational attainment and personal development of looked after children sent to

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boarding school.

- 20.11 A national care line and website should be set up specifically for looked after children, their families and professionals to provide a signposting service, the dissemination of best practice and a source of information.
- 20.12 The Department of Health should undertake an urgent assessment of the financial implications that face children's homes in the light of the increased liability risks associated with the profession following the collapse of the main insurer for children's homes.
- 20.13 Urgent identification of what measures can be put in place to prevent looked after children becoming persistent offenders and an independent review should be set up to look at whether juvenile detention centres are beneficial to the long term rehabilitation of youth offenders back into society. The review should also look at whether this type of institution is long-term cost effective, and whether, despite opting out of article 37(c) of the UN Convention on the Rights of the Child, a child being locked up in adult prisons is advantageous for the child or society.
- 20.14 The completion of the target for all staff to achieve *NVQ Caring for Children and Young People level 3* is essential to provide staff with the skills and understanding that is required.

Local Government and other local agencies

- 20.15 Social Service Department experiencing serious recruitment and retention difficulties must examine the scope for reallocating tasks to free up social workers to concentrate on complex cases. Developing effective administrative and IT support for social workers. Identifying and encouraging suitable candidates amongst the existing workforce for training in social work.
- 20.16 A social worker must be assigned, and first contact must be made with, a looked after child within 1 week of entering into the care system. This means that social services, health and education departments in local authorities must fast-track the neediest children through assessment and diagnostic services.
- 20.17 Primary Care Trusts must review their arrangements with local Social Services Departments to ensure that looked after children have access to a GP and an NHS dentist and that they receive regular check-ups and urgently adhere to the belated guidance '*Promoting the Health of Looked After Children*' published in November 2002.
- 20.18 Primary Care Trusts must ensure that adequate resources are provided to Child and Adolescent Mental Health Services to enable emotionally damaged and distressed looked after children to receive timely and appropriate care at the right time and in the right place.
- 20.19 Local authorities should consider establishing a post funded jointly by

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social services and the local education authority to provide an advocacy and truancy service.

- 20.20 Local authorities should work with other local agencies to develop strategies to increase the pool of foster carers by investing in dedicated staff to recruit and provide 24 hour backup and support to carers, including specialist education and health support and through payment of competitive package of remuneration
- 20.21 Local authorities need to work with other agencies to post adoption support, including specialist education and health support.
- 20.22 Training courses for teachers, health professionals and social workers must emphasise the importance of concise, comprehensible, non-jargoned report writing that can be disseminated to all branches of the childcare system.
- 20.23 Preventative programmes and support must be introduced by local authorities to stop formerly looked after children ending up homeless so soon after finishing their period of care.

Appendix A

Skill Force Youth Initiative

The Skill Force Youth Initiative project launched in September 2000 as a joint MoD/DfES initiative, aims at improving the future prospects and employability of years 10 & 11 age pupils who are unlikely to achieve 5 GCSE grades A-C.

The project offers a vocational education using the expertise of recently retired military instructors. Training teams visit chosen secondary schools for one day each week to teach more practical subjects, such as first aid. Their aim is to improve a child's self-confidence, responsibility and teamwork skills.

It also provides an opportunity to work towards an ASDAN award, a vocational qualification that covers a number of skills related challenges, including problem solving, working with others and improving learning and performance.

The initial pilot schemes proved successful in improving the attendance, attitude and academic performance of potentially disaffected people and has since been rolled out across the country to offer 1200 children in 47 schools the chance to develop life skills and their employment prospects.

Inaura.net

Inaura is a company that promotes the idea of 'total inclusion' in education. Currently, permanent exclusion can result in children leaving school with nowhere else to go, which obviously does severe damage to a child's schooling career. However, instead of resorting to permanent exclusion, children and young people who find schools challenging and are disruptive will be moved to a different education provider who might better address their needs. These providers will work in partnership and include schools, colleges, Pupil Referral Units and, of course, pupils and parents themselves. These alternative providers will try to re-integrate them into a mainstream provider to ensure no child 'slips through the net.'

Currently, they have set up an inclusion zone in Slough local authority, so that eventually no child will be permanently excluded from any school in the area. Through seeing challenging behaviour as another problem that schools have to address, rather than a problem that they can get rid of, Inaura are trying to reduce or end the problem of permanent exclusion.

Notschool.net

Notschool.net is a web based learning community that aims to address the problem of getting the long term ill, the phobic, the disruptive, teenage mums and any long-term absentees back into education. Ultralab, the Learning Technology Research Centre at Anglia Polytechnic University, began it in 1999. Young people are supplied with an Apple based computer system, an Internet connection and a log-in, enabling them to enter a closed learning community. Mentors or learning experts build relationships with these young people, to explore possible starting areas to bring them back to the desire to learn.

Notschool brings a new approach to education self empowering the learner and giving them autonomy in their education. Teachers are called learning experts or mentors and pupils are researchers. Study includes learning for example, about digital art, drama and

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multimedia. Use of the Internet has been shown to improve a child's literacy and ICT skills within the community.

This project has shown positive results with young people gaining recognized qualifications. Almost all of the 100 young people who began the project still take an active part in it. LEA's and EAZ's across the country have now been invited to take part in the next phase.

Truancy and advocacy officer

As an example, a looked after child in a residential home, has been absent from lessons for 15 school days. This is then noticed by the form teacher of the child, who then notifies the schools looked after child advocate. He in turn contacts the new joint funded post who would then be able to establish via the carer or social worker the reason for his absence. If there appears to be little reason for their absence, the newly created post would then be responsible for meeting the child, along with other parties interested in his or her welfare to discover the causes of the truancy. Following these assessments of need, a programme can then be devised and coordinated by the new post. This would give a direct link between social services, carers and teachers who can then help implement the new action plan.

Outbound adventure educational units

This should look at a year-round facility that utilises adventure activities to encourage self-esteem and belief in their own abilities. It would also provide education and an assessment of mental need not only to provide immediate results, but also to provide a long-term plan to encourage and develop a child's abilities. While more cost intensive in the short term, such a project may provide long-term benefits that improve the life chances of the child and reduce long-term expenditure for Government and society.

Wraparound model

The wraparound approach is a definable planning process that results in a unique set of community services and natural supports that are individualised for a child and a family to achieve a positive set of outcomes. It aims to build integrated services around the needs of the child.

When dealing with an individual child, a co-ordinator will first find one person who can offer the child unconditional love – for example, a relative. This person is asked what it will take for the child to be successful in their home. The professionals that work with the child are asked what they think would be required for the child to be successful in the above home. Then, the child's school is asked what it would require in order to have the child back in that school.

After receiving the answers, the co-ordinators formulate a plan and attempt to provide the resources that encompasses the needs of the party's involved. In the short term it is more cost intensive, but over a period of years it has been shown to save money in the longer-term.

The report 'Tomorrow's children' produced by the ADSS gives greater detail.

Glossary

Child Protection Register - Child protection register is a confidential list of names of children who have been, or are at risk of being physically, emotionally or sexually abused or neglected. The Register is kept by Social Services. Its purpose is to ensure the child's safety and welfare is protected. If a child's name is placed on the Child Protection Register, a plan will be made during the Child Protection Conference. This will outline what needs to be done to improve things for the child.

Child and Adolescent Mental Health Services (CAMHS) - The aim of this service is to provide a high-quality specialist and multi-disciplinary diagnostic assessment, treatment, advisory and consultative service for children and adolescents suffering psychiatric disorders, or where behaviour, emotional state or development is causing serious concern to themselves or those caring for them. The client group is defined as children or adolescents from birth to 16 or school leaving age, whichever is the latter. The adolescent team deals with those aged from 14 to 19 years.

Connexions - Connexions is the government's support service for all young people aged 13 - 19 in England. The service aims to provide integrated advice, guidance and access to personal development opportunities for this group and to help them make a transition to adulthood and working life.

Quality Protects - Quality Protects was created as a time limited change programme designed to transform the way services are managed and delivered to gain lasting improvements in outcomes for children and young people and was set up by Government with an annual budget of around £450million each year. It is the most important section of Government commitment to the well-being of looked after children. The budget is specifically ringfenced through the Children's Services grant to local authorities who achieve designated Government targets and meet specific objectives. It includes those children looked after by councils; in the child protection system; and other children in need.

Although a significant investment in children, it has failed to produce the outcomes for vulnerable children and many of the targets set have either distorted priorities or have been missed by considerable margins. The investment offers significant investment but is geared towards specific unachievable targets that have been set without the statistical information needed to make local judgments from a national level.

Seebohm Report - In 1968, the Secretary of State for Social Services set up the Seebohm Committee to study the delivery of social services. The report recommended that the previously separate children's, welfare, and mental health departments be integrated into one social services department under the Ministry of Health. The committee argued that these unified departments would provide more coordinated and comprehensive services, particularly if they were administered through area offices, serving populations of between 50,000 and 100,000.

SSI - The Social Services Inspectorate (SSI) is part of the Directorate for Children, Older People and Social Care Services in the Department of Health. SSI assists Ministers in carrying out their responsibilities for personal social services and exercises statutory powers on behalf of the Secretary of State for Health.

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Statement of Special Educational Needs - Statement of Special Educational Needs is a document that sets out the special educational needs of an individual child and the special help he/she should have.

Sure Start - Sure Start is a Government scheme which aims to improve the health and well-being of families and children before and from birth, so children are ready to have a better opportunity when they go to school. It does this by setting up local Sure Start programmes to improve services for families with children under four and by spreading good practice learned from local programmes to everyone involved in providing services for young children.

Teenage Pregnancy Strategy - The government set up the Teenage Pregnancy Unit (TPU) to carry out the recommendations of the Social Exclusion Unit's report. The TPU is a cross-government agency, located within the Department of Health. All local authorities and health authorities in England have been required to produce a teenage pregnancy strategy for their areas, stating what action they intend to take to help meet the target of a 50% nationwide reduction in under-18 conceptions by 2010, with an interim target of a 15% reduction by 2004, and to deal with the social exclusion of teenage parents. £15 million has been allocated for these local strategies in 2001/2.

The Children's Fund - The preventive element of the Children's Fund is part of a range of measures which aim to ensure that vulnerable children get the best start in life, remain on track on their early years, flourish in secondary school and choose to stay on in education and training at 16.

The Children's and Young People's Unit - The Children's and Young People's Unit has the task of supporting Ministers, as they develop, refine and communicate the Government's overarching strategy for children and young people.