

Children and Young People Committee

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Submission from Children in Wales

Children in Wales is the national umbrella organisation in Wales, bringing organisations and individuals from all disciplines and sectors together. Its role is to make the United Nations Convention on the Rights of the Child a reality in Wales. Children in Wales also fights for sustainable quality services for all children and young people, and special attention for children in need, as well as ensuring children and young people have a voice in issues that affect them.

Children in Wales has around 200 organisations in membership, including the major voluntary children's agencies, professional associations, local authorities and health bodies, as well as many smaller community groups. Children in Wales facilitates a variety of forums including a parenting forum, a disability forum, a poverty network and practice exchange groups in North and South Wales. Over the years it has also done work on both the education and the health of Looked After Children. Children in Wales works in partnership with the National Children's Bureau in England and Children in Scotland, and internationally is active in Eurochild and the International Forum for Child welfare.

Children in Wales welcomes this opportunity to submit a written background paper ahead of providing oral evidence to the NAW Children and Young People's Committee. Due to the short timescales, it has not been possible to undertake a full consultation with our member agencies to date.

Context

On March 2008, 4,807 children in Wales were in looked after care (LAC). Notwithstanding the slight drop in numbers from the previous year, there has been a steady increase in the number of children in care over the last 10 years - 2,900 in 1998.

Despite the historical abuse legacy and low expectations for LAC, and the considerable energy and investment that has been put in to improve services and outcomes, poor outcomes for LAC compared to children who are not looked after remain a key concern to a range of professional groups, and children and young people themselves.

Around ½ are in care for reasons of abuse or neglect.

Nationally, 11% of children in care have had 3 or more placements during the year, though this figure is higher in a small number of local authorities

75% of children in care are in foster placements. This is good progress and a progressive move away from institutions of the past.

Though there are good national policies in place, its implementation at a local level varies in its quality and effectiveness.

According to the Youth Justice Board, around 50% of children in the secure estate are or have been 'looked after' by local authorities

Care leavers may gravitate back to their families of origin if there is no support when they leave care

Key issues

Placement Stability, Choice & Quality

There should be a continued emphasis on ensuring that a range of quality placements to meet the needs of children and young people are available, with all decisions made in the best interest of the child. We have welcomed the focus on placement stability but there remains some way to go before children 'looked after' have the same levels of permanency that most non-looked after children enjoy.

Children looked after care should be entitled to a quality, enjoyable, safe and stimulating placement, which doesn't disrupt their education and allows them to maintain contact with their existing network of family and friends (as appropriate). Sadly, for many children placed out of county or subject to placement change, this entitlement is not always met.

Consistently there has been little if any '**choice**' of placement when a child enters the care system. Principally there is the recurring issue of having insufficient vacancies so that the 'matching' of children to placements is impossible if there are only a couple to choose from. The pressure, particularly on social workers during admissions, many of which are made in emergencies, is to make sure the child is safe with the result that residential or foster care placements that are available on that particular day are the only ones that are possible to consider. Social workers may find themselves in the difficult position of choosing between the lesser of two evils - an unsafe home environment or an inappropriate placement. It then becomes a 'fait accompli' and children often remain in the original placement until a planned move either home or to a long term placement is organised.

Although long term placements should be more planned, the choice of long term placements can also be very limited and recipes for disaster can occur such as foster parents who originally came forward to foster one child may be asked to foster two, or who wish to have a young child are asked to take a teenager and so on. There are many factors contributing to the lack of choice. Retaining a bank of placements in either foster care or residential care that would ensure an appropriate choice is expensive because retainers have to be paid. Approved foster carers who remain unused can become disillusioned and may well seek alternatives such as going back into employment.

Data Collection

Though the quantitative data at a national and local level is helpful, there is a need to capture and examine the experiences and quality of life of children in the care system. This in order to enhance the knowledge base and provide effective solutions to address some of the major challenges. Data collected should also include information on ethnicity, disability and the socio-economic background of children placed in public care, given the fears that children from income poor backgrounds are over-represented in the care population.

Other information that should be gathered is the incidence of children whose parents were themselves 'looked after' placed away from their own families. We fear that there is insufficient attention paid to how to support these parents and how not to assume that their children will need care. There needs to be more focus on collecting data around the successes of children from care backgrounds.

Information Sharing

Information on individual children varies considerably and there is a danger that a certain amount of labelling of children can happen.

This can particularly apply to judgements about behaviour where the full story is not available. For instance children who repeatedly run away from placements are often regarded as having behavioural problems. However they could in fact be running away from ill treatment in which case they are acting reasonably! On the other hand insufficient information about matters such as potential violence, sexually explicit behaviour etc is essential for foster carers, especially if they have other children to look after.

There are also unfortunately cases where inaccurate information is passed on to carers and this is dangerous. However, in order for a child to be well placed and for foster carers to be well equipped to care for them, basic factual information such as their health needs - eg epileptic or a genetically inherited condition, needs to be passed on for the child's own safety. Similarly the basic information about why the child has been placed needs to be transmitted to the carers who will undoubtedly be in direct contact with the child's family through contact visits. This is clearly important if abuse has occurred. The child's educational needs must also be considered. The basic principle around all of the information sharing is that the parties involved, child, and parents have given consent. This requires a considered approach with sufficient time for social workers and others to give the task adequate attention.

In many ways we feel that the current system does not allow for a sufficiently high priority being given to LAC in terms of the details that would be regarded as essential for an ordinary parent to know about their child.

It is our view that specialist expertise is required in ascertaining and transmitting accurate and appropriate information. This information should be co-ordinated between social services, health, youth justice and education. Specialist LAC nurses have for instance been successful in co-ordinating information with social workers on health aspects. Similarly specialist staff with specific LAC functions in education departments have been essential. However these resources are often limited to the local areas in which they operate and the children who are placed out of county are disadvantaged as are children coming in from other authorities.

Although it has improved in recent years, there is still a specific need for an holistic approach to the development of computerised databases on which the various agencies hold information on individual children.

Ideally, within the terms of the data protection legislation and appropriate consents being obtained, placement providers should be able to read the files. This is particularly true if their staff are not working for the same organisation as the child's social worker.

Participation

Children should be seen as rights holders and central actors when decisions around placements are being made. Presently, the involvement of children can differ greatly between local authority areas, be inconsistent and not be embedded when decisions are being made. When making key decisions around placing a child, it is critical that every effort is made to consult effectively with the child along with their family and other key stakeholders. Effective means for engaging children and their family should be in place to ensure that the best interest of the child principle is upheld. Basic

For those children within placements, it is key that engagement with family is maintained as appropriate to help foster stability and prevent family breakdown. One of the key grievances from care leavers is that they were not able to maintain meaningful contact with their parents, extended family or siblings whilst in care. There is not only the need to support the child-parent relationship but also provide support for parents with children in care.

Independent Advocacy

The recommendations within the Utting, Waterhouse, Carlile and Children's Commissioner's report of the past 10 years, have highlighted the need for effective advocacy services and provision to be in place to help ensure that children in care, or on the cusp of care, have a voice in the decision making process. Concerns remain however in relation to the provision of accessibility advocacy services locally, the capacity of advocacy services to respond effectively to need and demand, and to the timescales in which decisions around placements are made.

Many children are disempowered before they even enter the care system, making the need for an independent advocate to support them throughout the process and ensure that their wishes and feelings are heard in is critical. Though many of the component within the WAG new service model reforms being developed were cautiously welcomed by many of our members, issues of independence and sufficient resources still remain unresolved.

Children First Programme

To improve this situation for children and young people looked after, WAG established the Children First programme April 1999 - 2008 which aimed to improve the life chances of a range of children in need within Wales. As part of a 3 year phased and financially reducing exit plan from 2005 - 08, the grant for the programme was transferred into the local authorities revenue support grant by 2008. The programme was important as it ensured that there was an exclusive focus on this group of children and young people. Also there was no dispute within authorities about whether or not to spend the money on improving services for them.

Politically there was also a useful awareness at both national and local level and it was possible to promote the notion of the 'corporate parent' - ie the local authority has the duty to act as a proper parent to LAC. Many of our members from all sectors felt that the programme should not have ceased until it had achieved outcomes for looked after children which were on a par with the non care population. We strongly believe that there would have been significant improvements if the programme had been continued beyond 2008.

Workforce

The key components for workforce development and stability remain effective training, regular supervision and quality support. This applies not only to case managers but also to foster carers. Presently, it seems that heavy caseloads and irregular contact have become the norm for an overstretched workforce characterised by recruitment and retention difficulties, alongside a hostile press. Matching a child with an appropriate placement requires time and capacity, alongside the necessary experience, knowledge and background history of the concerns involved. Despite the plethora of good law and guidance available, the gap between policy and variable practice remains a concern to many of our members.

There are indeed some wonderful foster parents and residential staff in Wales but the amount of concrete support they get appears to be reducing.

We believe that there needs to be a clear recognition that some of these children naturally have very specific needs due to the nature of their previous experience.

Society in Wales should therefore be willing to invest sufficiently in high quality well trained residential staff and foster carers to look after these vulnerable youngsters in the care system. It is inexcusable to assume that 'anyone' can look after them without a high degree of ability and understanding of the psychological issues that accompany violations such as abuse. Across Europe, some countries have invested in pedagogues who are well respected and well paid because of the important and difficult work they do. In the long run the outcomes for the children and for society are beneficial.

Alternatives to Care - Invest in early intervention & preventative services

Preventative services should be prioritised and resourced. However there also needs to be a clear plan of how to invest more in preventative services whilst at the same time managing the move of resources from crisis intervention. With the upward trend in the numbers of children in care and the increasing cost of placing a child away from their family, all preventative approaches as alternatives to state care should be explored and be available to practitioners and service managers in all areas of Wales. The key tool of the statutory 'Children's Plan' and the mechanism of the Framework Partnerships should bring together all the resources in a local authority area to comprehensively address the needs of children, especially those most vulnerable. To date the Partnerships are limited in the resources that they allocate. There has been little progress in terms of pooling budgets although this has been statutorily possible for some time.

Family Group Conferences, as an effective means of bringing together the child's family to plan and make decisions regarding their welfare, should be sufficiently resourced and made available to families and practitioners prior to care proceedings. The review of the child care proceedings system in England and Wales (May 2006) made clear recommendations for the use of FGCs to help avoid proceedings and help identify kinship care opportunities. Presently, interventions such as FGC are used routinely in many local authorities whilst there is no service available in others.

In the present challenging economic climate, the need to focus investment on high quality, universally accessible services focussing on prevention is as great as ever.

Standards and Guidance

Alongside the United Nations Convention on the Rights of the Child (UNCRC), the draft UN Guidelines on alternative care for children, recently adopted by the UN Human Rights Council, provides an international framework for the well-being and protection of all children in need of state care, or at risk of being so. http://www.crin.org/docs/DRAFT_UN_Guidelines.pdf

Developed with the involvement of children on an international level, are the Quality 4 Children Standards which include 18 Standards which embrace the different periods of the Out-of-Home Care process: The decision-making and the admission process (6 Standards), care-taking process (14 Standards) and the leaving-care process (4 Standards).

http://www.quality4children.info/content/cms.id.89,nodeid.31_country.at_language.en.html