

The Family and Parenting Institute's response to the consultation Care Matters: Transforming the lives of children and young people in care.

The Family and Parenting Institute, formerly the National Family and Parenting Institute, is the UK's leading centre of expertise in families and the upbringing of children. We advocate for improved family and parenting services and we press for policy change to help address the challenges that families are facing.

In our response to this consultation we have focused on two issues: firstly, how families can be supported at an earlier stage so that the needs of children can be met within their own families; and secondly, how family and friends carers can be supported in caring for children within their extended family.

In addition to the questions that relate to these issues, we have also made brief comments about some issues relating to children's voice and dignity, and confidentiality within child protection and the care system.

Chapter 1: The need for reform

1 Are the elements we suggest for our 'pledge' the right ones?

We would like to see added to the elements of the pledge the existence of appropriate therapeutic services which are available in a timely way to address the deficit of therapeutic help for looked after children who may need help to recover from maltreatment, neglect or the effects of dysfunctional family relationships.

Chapter 2: Children on the edge of care

3 What more can be done to reassert the responsibility of parents and help them to fulfill those responsibilities?

Universal services

Identifying problems and providing targeted support to families where children are at risk can only be done in the context of a universal support system as set out by the Commission on Families and the Wellbeing of Children (2005).

Workforce issues

The Action Plan on Social Exclusion (Cabinet Office, 2006) rightly identified the antenatal period and first years of a child's life as crucial in maintaining the long term welfare of the child. The focus in the plan on improving the skills of midwives and health visitors is welcome, along with the pilots of intensive early health-led support. If these pilots are rolled out, the health visitor workforce will need to be significantly increased. Concerns have been raised already about the caseload of health visitors and an ageing workforce (Community Practitioners' and Health Visitors' Association, 2006).

In addition to health visitors and midwives, the rollout of children's centres and extended schools means that there is a huge workforce, including teachers,

social workers, youth workers, as well as voluntary sector staff and volunteers, who are potentially in a position to identify high need families. However, the majority of this workforce has not been recruited for their qualities in working with children, parents and families about relationship or parenting issues. They, like health visitors, would benefit from training to build their skills in this area, and the National Academy for Parenting Practitioners should have a role to play here.

Form of helping work best if there is a partnership model, combining the expertise of the professional with the perspectives and willing participation of the parent. This is more difficult to achieve once child protection concerns are formally raised, as parents understandably feel threatened. Even so, research shows that parents are highly sensitive to the attitudes of individual professionals (Stanley et al., 2003). To make parents feel that they are respected while protecting the child's interests in all situations calls for considerable skill.

Braun et al. (2006) set out a framework to make the processes of helping explicit, including how and why certain qualities and skills make a successful outcome more likely. Examples are cited of professionals whose main work is not child protection being successfully trained to be able to intervene and help parents when opportunities arise. These include Brief Encounters by One Plus One, and the Centre for Parent and Child Support (more information at www.cpcs.org.uk) at Kings College, London.

Both for professionals whose main role is to work with parents, and for those for whom it is only a small part of their job, skills training alone is not sufficient. Organisation structures including recruitment, supervision and any targets set need to reflect the same values and enable this way of working.

There is also a deficit in specialist back-up services where more skilled interventions can be offered: from parenting programmes, cognitive behaviour therapy, cognitive analytic therapy, family therapy and multi-systemic family interventions, day and residential provision for families with relationship difficulties, alcohol and drug addiction, mental health problems.

Eligibility thresholds

A crucial issue that deserves more attention in the Green Paper is the high eligibility thresholds for social services and CAMHS. These continue to prevent access to these services until problems are extremely severe (Barrett, in press), despite general acknowledgement of the importance of early intervention. These high thresholds also deter other agencies from referring families (joint Chief Inspectors' Report on Safeguarding Children, 2005) and they make it less likely that problems will be resolved successfully.

Voluntary sector organisations may be best placed to reach families with multiple needs who are often suspicious of statutory services. But this is not always the case and voluntary organisations do not have the responsibilities that statutory services have for safeguarding children. Managers of voluntary sector services report having to step into the breach where statutory services

are failing to support children at risk (Barrett, in press). Statutory services' need to develop their capacity to intervene directly with families and to ensure that children and families receive the assistance they need where children are at risk to prevent family breakdown. Research studies over many years have shown that sustained intervention can prevent children coming into public care and can support families to improve their care of their children.

Long term intervention

The Green Paper recognises that often an insufficient short-term response is offered, rather than sustained support. However, no concrete proposals are offered to address this issue which, together with the linked one of high thresholds for services, is the main barrier to successful work with families. While Functional Family Therapy may have significant benefits for families, at three months it may not be sufficient for many. There are unfortunately no 'quick fixes' for families with complex needs. Managers in organisations successful in engaging with these families talk about the need to work with them over several years, and it taking six to twelve months just to build a relationship (Barrett, in press).

The cost of this complex and lengthy work has to be set, however, against the cost of the alternative to society and the economy. Taking children into care, increased mental illness and anti-social behaviour are not cheap options, and this should be reflected in the funding available for preventative work, outreach work, and work with the most troubled families.

Because of the need for long-term stability and trust, work with troubled families is disproportionately affected by the limitations of short-term funding. As a result of this, projects are disrupted through high staff turnover, often bringing them to an end abruptly. We welcome the recent commitment from Government for three-year funding settlements to be the norm, but this is not sufficient on its own. There is a need to rebalance funding towards the continuation of projects that have been successful, and away from short-term initiatives.

Where children are removed from their family and taken into care, work should continue to address the family problems that caused their removal, if only because the children are likely to return at some point. Even if they do not, new children may be born into the family. A review by Tunnard (2002) on parental drug misuse found that services offered tend to focus on protecting children from the worst consequences rather than helping parents change their use of drugs.

Risk factors within families are well understood: parental mental health problems, addiction, domestic violence, severe family relationship difficulties are connected to poor outcomes for children. The gap between adult social care services and children's and families' services needs to be bridged so that those providing adults with treatments for addiction, domestic violence, or mental health difficulties address the quality of parenting of children involved. The deficits in treatments for adults not only leaves many adults without appropriate services but has a knock-on effect on their children (see 5).

There is also a need for measures to ensure children are followed up once they have returned to their family, with support in place where necessary. Research shows that returns to the family may be unplanned and occur irrespective of the presence of any changes in the circumstances that led to placement (Biehal, 2006). Given the figure cited in the Green Paper that 75% of children have no contact with their social worker after returning home, it is surprising that this pressing issue is not addressed in more detail.

Services to support families

Research in Scotland with families under severe stress and in contact with social work services (Scottish Executive, 2003) found that the parents wanted:

- time to themselves - a break away from children;
- someone to talk to who could give advice; and
- contact with other parents who were going through the same problems.

These families highlighted child care provided by childminders, nurseries and family centres, and home visiting by home support workers as effectively providing respite and support for the most vulnerable families under stress.

One model for giving families a break is a sitter service such as those set up in Scotland, where they offer respite to families under stress, as well as childcare for parents working atypical hours. These services are valued by families who used them although constrained from further growth through funding and staff (Wilson et al., 2003).

The National Fostering and Kinship Care Strategy for Scotland, which has recently been published for consultation, asks for input on models involving foster and kinship carers in prevention and early intervention, for example providing respite support within the child's own home. 'Support foster care' as a form of respite to keep children and families together is a model which some local authorities in England have used, but Greenfields and Statham (2004) found that these preventive schemes were generally marginalised and underfunded.

Assessments and interventions must take into account the whole family including the father. There is a general lack of research on fathers, who tend to be ignored unless presenting a serious risk to the children, it being seen as the mother's responsibility to protect children. Among the benefits that have been suggested for Family Group Conferences is that these promote fathers' constructive engagement in the process.

As set out in more detail in response to question 5, meeting parents' own needs is crucial in enabling them to fulfil their responsibilities as parents, and high thresholds in adult services can be a significant barrier to this.

References:

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4 a) Do you agree that there is a need for a more systematic approach to sharing effective practice in children's services?

Before setting up a new Centre of Excellence for Children's and Family Services, it would be advisable to consider whether this would create unnecessary duplication. As recognised in the Action Plan on Social Exclusion (Cabinet Office, 2006) there are a number of institutes and organisations that evaluate and disseminate best practice. These include the Family and Parenting Institute, which was set up as the National Family and Parenting Institute to be a centre of expertise on family and parenting issues and to influence policy, and the National Children's Bureau.

It would, however, be worth considering whether these organisations can work more constructively together to identify major gaps in our knowledge about 'what works', and improve dissemination mechanisms as proposed in the Action Plan. There need to be mechanisms for effective joint working between the new National Academy for Parenting Practitioners and other organisations, in particular the Centre of Excellence for Children's and Family Services, if this is established. The Family and Parenting Institute would be interested in taking part in discussions about the proposal to set up such a centre.

4 b) If so, how can we ensure maximum impact in supporting evidence-informed commissioning and practice?

The Institute welcomes the proposals in the Social Exclusion Action Plan for a standardization of child and family service evaluations. Such a review should rationalize evaluations so that they better serve the needs of policy makers and practitioners. The review should identify the types of evaluation required for specific needs, ranging from evaluations using randomized controlled trials for major untested discrete programmes through to evaluations concerned exclusively with process matters where the programme has already been trialled, but requires administrative assessment.

The approaches needed for evaluating community programmes with multiple facets and a significant level of variation between communities needs particular consideration. The Family and Parenting Institute has undertaken a review of evaluations in the family service field and would welcome the opportunity to take part in this review.

5 What more can be done to support links between adult and children's services, particularly in relation to drug abuse and mental health support?

Most families in contact with social services have a range of support needs. The need for more joined-up working is a recurring theme in research in this area, but this seems to be harder to achieve in practice.

One major barrier is the high eligibility thresholds in adults' services as well as children's services. These mean that many parents whose behaviour or condition is having a significant impact on their children are not eligible for services. The consequence is that many families do not get help until they are at crisis point, by which point it may be too late.

Another barrier to joint working is increasing specialisation among social workers and a lack of understanding among professionals about other services' role. One problem is that professionals working with adults may perceive a referral to children's social services as a route to children being taken into care rather than being supported within their family, and they may therefore be reluctant to do this (SCIE, 2005). Joint training and the use of secondments as a key part of professional development could help address some of these problems.

Families with complex needs often have to shuttle between different services, which is a significant barrier to accessing help. Disputes between these services as to who is responsible for funding an intervention can exacerbate this further. The existence of Children's Trusts and the introduction of the lead professional role in children's services should improve the situation to some extent, but it is uncertain how far they will be able to bridge the gap between children's services and other services, such as adult mental health.

A role similar to the lead professional for adults is proposed in the Green Paper. With regard to families it may also be worth exploring the benefits of a joint lead professional role, as proposed by Stanley et al. (2003) to combine the viewpoints and expertise of both adult mental health social workers and child care social workers. It is imperative that the incentives for any department to close cases and pass families on are removed. Instead, multi-agency models need to be developed, so that rather than referring families onwards to other services, professionals from other services are brought to the family, with accountability remaining with the lead service or individual.

As well as the children potentially at risk and the parent who is seen as having the problem, be it mental health or substance abuse, the whole family should be considered in any assessment. Those who are supporting the parent, for

example their partner, children, or grandparents, need to be recognised in their role and given appropriate information.

A service gap which is frequently overlooked is that for targeted support for parents with learning difficulties. These may go unrecognised, but research has indicated that one sixth of children subject to care proceedings have at least one parent with learning difficulties. This figure rises to almost a quarter if parents with borderline learning difficulties are included, and children are permanently placed away from home in 75% of these cases (Booth et al, 2005). These parents may not meet the eligibility criteria for adult learning disability services, but generic family support services are likely to be inadequate to meet their needs.

Disability and ill-health alone may cause difficulties for parents struggling with a lack of support, and are often a factor where families have complex needs. Olsen and Tyers (2004) describe good practice in supporting disabled parents in their parenting role, both by including this as an intrinsic part of adult community care assessments, and by making mainstream services more accessible.

References

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6 What more could be done to support family and friends carers?

We are pleased that the Green Paper recognises that the potential benefits of family and friends care for children are frequently overlooked. Introducing a requirement for this to be considered for all children subject to care proceedings will be helpful, and increased use of Family Group Conferencing is also to be welcomed.

However, we would also like to see proposals to address the current disadvantages faced by kin carers. Unlike unrelated foster carers, for whom caring is a choice, they have not planned to take on the care of children, and the impact on all areas of their lives will be significant. Carers may need to give up their jobs, reducing their income and pension entitlement. They can experience loss of social life and isolation. Some even combine caring for children with other caring responsibilities for a parent or partner.

Farmer and Moyers (2005) found in their sample of kin carers a greatly increased risk of having a disability or chronic illness compared to stranger foster carers (31% v 17%), experiencing financial hardship (75% v 13%), and living, at least initially, in overcrowded conditions (35% v 4%). A greater proportion were lone carers (27% v 14%). Ten per cent of the couple carers found that their marriages came under severe strain as a result of these abrupt changes in their circumstances, with all but two of these breaking down.

Government should provide a framework to local authorities including an automatic needs assessment for these carers and the children they are looking after, and a minimum package of support to meet their needs for financial, practical and emotional support as set out below.

Financial support

Since the Munby judgement of 2001, local authorities must pay the same rates of allowance to their foster carers regardless of whether the child they are fostering is a relative, but this only applies to those carers who have been approved as foster carers. Where carers have agreed to take on a relative's child without social services' involvement, there is no obligation for them to make payments.

Also, where Residence Orders are awarded, families receive no payments or discretionary allowances at a lower rate than fostering payments. It has been reported that Residence Orders have been used where carers were not considered to meet the standards for foster carers. It is particularly concerning if those cases with the greatest need or risk are given less support and monitoring.

There should therefore be a review of the adequacy of financial support for kin carers. This should include possibilities for making the transfer of child benefits from the parent to the kin carer more efficient, as delays put further strain on carers' finances.

Advice and emotional support

Family and friends carers need practical advice and should receive full written information about the legal and financial options available to them when they take on caring for children, as well as the local support available. They also need access to support and advice from social services. In Farmer and Moyers' (2005) study only four of the kin carers had a family placement worker, whilst almost all the unrelated foster carers had the benefit of this second worker.

Carers may also need counselling in their own right, for example around stigma, guilt and loss about their substance abusing son or daughter, wider family tension, or the sudden loss of freedom and fear about ability to cope financially. Support groups of family and friends carers are valued for emotional support and combating isolation where they exist (Grandparents Plus and Adfam, 2006).

Practical support

Managing contact with the children's parents can be much more difficult for kin carers than other foster carers and they would often welcome social work assistance with this (Farmer and Moyers, 2005). Affordable mediation in particular may be helpful.

Respite care is also needed to provide a break for carers under strain or caring for particularly challenging children. Like any other children in care, they may have gone through traumatic experiences and it is important that therapeutic services are available, as well as services to meet any other identified needs of the child, such as health and educational needs.

Assessment

Appropriate models of assessment for family and friends carers are needed, which recognise the differences from unrelated foster care. These need to be carried out sensitively, valuing what the carers are trying to do for the children and focusing on what support may be needed. However, kinship care should not be regarded as free from risk: assessment, review and monitoring are still necessary to protect children in the rare cases where family and friends placements put them at risk of harm.

References

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Grandparents Plus and Adfam (2006) Forgotten Families: The needs and experiences of grandparents who care for children whose parents misuse drugs and alcohol. London: Grandparents Plus and Adfam

7 Is it right for us to work towards an increase in the number of children supported in families and, as a result, a small younger care population with more complex needs?

The best place to care for children is nearly always their own family. An increase in the number of children safely supported in families can be achieved by a focus on preventative services and providing ongoing support to families before crises are reached. Though some children cannot be cared for at home, work to maintain contact and support families of looked after children can maintain links with their families.

Attachment theory (Barrett, 2006) provides a framework for considering the impact of separating children and young people from their birth family. It is also of relevance to changes in placements for children in care and how they should be managed. Research has shown that adults who care for children and young people consistently underestimate the children's feelings towards them and the effects of separation on the child (Scottish Executive, 2006).

References

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Chapter 4: Ensuring children are in the right placements

11 b) Should this [a tiered system of foster placements] be underpinned by a formal qualification framework?

A formal qualification framework for foster carers would be a positive development. There is a need to consider how kinship carers, particularly those not in contact with social services, can access flexibly those parts of the training that would be useful to them, not necessarily in formal settings. Professionals should also be aware of the approaches taught within the qualifications framework and be able to support foster carers in applying them.

Chapter 6: Life outside school

18 Have we set out the right features in the comprehensive model of health care for children in care?

There is currently an acute shortage of therapeutic support for looked after children, especially those who experienced abuse or neglect.

While we welcome the provision of training for carers on identifying and dealing with substance misuse, regular screening as part of health assessments would be unhelpful as it is likely to increase the perception among young people that they are stigmatised by being in care.

Chapter 7: Making the transition to adult life

22 Should young people be allowed to remain with their foster families up to the age of 21, including when the young person is at university?

One of the family trends over the past decade has been an increase in the age of independence. Young adults are increasingly staying with their parents till their early-mid twenties, and it is more common for them to return to the family home in periods of difficulty. This makes the current situation where young people can leave care in their teens look increasingly anachronistic. They should be able to stay with foster families for longer and to have a safe place of return if early attempts at independence are unsuccessful. These changes would only be giving them what other young people take for granted.

Even once young people are living 'independently', they still need emotional support. To enable a successful transition to adulthood, these proposals need to address the psychological needs of young people leaving care, i.e. their need for sustained and continuous support from key carers well beyond the age of 18.

Chapter 8: Making the system work

26 What more should we do to give children in care a greater say in decisions which affect them?

Under question 3, we discuss professionals working with parents and the importance of their having the appropriate skills to help parents in difficult situations. For professionals working with children and young people in care, many of the same issues apply, including the need for a supportive organisational structure.

Social workers should have the flexibility and the time to be able to listen to and act on young people's concerns, for example about a lack of privacy, and the desire to be treated with respect. Recruitment, training and supervision should focus on the qualities and skills that are important in this.

Greater use of independent advocates would be of value, and more imaginative and child-friendly ways of including children's views are needed. to make the experience easier for them, for example videoing their contribution beforehand.

29 Please use this space for any general comments you would like to make

The Family and Parenting Institute has concerns about the use of databases such as the Information Sharing Index to identify children at risk. These are in relation to trust, confidentiality, security of such systems, the risks associated with inaccurate information being shared, and the potential for professionals to rely overly on the system to pick up children at risk. Parents and young people have also raised profound concerns about confidentiality, consent and that more children and families would be involved in safeguarding enquiries that are unfounded with the anxiety and sometimes trauma that such enquiries can engender.

There is clearly the potential for professionals such as teachers to deal with children and young people more appropriately if they have information about the issues they are facing. However, young people in care have voiced a strong desire for confidentiality (Hilton and Mills, 2006). This needs to be taken seriously in considering any extension of the Integrated Children's System to allow schools and health services to access information from it.

References

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