

Children, Schools and Families Committee inquiry into Looked-after Children

A submission from the Family and Parenting Institute

15 February 2008

Summary

- The Family and Parenting Institute (FPI) is the UK's leading centre of expertise in families and the upbringing of children. This submission focuses mainly on the strand of the inquiry dealing with family and parenting support.
- Changes towards a whole family approach should be brought forward across all local authorities, building on existing knowledge and good practice.
- Families where one or more parents have learning difficulties need to be a priority in family and parenting support, focusing on early identification and intervention and improved joint working with adult learning disability teams.
- Resource shortages and high eligibility thresholds continue to frustrate attempts to shift the balance towards early intervention and preventative services.
- Better support for kin carers should be a priority.
- Although CAMHS have improved, there is still a shortage of therapeutic services for children in care.
- As well as raising the age at which children leaving care are expected to live independently, they also need greater emotional and practical support to make the transition. Other young adults receive this from their families as a matter of course.

1. A whole family approach

- 1.1. The Family and Parenting Institute very much welcome the plans set out in the Social Exclusion Task Force report, 'Think Family: Improving the life chances of families at risk', to encourage a whole family approach and joined up working between adults and children's services. These include the Family Pathfinders, the use of approaches such as multi-systemic therapy, and the recently opened Family Drug and Alcohol Court.
- 1.2. As well as these pilots, there is already information available about good practice which could be utilised across all local authorities. Sharing information about families is necessary but it is clearly not sufficient. Professionals, for example from adult mental health teams, and children's social services, also need to have a good understanding of each other's role, and be confident in working together. If this working relationship is not

present there is a real danger that staff may find themselves carrying out a role that they are not trained or qualified for.

- 1.3. One means of developing this knowledge throughout an organisation is interagency training (Morris and Wates, 2006). At the least there should be joint protocols that set down the collaborative arrangements between agencies (Kearney et al., 2003). Inter-agency arrangements are vulnerable where they rely on the knowledge and commitment of a single member of staff.
- 1.4. Where a whole family approach has not been taken on board, the role of fathers is often ignored (unless they are seen as a serious risk to the children). The extended family is also frequently overlooked, especially on the paternal side.
- 1.5. Family Group Conferences are very much valued for bringing in fathers as well as the extended family, and it is to be welcomed that the government is encouraging this approach. In New Zealand, legislation requires a Family Group Conference to have taken place whenever a serious decision about a child is to be taken. Serious consideration should be given to making the procedure a standard part of practice in the UK. Any implementation should consider the international evidence on best practice worldwide, including the effective inclusion of children within the process.
- 1.6. A family approach needs to continue after children have been taken into care, as many return home. The statistic in 'Care Matters: Time for change' that 46 per cent of children were found to be reabused or neglected after returning home is shocking. It links in with another statistic, from the Care Matters Green Paper, that that 75 per cent have no contact with their social worker.
- 1.7. We welcome the proposals to ensure work continues with birth parents while the child is in care and that there is a Child in Need Plan to be implemented on the return home. These must be given a high priority, and be rigorously monitored across local authorities.

2. Parents with learning difficulties

- 2.1. The evidence suggests that parents with learning difficulties account for a significant proportion of children taken into care. Booth and Booth (2004) found that around one in six (15 per cent) of the care applications to four courts during 2000 concerned families where at least one parent had learning difficulties. In an additional five per cent of the cases, one or both parents had borderline learning difficulties.
- 2.2. The strategy set out in 'Care Matters: Time for change' does not include any specific plans to improve family services to prevent the need for these children to enter care. Neither does the Social Exclusion Task Force report address the particular needs of these families when setting out the need for a 'whole family' approach. This is despite a body of evidence suggesting that there is considerable room for improvement.
- 2.3. Tarleton et al. (2006) set out a range of good practice which has been shown to enable 'good enough' parenting with support. Children's welfare must come first, but the same principles should be applied as in any other case: the assumption that unless proved otherwise their best interests will be served by not separating them from their birth family.
- 2.4. The key to better outcomes for families is that adults' and children's services work together as a matter of course. Cleaver and Nicholson (2007) found that despite much government guidance, there was little evidence that social workers carrying out child in

need assessments were using specialist tool kits or working together with learning disability teams based in adult services.

- 2.5. Specialist services can help parents establish a routine, and acquire skills such as cooking meals for their children. Unfortunately some professionals reported that parents were often only being referred to these services at crisis point, or just before the case goes to court (Tarleton et al., 2006). This goes against all principles of early intervention and family support. Similarly parents who were 'too able' to qualify for learning disability services were given no help until concerns were raised about their children.
- 2.6. Assessments of parenting capacity have also been raised as a source of concern, particularly by Booth and Booth (2004), reporting parents having been unaware of any assessment, or assessment apparently being based on an IQ test alone. More recently, Cleaver and Nicholson (2007) report greater attempts to involve parents in assessment and planning. However without the involvement of specialists in communicating and working with people with learning disabilities they had limited success: for example, a third of parents were unaware of the child in need plan.
- 2.7. Although support can be reduced in certain areas as parents gain confidence, ongoing support will always be needed as the children grow and their needs change. Families often have multiple problems, for example a high proportion of children were also disabled. Cleaver and Nicholson (2007) found that short-term interventions resulted in cyclical crisis episodes for families. Providing this support may not be cheap, but nor is the alternative, where parents have successive children removed from them.

3. Resources and eligibility criteria

- 3.1. The Commission for Social Care Inspection (CSCI)'s most recent report on the state of social care in England concluded that "Increasing financial pressures are resulting in high eligibility criteria and thresholds for access to services. Children and families are not always getting the help they need, at the time they need it." The recently announced review of eligibility thresholds for social care must take account of wider family needs and consequences if services are not provided.
- 3.2. Resource shortages and high eligibility thresholds can lead to voluntary sector services reported their organisations regularly having to step in where statutory services are failing to support children at risk (Barrett, 2008). While these services may be better placed to gain families' trust, statutory services must retain the ultimate responsibility to ensure children's safety.

4. Supporting kin carers

- 4.1. It is welcome that the planned framework for family and friends care includes recognition of the unmet needs of kin carers. 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 per cent against 17 per cent) or experiencing financial hardship (75 per cent against 13 per cent).
- 4.2. A review is needed of the adequacy and fairness 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.

5. Child and adolescent mental health services (CAMHS)

- 5.1. There has been considerable progress towards commissioning comprehensive CAMHS. However there are still problems with waiting lists and availability of specialists such as family therapists. There is currently an acute shortage of therapeutic support for looked after children, especially those who experienced abuse or neglect, as recognised in CSCI's (2008) review of social care.

6. Transition to adulthood

- 6.1. There is an urgent need to end the anomalous situation where, while the average age of a young person leaving home is around 24, some of the most vulnerable young people are expected to live independently aged 16. It is important that resources are found to implement the proposed changes as quickly as possible.
- 6.2. Even once young people are living 'independently', they still need emotional support. To enable a successful transition to adulthood, proposals need to address the psychological needs of young people leaving care, in other words their need for sustained and continuous support from key carers well beyond the age of 18.

References

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