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CWDC statement 3



Quality Practice within ICHA 4,5,6 and 7

## Welcome from Pauline Webster – Co-Chair

As ever it's been an interesting few months in social care, the difference is that pre and post election it has proved very difficult to elicit information. Of course there is a lot to be thought about generally, but in terms of ICHA being able to attend meetings to ensure our members are in receipt of the latest information, these meetings have been cancelled. However we do now know that the NMCS will be going ahead as will the Level 3CWDC Diploma.

The ICHA Development Plan (on the web site) is aimed at growing the organisation and building on what we have achieved. We think it will be even more necessary for providers to have a voice if the government continues to make decisions without consultation.

It will become imperative that we are able to help each other to think creatively and continue to offer first

class provision for the young people that come to us. Knowledge helps this so an exciting progression is ICHA developing research that informs providers. As we all know it's one thing to read all the information we receive and meet the standards and regulations, it's another to do it well consistently – and increasingly this will be a crucial element.

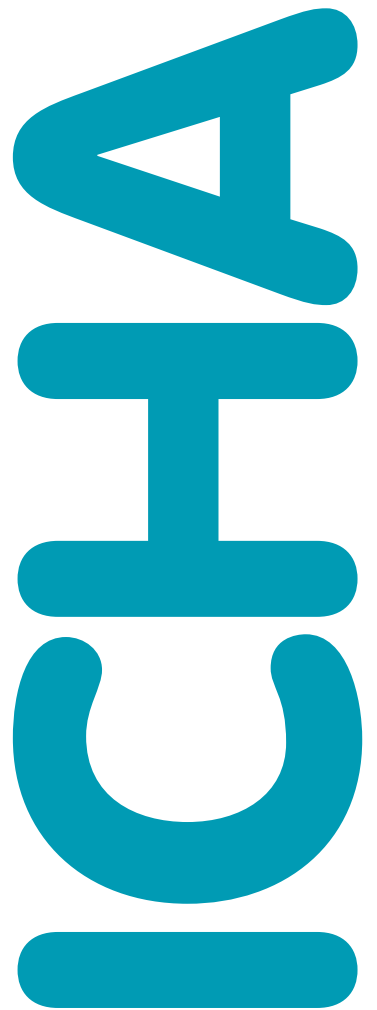
The continuing efforts of Gary Kent and Jim Sullivan with political lobbying will be vital to raise the profile of the young people we care for as currently they are not scoped when new programmes are devised. We also want to enable politicians to understand there is good practice in this country rather than them considering that nothing is worthy here, "it's everybody else who knows how to do it."

I'm reminded of something I heard on the radio yesterday – knowledge is

knowing a tomato is a fruit – wisdom is knowing you don't put it in a fruit salad. This is true for anything; we can't just import a system and place it in our culture, we providers know which young people we can work with, because we have hard won wisdom from years of practice. So ICHA will be continuing its efforts to ensure that providers voices are heard in all the right places to ensure both they and the young people who need them can benefit.

I hope you enjoy this edition of the ICHA Newsletter. We have included articles which evidence the good practice taking place amongst our members. We hope this will become a regular feature and if you wish to contribute to the next Newsletter please let us know at [admin@icha.org.uk](mailto:admin@icha.org.uk)

**Pauline Webster**  
Partnerships Director, Childhood First and Co-Chair, ICHA



## Changes in Legislation... do you have it covered?

Businesses are becoming increasingly exposed to potentially damaging legal action with the introduction of new legislation such as health and safety, corporate manslaughter and employment.

These risks have the potential to devastate a business in much the same way as a fire or flood. The latter risks are usually insured but the legislative risks are often overlooked or, where insurance has been taken out, it has become obsolete because of legislative changes.

Such risks are many and varied and include actions brought for discrimination (eg sexual, age or racial), unfair dismissal, alleged health & safety failings and corporate manslaughter in the tragic event of an individual's death. Even if an allegation is found to be unsubstantiated the considerable costs of defending the action have to be met.

The traditional insurance to provide cover used to be Directors & Officers insurance but in view of the changing legislative landscape,

this may no longer be sufficient. The key ingredients for all round protection should now include:

- Protection of individuals whether a director, trustee, manager or volunteer
- Protection of the company in case of a regulatory action or a criminal proceeding, such as an investigation under the Corporate Manslaughter and Homicide Act
- Employment practice claims such as harassment, grievances etc
- PR and media support following a crisis.

Bollington Care offers this comprehensive up to date insurance and will happily review an ICHA member's current insurance arrangements – free of charge and on a no obligation basis – and offer a view on adequacy. Just give Bollington a ring on 0845 603 8523.

# All Change At No. 10 Downing Street: What Now For Residential Care Providers?



“Cash is king”. In the new political climate of austerity those who have the cash will have the option of becoming dictators under the banner of budgetary restrictions.

My brief for this article is to comment on legislative changes under the new government. It is too early to comment on legislation but there are clear changes in policy that will affect all of us.

## Legal Aid

I start with this because this will affect everyone who is in care or ‘leaving care’. Some of the most important cases involving challenges to local authorities have been funded by legal aid.

Pre 6th May the government had already embarked on massive changes to legal aid and how it will be run. As I write this, legal aid firms are anxiously waiting to see whether they have been successful in bidding for contracts to do this work up to 2013. Those that do not will disappear from the legal aid landscape within the next 12 months.

Thus, for young persons seeking legal advice on criminal, family, immigration and asylum, housing and welfare benefits, the pool of suppliers will shrink. Since the contracts do not contain any prospect in fees rising I expect the quality of legal advice to fall.

The Coalition will take matters even further. The Ministry of Justice has already begun its cost cutting programme. Part of this will involve the closure of a considerable number of magistrate’s courts and county courts. The net effect is that court users may well face longer journeys to court as local courts shut. For those of you who have Youth Justice clients in your care this will be particularly relevant.

I expect that the rules about who is eligible for legal aid and how much help they can have will be restricted.

## Local Government

This area worries me. You are all aware that local authorities must make significant financial savings. I consider that the financial imperative will be used to drive through reductions in price that they are prepared to pay to third parties.

Care providers must expect a concerted squeeze on costs. Whether this is cloaked in, “Best value” or not, the purchasing Local Authority will find ways to ensure from its perspective that in driving costs down, no one has had their human rights overridden. Provided the small print ticks all the boxes expected by Ofsted, Local Authorities can pass the buck to the care provider.

Who will be included in the front line services that we are told will be protected? I don’t expect a uniform response.

Do front line services include foster carers? I expect it does and that residential care must be in the same category. However, consider this scenario – Child A is in foster care due to neglectful and emotionally harmful parenting and is in need of urgent psychological help. In most cases the child will have to wait his/her turn for an appointment with CAMHS. Why therefore should Local Authorities pay care providers for the specialist help that is available in house? Applying the same rationale, why should Local Authorities pay care providers for education provision if it can be funded through its own education department?

It is not difficult for government, local or central, to think creatively about cutting costs. Creative or innovative, there is a danger that

residential care provision will suffer adversely as a consequence of corporate parenting decisions made by local government.

Lawyers know how to challenge decisions that are made in the name of corporate parenting. However, someone has to have the financial resources to mount that challenge. With legal aid cuts, challenges may now have to be funded by alternative means and perhaps by different litigants – i.e. a care home rather than the service user.

## Ofsted and Regulation

There is speculation that there will be changes – even going back to local government. I will watch this space. I can but observe that the management of Ofsted as a public body serving the public has in recent years become more and more removed from the people it should serve. It makes the era of the NCSC look like a golden age.

The real challenge for the inspection regime is whether it too will make allowances for the financial consequences of cut backs.

## Conclusion

All of us need to be vigilant that proposed cuts in costs or services are legal. There is a body of case law that recognises that the resources of Local Authorities are limited and there is a reluctance to force authorities to pay for services it doesn’t want to fund. The Local Government Act 1999 provides a good framework for cuts. However, I don’t accept that the odds are stacked against service users or providers. The key issue for us is whether the decisions taken are objectively reasonable. If not then take them on!!!

## Raphael Silver

Partner, Silver Fitzgerald, Solicitors & Advocates, Cambridge.

## New members

A warm welcome to ICHA to four new members:

Able Healthcare – Middlesex

Cornerstone Children’s Homes – Hertfordshire

Howard House Care – Bedlington

Options Group – Warwickshire

**ICHA currently has 81 members, representing 1582 places.**

# Whatever the problem the workforce is the solution

This is a time of change for the employers we work with and the staff who work or volunteer with children, young people and families. I know that at the front line you are facing significant challenges while also continuing to deliver high quality services for our children and young people.

Our commitment to you remains the same. We will work together with you and the Coalition Government so that the voice of employers and children, young people and families continues to be heard as policy is developed.

We must all respond to the financial climate and also keep our focus on front line delivery.

The Children and Families Task Force, chaired by the Prime Minister, shows that the children and family's agenda is a high priority for the Coalition Government.

This means that all of us should continue to do what we know works for children, young people and families in the most cost effective way possible.

This includes all of us:

- Working together – we know integrated working makes a real difference and is a more cost effective use of resources.
- Listening to Children and Families – designing and delivering services alongside them, rather than “doing to” them builds resilience and leads to more sustainable solutions.
- Investing in the skills of our workforce especially in this economic climate and providing leadership as we move forward to recovery.

- Continuing a strong focus on the early years, young people, families, social care and social workers and support for those who are most disadvantaged.
- Changing delivery methods to more cost effective models. In CWDC we can do much more to deliver services for you on line and share practice across the country.
- Building capacity to deliver the Big Society, strengthening the voluntary and community sector and supporting volunteers in your local area.

In CWDC we have been asked to make £15m of savings. A significant proportion of these savings will be realised by changing the way we communicate with our audiences. We are charged with “cost neutral” ways of communicating, and so we shall be making maximum use of Share Street as our source of information and practice sharing for the workforce and employers.

We fully embrace the challenge facing all public services and we are committed to the continual review of our work, delivering value-for-money support to those who work to better the lives of children, young people and families.

It is important to recognise that we still have an important task to do this year to support our employers and workforce. Key areas of work include:

- Strengthening strategic workforce leads in each Local Authority.
- Working closely with local authorities and community based-providers that will need support to develop their workforces.

- Working to increase recruitment and retention in social work. Ensuring social workers who work with children and families have the right support and training.
- Continuing our support for Early Years Professionals, addressing the gender imbalance in child care and evaluating the positive difference early years professionals have made.
- Ensuring that those who work in children and families social care have the best skills
- Investing in the training of those who work with parents and families
- Investing in the voluntary and community sector, particularly in the young people's sector

Employers will play an ever increasing role in the Big Society. CWDC continues to support you in this task.

We know that working together we will improve the lives of children and families.

## Jane Haywood

Chief Executive at the Children's Workforce Development Council (CWDC)



## Children & Young People now launch new magazine



Tuesday, 20th July, saw Children & Young People Now unveil the latest addition to its family, Social Work Now.

The new monthly publication is dedicated to children's and families' social workers and anyone whose role involves the safeguarding of children more generally. It will contain insight on best practice, career development, a news round-up and expert comment and advice.

The successful launch comes on the back of a major national recruitment drive for children's social workers after the high-profile child protection tragedies of recent years. It will be sent to all CYP Now's subscribers as well as local authority social work teams and several thousand social work undergraduates.

“We want Social Work Now to be a helpful companion for all those who work tirelessly to safeguard children, young people and families. We hope it will make them feel good about what they do, which is among the toughest, most important jobs around,” said CYP Now editor

and Social Work Now editor-in-chief Ravi Chandiramani.

The editor of the new title is Jo Stephenson, a journalist with six years' experience reporting on services for children and young people. Social Work Now will publish ten times a year. The next edition will be the September issue.

## Andy Hillier

Deputy editor, Children & Young People Now  
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[www.youthworknow.co.uk](http://www.youthworknow.co.uk)

# Quality practice in R

We begin our series on 'Quality Practice' by hearing of the work of three ICHA Members, Appletree Treatment Centre, Head Office is based in Cheshire. These stories show the real impact that our services have on the lives of the children

## Appletree Treatment Centre, Natland, Kendal

Celebrating our children's success and saying goodbye - three of our leavers' stories. 'Everyone within Appletree Treatment Centre has a responsibility for, and is committed to, safeguarding and promoting the welfare of children and young people and for ensuring that they are protected from harm.'



## Daisy's Story

**Joined: April 2007 Left: July 2010**

Daisy wanted her comments to be recorded in her last review meeting with us Daisy and her elder sister Poppy had been neglected and abused since birth. They have witnessed extreme domestic violence and drug abuse. When Daisy was 6 ½ years old and her sister 8 they were placed with foster carers. Daisy's sexualised behaviour and extreme violence were very difficult for the carers to manage and after two years she was referred to Fell House. This is our extremely nurturing home and small school which specialises in helping children who have missed out on vital early years' experiences of feeling safe and loved.

When she joined Fell House Daisy was having difficulty verbalising her needs and was unable

to control her feelings. She was showing inappropriate sexual awareness and there were gaps in her emotional development. Her ability to learn in school had been severely limited by her life experiences and her additional learning difficulties.

### After 3 years at Fell House

- Daisy has made strong positive attachments with adults at Fell House
- Daisy's foster carers now feel able to cope and want her to live with them permanently
- Daisy has a loving and caring relationship with her sister
- Daisy has made good friends with some Fell House children and also has a good friend near her foster carers
- Daisy has engaged in individual therapy,

contracted from the NSPCC and made great progress including making sense of her sexual muddles

- Daisy's maths levels have increased from P8 to Level 1A, her speaking and listening from P8 to Level 1A, reading from P8 to Level 1B and writing from P8 to Level 1C
- Daisy's vocabulary knowledge has gone from 5th to 25th centile
- Daisy's ability to understand spoken sentences has gone from 1st to 10th centile and she is assessed as having gained the ability to analyse, explain, reason and reflect.

"I am looking forward to my new school and living with L and K forever. I will miss you when I leave in the summer holidays. I will cry when I leave in the summer holidays. I am going to my new school and I hope that I will enjoy it to bits."

## Carl's Story

**Joined: April 2008 Left: April 2010**

Carl and his younger brother were born into a family in which there was domestic violence and substance misuse. Their father left when Carl was two. His mother had his sister with another partner who also left but maintained contact. Carl began to have very violent outbursts, particularly towards his younger brother but also others. He also had sexualised behaviour towards his sister which shocked and upset his mother. Carl was referred to CAMHS and given a diagnosis of 'unsocialised conduct disorder'. He was prescribed medication for this. He was referred for art therapy but his violent outbursts in therapy and school led to him being excluded from both.

Carl was referred to us by his local education authority and after talking with professionals, reading reports and a visit from Carl and his mother, he was admitted to Appletree when he was 8 years old.

### Joining Appletree

When we met Carl he appeared to feel worthless, had no empathy for himself and unconsciously he tried to ensure that others had no empathy for him too. He behaved well but seemed to be suppressing his emotional responses. It is likely he developed this strategy as an infant when his needs were not responded to or were met with anger or rejection.

### Our work with Carl

We needed to help Carl to express his emotions and realize that they could be contained and responded to by the adults around him. Our first task was to begin to build relationships which could then be used to increase his self esteem. Carl was very academically able and during his very compliant stage did incredibly well in school, leading to lots of recognition of his achievements on an hourly, daily, weekly and even termly basis. Carl still holds the record for getting the most Star of the Term Awards of any pupil.

Slowly the praise and positivity helped Carl to trust us and himself enough to express some of his anger, anxiety and sadness. We were able to acknowledge his emotions and also help him to realise that he can make mistakes without catastrophic consequences. He engaged in weekly therapy where he explored these themes through play and his therapist consulted with the teams to help them to support his progress.

Things were going well at Appletree but there were still difficulties, particularly with his siblings at home. Eventually his mother was able to acknowledge that although she loved Carl, she could not manage him at home; hard for Carl as he loved his Mum and yearned for her. We supported him to understand that she would

always be important in his life. We then needed to work with the professionals in his home area to identify a foster placement and support Carl's transition.

### Carl's Transition

A male carer was identified and he and Carl 'clicked' straight away. Since the carer lived close to his Mum, Carl would be able to see her more and excitedly spoke about seeing her after school before going 'home'. We had been working hard with Carl to increase his ability to manage within the community. He had been helped to reach the stage where he could walk to the swimming pool or local shops on his own and manage with groups of children without becoming violent. We referred him for reassessment of his diagnosis and the conduct disorder was no longer evident.

Carl gradually built up time with his foster carer and was able, almost exactly two years after joining us, to go to live with him permanently.

### Leaving Appletree

I spent time with him the day before he left and was able to share with him my feelings of fondness for him and sadness that I would miss him. I was so pleased that he was able to have a hug and a cry before he left, a totally changed child from the emotionally closed and frightened one who had come to us.

# Residential Child Care

Cumbria; Specialist Education Services, Norfolk; and Oracle Care, whose children and young people for whom we care.

If you want to share some of your good work with your colleagues, please let us know and we will consider it for the next Newsletter!

## Spencer's Story

A journey of one thousand steps starts with just one; an Appletree Success Story.

### The First Step The Fifth Step

Spencer was referred to Appletree when his specialist foster placement broke down. He was seven years old and court proceedings were in process for him to become Looked After. His parents were being investigated for sexual, emotional and physical abuse of him and his sister who was six years old. They had initially been placed in foster care together but Spencer was moved following sexualised behaviour between the siblings. His specialist foster placement broke down as his wish to be around his foster mother and exclude his foster father was jeopardising their relationship. At the same time he was excluded from his PRU for violent behaviour. He was described as severely under-achieving in school with possible moderate learning difficulties.

### The Second Step

Spencer was referred to us as we had already made significant progress with another child from his Authority. They particularly liked the fact that we do not have children older than 12 years, so our children are free to enjoy the play they have missed out on without the influence of much older young people. Spencer was considered by our admissions panel which includes the Principal, Head Teacher, Senior Care Manager, Registered Manager and Clinical Psychologist. As we do not exclude children and aim to work with them over the years to return to families and day school, it was vital that we make the right decision for Spencer and for the other children we currently had placed with us. It was a unanimous decision. Spencer was coming to stay.

### The Third Step

We invited Spencer and his Social Worker to visit. We had decided that he would best be placed in our Fell House Children's Home and School as this specialises in vulnerable children in need of an extremely nurturing environment. We already knew which bedroom he would have, which classroom he would be in and who would act as his key worker. We wanted to ask him how he would like his bedroom decorated and what he would like for his first tea. He wanted trains in his room and spaghetti bolognaise.

### The Fourth Step

Spencer joined us at Fell House and initially it was as if we were dealing with a "model" of a child. He showed no spontaneous emotion of any kind. He was entirely guarded, polite and "masked" from our view. He refused to do any school work but was not disruptive. We commenced our assessment and our clinical psychologist offered consultation to the care and teaching teams for Spencer. This consultation continued throughout his stay and is now offered for all children. We drew up an Individual Programme for Spencer with targets in Health, Social Skills, Home and Family, Anti-social behaviour, Education and Psychological Growth. The assessment and targets were discussed and agreed with Spencer, his parents who had supervised contact and his social worker.

Spencer and his sister were awarded a Full Care Order. Her plan was to be adopted by her foster carers, his to remain with us. There was to be direct contact twice a year. Spencer's parents were not to have direct contact with his sister but could have supervised contact with him. They decided they would not have contact with Spencer as it would be "too hard". Spencer could have monthly supervised contact with his maternal grandmother

### Ninth Step

Over the next three years Spencer continued his journey. There were times when for months he would have rage-filled outbursts which he could not control. He hurt team members and other children. It was a memorable moment when one of these rages ended in tears and Spencer allowed himself to be comforted. Later in his journey he wanted to sexually touch female team members, particularly one whom he cared about. Love for Spencer was associated with hurt and sex. Our Clinical Psychologist helped our teams to respond therapeutically to Spencer and to process their own feelings when he touched or hurt them. Spencer engaged in play therapy which we contract from the NSPCC. His therapist held regular meetings with the Fell House team to feed back themes. Gradually Spencer allowed us to parent him. Appletree has been described as 'giving the best possible parenting until a child is ready for the best possible parents'. Spencer made friends with the other children and then with other children in the area. He loved cadets and looked so smart in his uniform. He enjoyed the challenge of rock-climbing. He began to risk doing some schoolwork, although initially much was quickly destroyed once done. Slowly he started to learn, then learn quickly and finally enjoy himself. His crowning moment came when he starred in a Christmas production of Charlie and the Chocolate Factory which he had written.

### The Hardest Step

Spencer was now ready to leave us and live with forever foster carers. He was excited but scared. Predictably his anxiety resulted in a regression. How could we love him and still let him go? He waited at the window to meet his foster carers for the first time. He ran up the drive to meet them. "Can I call you Mum and Dad?" were his first words to them.

Spencer left us in the Summer of 2005. He is still with his foster carers and attending a day MLD school. His journey is typical of the children we help. Over the last four years 75% of our leavers have joined families and day schools. Of those children 90% are still with the same families. The cost of all of Appletree's services is little more than the average cost of a local authority children's home. The cost if Spencer had not been helped back onto normal paths is incalculable.



# Avocet House: providing a holistic provision

Avocet House, run by Specialist Education Services was opened in April 2005 as a dual registered Children's Home and Residential Special School for 8 children and young people with severe and complex social emotional and behavioural difficulties.

As many of you will know only too well it's not easy to set up as a small independent provider. However when you have a passion and conviction about how you think you can "rescue" children it certainly helps to keep you going through the "ups" and "downs".

Our passion was about creating holistic provision where education and care are blended to provide an environment where learning in its broadest sense is central to everything, and a philosophy of 'no limits' thinking pervades all our work.

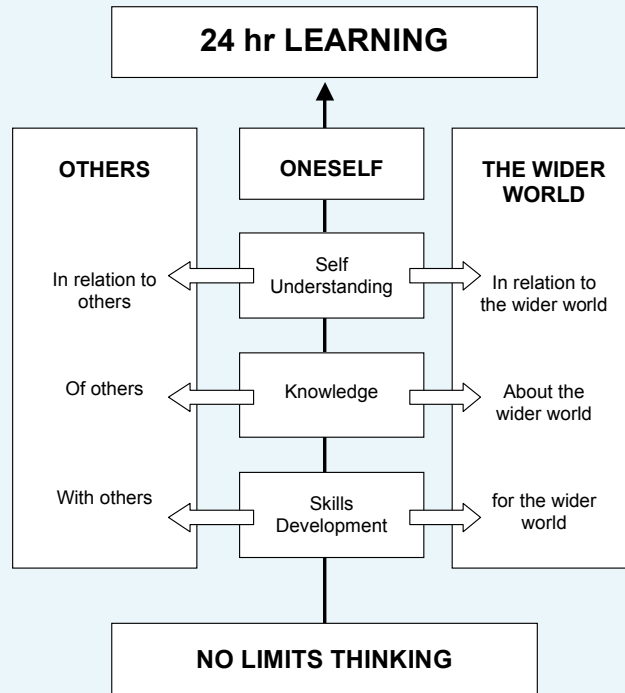
From day one everything is geared towards renewing a sense of excitement about learning; about oneself in relation to others and the world around. If you take learning as the fundamental central feature to work with the child, then everything is explainable within our holistic view of the provision we grow. If you add in true personalisation of learning starting with a positive psychology about the child's aspiration, passion, talents, interests, creativity and potential, and grow the work around the child, then the arguments about different methodologies and approaches disappear because everything becomes a learning experience.

Influences on our work can be traced directly from the historical perspective of the likes of A. S. Neil, David Wills and Richard Balbernie, right up to the more recent work on neuroscience so well articulated by Margot Sunderland and the inspirational writings and international work of Sir Ken Robinson on innovation and creativity. (There is a rare opportunity to see Sir Ken in November in the UK this year. Check out the SES website at [www.specialisteducation.co.uk](http://www.specialisteducation.co.uk) for further information)

But why do we all do what we do, whatever the influences on our work? In the beginning and the end it is about making differences to children's lives. It is about helping children to believe in, and find, a better future. For me this is what is at the heart of ICHA as an organisation.

## Why is membership of ICHA Important?

- Everyone dedicated to developing best practice in residential child care should stand together with like minded others to ensure that their voices are heard at a national level.
- We can all contribute to, and gain from, the shared knowledge and expertise of ICHA members.
- Together we can support radical, innovative



and creative approaches to pushing the boundaries of high quality care practice.

- We can make sure that discussion about commissioning, fees and placement issues are influenced by practitioners and are grounded in the best interests of children.
- We can raise a positive profile for residential child care.
- Together we can demonstrate to commissioners, government and Ofsted that "outcomes" for our children can and should be measured in many and diverse ways.

Here's just one story, of one life we have touched just like you will be doing in your setting. Alan was statemented as having Moderate Learning Difficulties and came to us at 12 yrs of age. He was one of four adopted siblings – the only one put back into care and subsequently cut off from being allowed contact with his adoptive parents and/or siblings. He had injured a previous carer/key worker, and was not trusted to go out from his previous setting. He had huge disorganised attachment issues. He had been out of "education" for a long time. On a personal level he isolated himself from everyone, barricaded himself in his room, slept on a pile of cuddly toys under his table, ate on his own (and only what he chose to eat), was verbally and physically very demanding and aggressive particularly if instant gratification was not available, he would systematically dismantle anything (furniture fixtures and fittings) leaving a trail of destruction, and when he was infrequently around others would invade their personal space and attempt inappropriate physical contact with female adults.



Through the work Alan and we have engaged in, he:

- developed regular contact with his natural mother and paternal grandparents
- received the local authority Child Achievement Award three times
- has established his own links in local community
- has dramatically changed his interactions with people and his relationships, developing exemplary social skills and increasing his independence skills
- developed strategies to deal with his profound dyslexia (which we uncovered)
- achieved a range of accreditation in archery, athletics, first aid, canoeing, ASDAN, OCR Adult Numeracy and Literacy and GCSE
- sustained three successful extended work experiences and voluntary work in an animal sanctuary
- is about to engage in his second year at a Higher Education College

According to Alan, "My whole life was a mess until I came here".

I'm sure you have similar stories to tell.

# Celebrating success and avoiding stigmatisation...

Oracle Care was established in 2005 and became operational in April 2006. As a specialist service working with children and young people with complex needs, an aspect of which relates to problematic psychosexual development, risky/inappropriate or potentially abusive sexualised behaviour, it is extremely difficult to get the balance right between maintaining a low profile and celebrating successful outcomes for young people.

In just over 4 years of operating, Oracle has so far worked with 23 children and young people being placed from a total of 14 local authorities. We work with both males and females within an age range of 10 to 18. Our average placement length (to date, including those in placement, some of whom have just arrived at Oracle) is 16.20 months (1.35 years).

There is a vast range of "issues", some of which we have unravelled during our work ("The Oracle Way" – a clinically-led, integrated, tripartite approach) and some of which we

have addressed, with the individual young person receiving treatment, and in some cases, the application of Relapse Prevention Programmes. The average age on admission is perhaps younger than we had originally expected, at 13.91 – this may indicate a more proactive approach from placing authorities as there is a lot more we can do at an earlier stage – especially when there is not a conviction attached to the young person already. The average age of our Oracle leavers is 16.77 and all but one of them have gone on to low cost alternative settings (home, family placement or independent living) with step down outreach support provided by Oracle (tailored to individual need) and with the ability to "step up" support to get back on track after those minor knocks that every young person faces in the normal course of venturing out into the world without parents or carers at their 24/7 disposal.

Every young person is different and the type of SIB/SHB is wide ranging, some young people having obviously very serious difficulties, whilst those at the opposite end of the scale may have relatively minor issues, which are sometimes seen as "mainstream". Presenting behaviours in children and young people are often difficult to differentiate in terms of "normal" and "maladaptive" child and adolescent development, but this is where Oracle has expertise in assessing, and, where necessary, offering treatment.

From the outset, Oracle has collected and collated information. We have mapped and

tracked progress and have developed behaviour monitoring scales as part of our tri-partite work which integrates therapeutic residential care with education. Case studies, even though made anonymous, can be easily identifiable when you have a small sample of complete case histories to draw upon. High profile cases can feature highly amongst those referred to our service too. We work hard to ensure that our current cohort of children and young people are not collectively "labelled" – we want our Oracle graduates to be proud of being part of our community; we want them to feel welcome to stay in touch and come back to visit us and join in with annual "fun" events. Avoiding the stigmatisation that could be so easily attached to our name is critical in our work – but our young people have achieved a lot and we can celebrate success, albeit somewhat low key so that it is available to professionals in the childcare sector, but not to the wider community at large. Why not come and see for yourself!

[www.oraclecare.com](http://www.oraclecare.com)



*Continued from page 8*

Demos urges the government to display confidence about the system's capacity to achieve positive outcomes and create a new virtuous circle where care is used earlier and more effectively and in turn becomes more effective. Society should destigmatise the system, a point endorsed by the Minister.

Tim Loughton, who has built up considerable expertise and respect in shadowing the job for 9 years before taking up office, praised the report and hoped that it would overcome fatalism about the care system - an automatic passport to poor results in school and life. He said that we should have a greater sense of urgency in overcoming scandalous outcomes that would not be tolerated elsewhere.

He felt that the report chimed with the new "buzz phrase" of early intervention - "the magic bullet which everyone mentions" - which is the subject of an independent review chaired by Labour MP Graham Allen. The review will examine how professionals can "break the cycles of underachievement which blight some of our poorest communities". Graham Allen says: "too often the state spends money coping with the costs of drink and drug abuse, vandalism, criminality, poor education and lifetimes on benefits. Yet such spending usually fails, and the problems recycle themselves

through the generations." Similar arguments apply in spades in our sector.

Professor Eileen Munro's review of social care, due next Spring, will examine how to improve the lives of the most vulnerable children within a far more effective, flexible system that is less onerous for local authorities.

A new Childhood and Families Task Force, chaired by the Prime Minister, will study support for children following family breakdown.

Loughton says that "if we are serious about addressing the problems facing us, and doing it with scarcer resources, then it's essential we adopt new ways, smarter ways, of thinking and working. But one very old way of working – the 'stitch in time saves nine' principle – can also stand us in good stead. Early Intervention is a key component of providing effective, and cost-effective, services." He gives an example: "a reduction of just one per cent in the number of offences committed by children and young people has the potential to generate savings for households and individuals of around £45 million a year."

The ICHA should focus its expertise and experience on influencing these studies and working with groups such as Barnardo's who

are keen to co-operate with us. We have also met the Earl of Listowel and are planning a parliamentary briefing meeting later this year. Tim Loughton is keen to get out of the office and see good practice for himself. His perspectives have been nourished by inspiring work at home and in Denmark.

Together we could reduce and end the underachievement of looked after children. This is a huge task but it needs to be done, once and for all. Demos has provided very valuable ammunition and this book should be widely read.

**Gary Kent**  
Political Adviser  
In Loco Parentis. Celia Hannon,  
Claudia Wood, Louise Bazalgette.

The book can be found free at  
<http://www.demos.co.uk/publications/inlocoparentis>

The launch can be heard in its entirety at  
<http://www.archive.org/details/InLocoParentis>

# Political Report

## Demos demonstrates strong case for residential care

### Gary Kent analyses the influential new Demos think tank report on the care system and what it means for advocates of quality residential care

Children's Minister Tim Loughton gently chided me for occasionally nodding off at the launch of what he calls this "very good" Demos/Barnardo's publication in Westminster in late June. It was a hot room on a hot day and certainly no reflection on this independent and chunky report which is another major asset for advocates of the value of quality residential care.

It comes at a critical point with soaring referral rates following Baby P, a major review of safeguarding children and a new Family and Childcare Taskforce as well as a fresh government with a clearly committed and experienced minister at the helm looking to make a difference in this most intractable area. Tim Loughton's warm welcome for the report could mean we're pushing an open door on "early intervention" although reportedly severe public spending cuts to be announced in the Autumn could circumscribe this.

This substantial and evidence based book, drawing on a year's worth of primary research with looked after children, care leavers and foster carers as well as case studies in 9 local authority areas in England and Wales, deserves detailed study. The report is rich in insight and contains detailed recommendations which represent a sound and relatively modest investment.

None of it is "rocket science," as the Minister told the launch. The chair and former BBC correspondent Kim Catcheside, said it was "blindingly obvious: if you intervene competently and early, do a thorough and professional job, ensure a decent aftercare, you get a better result but doing it well costs a little more at first in order to save a lot more in the long-term." This is the increasing thrust of expert opinion and confirms the rising stock of residential care in the care system.

The historical policy background is that children are seen as 'private goods' here but as 'social goods' in other European countries. Taking children from the family often occurs when other options have failed. This 'last resortism' means children enter care too late, when significant problems have developed, and when chances of a stable placement are lower.

Over the years, we have swung between a 'preventative' approach and a 'permanency' approach but it's best to proactively support families before crisis point and achieve early permanency for children who cannot go home. There is no 'one size fits all' approach.

Poor outcomes associated with residential care

become self-fulfilling prophecies if only the most troubled ultimately go there. Associating residential homes with failure confuses correlation and causality. They may coincide but failure is not inherent. The poor outcomes are well-known, such as just 21% achieving 5 plus A to C grades at GCSE compared to a national average of 70%. But this is comparing apples and pears, in my view.

The book says that assuming that the care system is wholly responsible for disadvantage and is failing is overly simplistic and counter-productive. Underplaying background characteristics results in a flawed picture. Outcomes data must be value added. Rather than publishing annual snapshots, the government should publish longitudinal analysis that links pre-care and in-care experiences to later life outcomes.

Councils need a better understanding of the outcomes of different types of care placement and their costs. They could examine Loughborough University's cost calculator for children's services.

The report shows that "care can and will make things better for our most vulnerable children," according to Martin Narey, the outgoing Chief Executive of Barnardo's who also said that the recent modest rise in residential places should be maintained.

Where foster care is unsuitable, residential care could be a valuable source of stability, which is what most in care most want - "to go to the same school and keep the same friends," as Martin Narey put it at the launch,

Placement instability is the key problem. It exacerbates pre-existing problems and increases vulnerability to further placement breakdown. The report quotes figures, obtained at our suggestion by Lord Listowel, that in 2009 10.7% had three or more placement moves in a year, while 67% were in a long-term placement (2.5 years plus). Some experienced up to ten placement moves, short term, emergency placements, and sudden unexpected moves. Many moves were resource or practice-led through a shortage of suitable placements or lack of planning. The current lack of enough care homes also reduces choice.

Ensuring that looked-after children's views are listened to and can influence care planning could reduce placement disruption. Tim Loughton quoted someone who strikingly said that 2 months is 1% of childhood so undue delay because the courts are clogged up, for instance, loses this time which the child won't get back.

Avoiding delay, instability and abrupt transitions, could also save money. The report has modelled and costed two exemplar care journeys, which typify the best and the worst. One journey illustrates the very top range of 5-10% of children in care with long-term, stable placements and supported transitions. The

other reflects the 5-10% of children whose journey suffers instability, disruption and abrupt exits. The stable care journey costs £352,053 over 14 years while the unstable care journey costs £393,579 over 7 years. Failure costs money.

There is a growing consensus that abandoning looked after children to their own devices at 16 is plain immoral. Every year, around 6,000 looked-after children leave care for good. 21 per cent are 16, 17 per cent are 17 and 61 per cent are 18 but the average age for those not in care of leaving home is 24. This traumatic 'cliff edge' transition leaves many ill prepared practically and emotionally and in unstable and poor quality housing plus greater substance abuse, homelessness, unemployment and poor educational outcomes. The authors urge the government to create a statutory 'right to return' for care leavers.

*Continued on page 7*

## Gary Kent our political lobbyist – brief profile

Gary Kent has worked in Parliament for two decades and is also active in providing solidarity to Iraqi civil society organisations and seeking to increase integrated education between Catholics and Protestants in Northern Ireland.



## Diary dates 2010

**14 September**  
ICHA Committee Meeting  
Thoughts of Others  
Birmingham, 10.30am.

**28 September**  
WICHA Meeting  
Children in Wales  
Cardiff, 1.30pm.

**2 November**  
ICHA General Meeting  
Bedworth, 10.30am.