LEAVING CARE REPORT

1. Introduction

Statistical data and biographical stories record that the life opportunities for young people leaving care has been a cause for major concern for decades.

It is important to appreciate that the frequently made comparisons made between the various placement options are made from the data regarding the final care placement.

This is significant. The data does not show that residential care is the cause of the relative disadvantage but where the correlation of all that has happened in the lives of the young people becomes visible.

For clarity, it is not because residential care is less willing, able or competent that children leave from these settings, particularly disadvantaged; it is because residential care is the departure point from care and frequently the last in a series of placements where all those placements, prior to the final placement, have failed to successfully meet or address the child's needs.

Sir Martin Narey, in his review of children's homes 'Residential Care in England' (2016), makes the case abundantly clear that children are placed in residential care:-

1. Too late in their 'care career'.
2. Do well if their placements are well planned and not made as a last resort – all other placements having 'failed'.
3. When 'judged' by OfSTED ratings are as good and in some cases better than foster care.

A myth has been created. Myths are dispelled when challenged by reality.

The reality needed is the delivery of good and outstanding services to children in the preparation for adulthood. It is in the reality that the work and costs are justified.

The preparation for leaving process should begin at the point of admission not in the last 12 months of care.

Children living within their birth families[1] do not have a programme for leaving home and the success or failure of their transition to independence will, in large part, depend on the informal and formal learning of life-skills throughout their childhood.

This is the work we must do in the children's homes sector.

[1] Interestingly, the average age for these children to leave home is 25 for women and 27 for men (Office for National statistics)

2. Background

A summary of pertinent facts:-

40% of care leavers are NEET.

24% of the prison population have been in care.

30% of care leavers have experienced homelessness.

70% of sex workers were looked after children.

22% are parents before they leave care.

77% of care leavers feel lonely.

58% suffering with mental health issues.

4 times more likely to commit suicide.

5 times more likely to self-harm.

57% of care leavers in debt

The Current need

In 2016, there were 70,440 looked after children in the UK. The figures have been rising annually.

Of these, over 75% were in foster care.

Approximately 7% are placed in children's homes.

The main reasons for being taken into care are as follows:-

61% due to abuse or neglect.

23% due to absent parenting, family dysfunction and unacceptable behaviour.

Approximately 2% due to 'anti-social' behaviour.

The majority (50%) of national care leavers still leave care at 16/17, despite 80% of them saying they would have, with hindsight, preferred to stay in care.

62% of them were not able to stay in place after 18, despite it being promised until 21.

As this remains unchanged, it means more care leavers will be forced to make the journey to adulthood alone.

In 2015, 10,800 left care; an increase on the last 10 years of nearly 50%.

Problems faced by Care Leavers

According to the Department for Education's 2016 national research, 40% of care leavers are classified as NEET. In fact, a quarter of all NEETs are care leavers, even though they comprise only 1% of the population. The costs to society of 'failing' children leaving care is not just unemployment rates and cost, there is the criminal, social service and health costs. It is estimated by the University of York that the cost of a care leaver's negative journey is £337,204.00 over their lifetime.

Annually, 2,340 Care leavers are living alone from the age of 16.

These are those with the worst outcomes, both financial and human terms. No education, unemployed, 25% become homeless, as they can't manage finance or deal with landlords. The figure could be higher, as those who are seen as making themselves 'intentionally' homeless, are not counted. Many are unprepared for independence and The Centre for Social Justice and National Audit Office have called for the Voluntary Community and Social Enterprise sectors support.

Even within these alarming statistics, there is worse to come for the approximately 9% of Care Leavers who will be heading towards independence and adulthood from children's homes, as compared with those in foster care. Whilst the provision was made in 2014[2] to allow children leaving foster care the option of 'Staying Put with their foster carers, no similar provision was or subsequently has been offered to children leaving residential care. 'Staying Put effectively means that a young person may remain in their foster placement up until they are aged twenty-one.[3] There has been no such provision offered to children placed in children's homes.

Sir Martin Narey's Review of Residential Child Care in England (2016) did recommend that an alternative, 'Staying Close', be considered for those from the 'residential estate'; but two years on, this has barely begun to be piloted and then in only eight schemes, financed through Innovation Funding and some of which would appear to be offering barely more than good children's homes have offered their former residents for years. (For reference, when Sir Martin wrote his report, he recommended that members of the Every Child Leaving Care Matters Campaign be invited to work with DfE on the pilots, not least because they had presented to him a version of Staying Close which was, minimally, influential on his recommendation for DfE to work on it. Subsequently, members of ECLCM have been involved in seeing and commenting upon - though not the decision-making process – the short list of submissions for Innovation Funding. They have also presented to DfE and a range of other interested parties a 'specification' of what Staying Close should incorporate if it is to be a step forward. These were provided in an acronym – CARINGTEAMS – which is attached as Appendix One. It constitutes neither a 'prescription' nor a series of imperatives – ultimately to do so would remove the element of choice from the child, which would be a contradiction in terms. What it seeks to do is to present the options that should, subject to the care leaver and his/her 'team' wishing generally if not always, be available or surpassed.

[2] A new duty on local authorities in England came into force on 13 May 2014, in part 5 Welfare of Children (98) of the Children and Families Act 2014

[3] Whilst Staying Put has worked in an unacceptably small percentage of placements – largely impeded by lack of finance being made available, it is at least an option that if not offered, can and has been successfully challenged.

3. How can residential providers assist in the leaving care process?

Evidence

'Leaving Care is a process not an event'.

Evidence-based data is a 'golden thread' which must run through the whole period that a child is cared for in a children's home. Not only will the collection and collation of such data assist in the inspection process but it may well prove pivotal in changing many distorted perceptions that still exist in relation to the value (financially and ethically) of residential care.

Providers must gather data about the progress of the children in their homes.

It must be demonstrably objective and consistently gathered using academically tested and recognised measurement tools and methodology.

These cannot be questioned, dismissed or ignored.

See ICHA outcome measures study group conclusions. (See Annex One, page 8).

There needs to be a baseline assessment undertaken with social workers, and/or CAMHS teams and/or community educationalists and or others.

It should be reviewed periodically and forensically at the already required statutory review.

Unfortunately, residential care providers can have little, if any, influence about the starting point for that journey in individual cases, but this is not to suggest that they shouldn't be heard on the subject. At the ICHA General Meeting in May, 'iMPOWER' made a presentation which, in part, suggested that if it does become possible to enable commissioners and providers to work collaboratively – in a way it must be said is rarely, if ever, currently the case – then perhaps, it will be possible that a higher proportion of children will be given the opportunity to be placed in residential care as the 'placement of choice' not as a last resort and frequently after a sickening number of failed previous placements. . All of those reading this will be very familiar with 'the Narey' report,' wherein he cites the fact that this is currently not so but should be because "*We know that children who have the opportunity to live in children's homes for longer are more likely to have positive outcomes".* As a sector, we can bemoan this fact or we can continually challenge commissioners with evidence-based data of the success of timely residential placements at an earlier stage in the child's journey through care. The total numbers of such placements are small and as such, we need to garner information about each one to demonstrate the efficacy of such policies.

4. Learning life skills as part of relationships and everyday life

Learning life skills as part of relationships and everyday life

Commonly these are a checklist for 'preparation for adulthood'; learning to manage finances, a trip to Asda (other stores are available), food preparation, being registered with health professionals and the like.

Rarely do they consider 'managing one's well-being'.

For those children not in care, these skills and abilities are learned from their parents over a prolonged period and with the advantage of them having a 'secure base'. They begin their learning process, develop their attachments and manage (with the support of caring adults) their well-being based on the relationships that they have enjoyed.

A relationship based model makes life skills part of everyday life.

Well delivered and well-planned care over a period should preclude the need for a 'Pathway Plan' except to deal with some of the practicalities of everyday life.

There is one published resource that can assist - Adaptive Behaviour Assessment System (see Annex two, page 10).

Advocacy

Providers must also consider ensuring that each child is given the option to have an independent advocate appointed for them. This is not to suggest that residential providers would not and do not advocate for children placed with them, but we all know that there are times when Local Authorities will, for example, suggest or claim that a residential provider advocating for a child to remain in a placement, in accordance with their wishes, is motivated more by 'self-interest' than altruism.

Do we consider the potential value of an Independent Advocate at the point that a dispute appears likely?

First, it may not be possible to engage someone at short notice; second, even if we do so, then they may not be available for an already agreed meeting date and third, even if they are, they can hardly have had the time to engage with the young person and form a relationship which can be used to diminish their contribution.

Given that at any time with any given placement a dispute may occur, it would seem wise to consider seeking an Advocate at the very early stages of a placement. If they are not needed, then well and good but if they are and they're not in place, then there is a real risk that the best interests of a child or young person will not be served.

5. Staying Close

The process of planning for leaving care must consider what options exist for young people, once they have reached the age of 18 years. There remains the possibility that an option will be afforded to children leaving residential care to 'Stay Close' (to their final residential placement) after their 18th birthday. This should not detract from the less common possibility that exists currently for them to effectively 'Stay Put' in that placement.

'Safeguarding' has been cited as a reason why Staying Put cannot be extended to children in residential care remaining in their former children's home beyond their 18th birthday. In isolation, this is nonsense.

Young people over the age of 18 are already frequently allowed to continue to live in their children's homes now. So long as a persuasive case can be shown to OfSTED

that such a plan is in the young person's interests and has the support of the 'parent' Local Authority, the children's home provider and crucially the young person. The suggestion that such a young adult presents a Safeguarding risk is severely flawed and these are two of the relevant reasons why this is the case:-

1. Young people becoming 18 years old, who are placed in foster care can remain there 'Staying Put' and rightly so.
2. Commonly young people living within their birth families will include a considerable age range, including those both under and over the age of 18.

In both the above cases, it will frequently be the case that there will be other, younger people and children in the same household. There is no metamorphosis that occurs during the night preceding a child's 18th birthday that turns them into a safeguarding risk which did not exist when they went to bed.

It is accepted that in the case of children in care, unlike those living 'at home', a formal process of Risk Assessment starts on the day they arrive and is constantly reviewed throughout their placement. These reviews are necessarily thorough and subject to the scrutiny of the Inspectorate and the requirements rightly set out in Fostering NMS and The Children's Homes Regulations and Quality Standards. There is no reason whatsoever why this process cannot, should not and does not continue, regardless of the age at which a child or young adult leaves their placement. If the placement was considered to be appropriate for the child (and others in the home) at 17 years and 364 days, then why wouldn't it be the following day?

The question has been posed, for example, "Well, what happens if a young adult still living in a children's home comes back having had too much to drink?" The author's answer is invariably being, "The same thing that happened in my family when my (relatively newly) 18-year-old daughter came home the worse for drink, despite good parental advice and to the great amusement of her then 11-year-old sister. She was helped to bed, reminded her where the toilet was and monitored until she was settled ensuring that she did not manage to make too much mess or 'show us what she'd been eating and drinking!" Lesson learned for both her and her much younger sister! We can see no reason why exactly the same life lesson doesn't apply to children in and leaving care. Children in care are children like any other child. Children in care becoming young adults just like any other young adults. The only difference is that they are considerably disadvantaged by not having had the consistency and stability that fortunately most of the rest of our society has enjoyed. Is this something that we should penalise them for? Do we feel comfortable with policy and practice that merely accentuates and labels the differences, rather than celebrating and supporting them in their successes and journey toward adulthood? If we can plan towards leaving care as a process as described above, then it is most unlikely that the outcome of having an 18-year-old living in the same 'household' (albeit a children's home) as younger children will present an insurmountable challenge. However, in respect of pending legislation 'Staying Put' for children in residential care is not currently under active consideration whilst 'Staying Close' most certainly is.

There are currently eight Pilot programmes underway in various parts of the country. These include Local Authority and Independent provisions. These are being closely monitored by the DfE who will conduct an evaluation based on which it is anticipated, but not known, that an option to 'Stay Close' will be afforded to all children leaving residential care. The Pilots are diverse in their interpretation of what a Staying Close placement should look like and in some respects, this is reasonable as the DfE seek to make a judgement on 'what works'. There is no external monitoring of which I'm aware, save for the limited input from the Every Child Leaving Care Matters campaign. Frankly, this is limited, as this campaign is comprised exclusively of volunteers with very limited resources, and have no right to do anything more than encourage Pilots to adopt the CARING TEAMS approach (see Annex three, page 11). However, the DfE management and oversight of the project is led by a person (it would not be right to identify this person publicly), who is absolutely committed to encouraging and demanding that each of them demonstrate a strongly child-centred approach. Young people over the age of 18 are frequently allowed to continue to live in their children's homes now. So long as a persuasive case can be shown to OfSTED that such a plan is in the young person's interests and has the (financial) support of the 'parent' Local Authority, the children's home provider and crucially the young person.

<u>What is the relevance of Staying Close pilots to all other providers?</u>

- Firstly, this is something that is likely to come to fruition in the next two years – or sooner if possible.
- Secondly, it is highly probable that there will be no precise model of Staying Close that will be universally applied.

In either or both eventualities, providers will need to begin planning and preparation for their offer (if one is to be made) to allow continuation of a placement into a Staying Close phase. There will be young people living in our children's homes now who may well be eligible for a Staying Close placement and others for whom you may wish to start negotiation and create an irresistible case for a 'Staying Put' type placement imminently.

Annex One

ICHA Outcome measures study group 2015

Conclusions

A group of expert practitioners has studied the range of available standardised measures with a view to making recommendations for members, the sector more generally, and interested other parties, e.g. commissioning colleagues.

The focus was on being able to recommend measures that were applicable to a social care setting and could be delivered by Residential Child Care practitioners in particular.

The study group was concerned for measures to be beyond simply an outcome measure but able to support the wider care planning work of a home. In its recommendations, the study group was attentive to measures that would be able to connect through the care planning process as follows - identification of need; assessment of need; planning to meet need; delivery of plans; monitoring of delivery; and evaluation of the effectiveness of meeting needs. The measures needed to be able to provide an insight into the needs of the young person and to make a direct connection to the care required to meet these identified needs. The method should be accessible, with potential for visual reporting, and identify an optimum level of functioning, when it would best practice for discussions for the transition of a young person to commence, and indicate when that moment had arrived. The focus was on supporting needs-led decision by all professionals.

The Quality Standards directs providers to be able to establish a baseline for young people on arriving at the children's homes and to report progress, showing the impact and experience of the placement.

The Quality Standards directs providers to work from an evidenced-based perspective. The study group saw the benefit of the work that has been undertaken to create the standardisation for each measure. To that end, the study group is recommending only existing measures be used. In this way, the work of a home is solidly rooted in robust clinical work, and through the measure also has a connection with others across a similar cohort of needs in this country and internationally.

The group shared a concern about any activity that might be seeking to adopt one outcome measure for all young people, of all needs, across all placement types. It was clear to the group that the many measures that have been developed were all done so with the purpose of better reflecting the range of needs of young people. New or other tools or measures may not have the same robust foundations. The study group acknowledged that it could be helpful to recommend a selected range and has done so. It also recommends more than one measure is used by all homes, each offering an understanding of a young person through linked stages. The selection at each stage needs to be made by the home to best link to the approach of the home.

The study group held an aspiration that, through the use of standardised measures, our collective expertise would develop over time. It may be possible in the future to develop a single measure. For the immediate period, the study group saw the next achievable step was to act to support all homes to use to best effect the measures being recommended.

Minimal burden - Multiple perspectives - Meaningful use - Missing something [4]

- Minimal burden - No unnecessary form filling.
- Multiple perspectives - Consider collecting different people's views.
- Meaningful use – Only select forms that could provide meaningful information that will be used by somebody.
- Missing something? - Consider whether any of the forms could fill a gap that you may not have covered in some other way that might be useful to know about.

The recommended standardised measures

1. Broad focus - SDQ

The study group has the ambition for all homes to conduct the SDQ, and be required by local authorities to do so. However, the study group were aware of the limitations of the SDQ for the group of young people currently placed in children's homes in England. The results were likely to say their needs were exceptionally high. Other measures would be needed.

2. Profile focus - a choice from a range of indicative measures that will allow for an enhanced profiling of needs

- Attachment
- Resilience
- Pillars of Parenting

There are various measures that can used that will allow further insight, e.g. Resilience might use as recommended in Daniels and Wassell; Rosenberg Self Esteem scale; Bryant (1982) 'An index of empathy for children and adolescents.; Nowicki-Strickland Internal/external locus of control scale.

3. Specific focus - select for yet deeper understanding

- BERRI
- Child Behaviour Checklist
- Assessment Checklist Adolescents

(N.B. The study group acknowledges homes may have evidenced reasons for their use of other measures).

4. Additional for all homes - ABAS Adaptive Behaviour Assessment System

The study group thought this helpful for structuring like skills working.

5. The study group recommends that homes explore the use of the Outcome Rating Scale and Sessional rating Scale for evaluating the efficacy of activity such as keyworker sessions.

Annex two

The ICHA Outcomes Measures Study Group thought the Adaptive Behaviour Assessment System helpful for structuring like skills working

[4] We took these principles to guide selection of measures from the very informative publication Guide to Using Outcomes and Feedback Tools with Children, Young People and Families (Formerly known as the Child and Young Persons IAPT Outcome Orientated Practice (CO-OP) http://www.corc.uk.net/resources/additional-information-about-the-measures/ See especially pages 19 and 20

The Adaptive Behaviour Assessment System Second Edition (ABAS-II) is an assessment of adaptive skills. It provides a comprehensive, norm-referenced assessment of the adaptive behaviour and skills of individuals from birth to age 89.

RCC providers have found the ABAS helpful in determining how well the individual responds to daily demands from the environment.

Key Features

The ABAS has easy administration and scoring and can be used across a wide age range.

There are scores for the following areas of adaptive skills, allowing the evaluation of many areas of functioning, determining strengths and weaknesses, and specifying training goals necessary.

- Conceptual
- Practical
- Community Use
- Home Living
- Self-Care
- Social
- Functional Academics
- Community
- Leisure
- Health and Safety
- Self-Direction
- Work

Using the ABAS II Intervention Planner and Scoring Assistant software appropriate interventions are identified and progress to be monitored.

The ABAS provides an Interpretive Report narrative based on all scores, a strengths and weaknesses analysis, and an overall summary of adaptive behaviour. A Progress Monitoring Report compares raw and scaled scores across up to four assessments.

Annex three

Caring teams

The key elements required to comply with the ECLCM vision of an acceptable STAYING CLOSE placement.

“Caring Teams”

ECLCM believe that for a Staying Close placement to have a realistic chance of being successful and to mirror, as far as is possible, the security and support offered by a good Staying Put placement, there are 11 key areas that have to be addressed. These may be remembered by the use of the acronym “Caring Teams”. The acronym represents:-

Centrality of the young person - Each young person’s plans must be individual, bespoke to that young person and addressing their specific needs, wishes and aspirations. They should not be part of a ‘one size fits all” template.

Age to 21 – The placement should be able to offer the young person a supported home until s/he has attained at least the age of 21, and ideally longer as required.

Reviews and planning (Role of the IRO?) - It is vital if the Staying Close plan is to remain focused and to be implemented, as planned, for it to be reviewed. It is suggested that formal six-monthly reviews might be held for the duration of the placement that are chaired by someone independent but recognised by each of the agencies, who would be responsible for interviewing the young person to seek their views before each review and producing a written report following each review. An Independent Reviewing Officer (IRO) is an obvious candidate to fulfil such a role.

Inspection - In order for the placement to be seen to be safe, appropriate and meeting the young person’s needs and agreed plans, it is vital that it should be inspected and monitored. The placement should be inspected at prior to admission and at least once annually by Ofsted or an agreed inspection agency to ensure it meets agreed standards. It might then be monitored at monthly intervals via “Regulation 44” visits that would feed into Ofsted and advise the provider, young person and Ofsted of their findings.

Near enough to the children’s home to walk there in 15 minutes in an emergency at any time of the day or night, or merely to facilitate regular and on-going contact, as agreed in their care planning. This is consistent with the principle of “Staying Close”, and mirrors the accessibility of carers in “Staying Put”.

Government funded to ensure that the availability of Staying Close is not a post code lottery and that funding is provided to meet the agreed plans and the young person’s assessed needs, and not be totally dependent upon benefit levels or any other form of financial support from other agencies.

Team around the child – The placement must be supported by a multi-agency team representing the support in place as part of the Staying Close plan. Social work, Housing, Health, Employment/Education, Residential provider, etc. Care planning decisions should be made by this team and the young person.

Early planning towards independent living – It is not sufficient or appropriate to offer training or teach young people independent living skills, when they reach the age of 16 years old. This must not be left until young people enter in to a Staying close plan. Training towards independent living should be offered according to age, understanding and ability from the day a child is first admitted into care, and where possible, they should have these basic skills prior to their “Staying Close” placement.

Accountability of each party - Each and all of the agencies or individuals comprising the 'team around the child should have clearly outlined areas of responsibility and tasks included in the care plan, for which they will be accountable and held to review

Maintains the relationships formed between the young person and the residential team with whom they have been living. The placement and care planning, protects and promotes the maintenance and development of relationships significant to the young person – perhaps the key worker (or other member(s) of the residential team), a youth worker, teacher, social worker or other identified person.

Staying Close - A clear definition of what constitutes 'Close' agreed in each individual case. The principle behind staying Close is that a young person might 'Stay Close' to the residential home that they lived in, prior to their being discharged from care at 18 years of age or before. Staying Close should mean exactly that, not that a young person is decanted at 18 into a house retained in an area for the purpose with a group of other young people in similar situations, and visited occasionally – Supported lodgings with visits. The appropriate Staying Close placement should be agreed as appropriate and suitable with the young people and the team in each individual case. This would mirror the spirit of Staying Put as introduced for young people who were being discharged from foster care.

ICHA September 2018