Start with the child

Stay with the child

A Blueprint for a Child-centred Approach to Children and Young People in Public Care
“The worst thing about care is that it takes time, too many meetings, lots of strange adults, embarrassment, shame. The best thing is when you get supported, feel listened to, cared for and respected”

Young person

“The worst thing about this job is that you don’t get enough time to spend with children. The time is taken up with filling in forms, paperwork and meetings about things that sometimes seem a long way from direct service to children. The best thing is when you know you have made a difference to a child’s life”

Adult
Introduction

“*It’s Time 4 Change*” - These were the words that a group of young people came up with as the strapline for the Blueprint project when it began in October 2002. At that point we didn’t know what the content of the green paper on children’s services would be, or that childcare agencies would be planning radical changes in structure and delivery of services. Tony Blair, the prime minister, launched the green paper, *Every Child Matters*, containing a prescription for children’s services in the shape of Children’s Trusts. The green paper was also accompanied by ‘five pillars’ on which, said Margaret Hodge, the Minister for Children, Young People and Families, childcare services should stand. The first pillar, that children should be at the heart of everything we do, could not be closer to Blueprint’s message.

The publication of this document, *Start with the Child, Stay with the Child*, a blueprint for a child-centred approach to children in public care, is, therefore, timely. It provides a discussion of the policies, practice and culture which contribute to what we know as the childcare system, and gives ideas about how to change our approach, to focus more on children’s rights, needs and wants.

Children and young people in care have often been described as troubled and troubling, a group of children who have problems and who cause problems. The negativity associated with the care system is well documented, both in day to day issues, and outcomes for children and young people.

The Blueprint project, set up by Voice for the Child in Care (VCC) with support from National Children’s Bureau (NCB), was charged with creating a more positive vision of the system that supports children who are looked after by the state. It offers a blueprint for those in the childcare sector – policy makers, managers and practitioners - to maintain a focus on the child’s individuality and ensure that the care experience is a positive one for every child.

The aims of Blueprint were to take an independent view of what the current care system in England looks like and offer a vision of what it *could* look like. The objective was to identify the barriers that prevent the system from being child-centred, and to suggest a route for *how* to get there.

Despite the challenges that face policy makers, managers and front line practitioners in providing high quality services to children in public care - staffing crises, limited resources, high demand and raised expectations - the project has heard from a number of sources about ways in which we can improve the care system. This document provides an opportunity to challenge the approach that we bring to children in public care and to ensure they receive better services which are child-centred.

As well as undertaking a review of the system, there was an aspiration to engage key players within the childcare sector and to contribute to a climate which would create conditions for change. During the project’s life, there has been broad and positive support for these aspirations, and an agreement from a wide range of stakeholders that, as the young people have said, it is ‘*time 4 change*’.

We have tried, therefore, to do several things within this document and the associated materials. There are sections in each of the chapters designed to help us think about the childcare system we have created and help organisations to challenge existing practice. Providing child-centred care depends as much on attitudes of individuals and the culture of organisations as it does on policies, systems and structures.

We have summarised some of the barriers which would need to be overcome to provide child-centred care. There are messages for policy makers, managers and practitioners. We also offer some practice ideas about different approaches.

Blueprint recognises that the views we have heard come from only a proportion of young people in care. We do not claim to have heard directly the views of, for example, very young children, but the messages within this document are for all children in public care. Clearly, the experience of a 15 year old black person living in a children’s home in London and having regular contact with friends, will be different from that of a two year old white baby, living with foster carers in the Lake District, to make but one comparison.

Our aim is to produce a document which has combined the ideas from a variety of professionals
and a variety of children and young people, and which recognises the differences that each individual child in care faces.

A dialogue between adults and young people

Blueprint has been drawn up on the basis of evidence from three main sources:

- what children and young people say
- what research says
- what practitioners and policy makers say.

The analysis within this document is based on the dialogue which has emerged between adults and young people. The important feature of this project has been the way in which adults and young people have joined together to suggest new ways of working. We cannot construct a child-centred system without making use of the experience of those who have been through the present system.

Blueprint has worked in different ways - with key national and government bodies, with local authorities, with researchers and practitioners, and with young people - to pull together ideas about the barriers which prevent a child focus, and suggestions about how a child-centred approach could be more widely adopted.

What we did

We have drawn together the thoughts of adults and children in the following ways:

A synthesis of the research about looked after children was undertaken.

Creative thinking groups were held with mixed groups of practitioners, foster carers, researchers and representatives from voluntary agencies.

A European seminar with representatives from 12 countries was held and the ideas from this seminar have contributed to the document, particularly in the sections on participation and workforce.

A major participation programme was undertaken to find out what child-centred care might look like from the viewpoint of children and young people:

- young people’s days were held across the country using drama and other exercises
- over 20 young people were trained as Blueprint reporters and have interviewed other young people in their areas
- a separate group of staff and young people from black and minority ethnic backgrounds met regularly and organised two day events for young people designed to look at the particular concerns of this group
- there was a determination to seek the views of children and young people in special settings: for example, those in secure units or therapeutic communities
- young people with disabilities contributed their ideas at special events and meetings were held with asylum seekers and with gay and lesbian young people.

Eight local authorities are linked with the Blueprint project and worked in partnership with the young people in care in their areas to try out different ways of delivering services.

A residential conference invited 30 young people and 40 adults from national and local agencies to develop their ideas. The conference provided a unique opportunity for key stakeholders and young people to work together as a team.

The Family Rights Group (FRG) interviewed a small group of parents on behalf of the project, with a clear brief to ask them what they would like to see for their children.
In chapter 1 we start with a definition of child-centred care, the cornerstone of the argument being that children are competent and that there is capacity within the system to establish a different relationship with the children and young people we work with.

The context, describing which children we are talking about and which children we have spoken to, is set out in chapter 2. This chapter highlights that children in care are varied and have differing needs.

Chapters 3, 4 and 5 focus on how the care experience can promote children's wellbeing, sense of identity and individuality. These chapters look at the care experience from three perspectives – coming into care, being there, and leaving care.

The crucial importance of the relationships that children and young people have with their family, friends and with professionals is examined in chapter 6.

In chapters 7 and 8 we look at how we could work more in partnership with children and young people, actively involving them both individually and collectively.

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How childcare agencies are organised and managed and the culture and structure of the workforce on the front line is considered in chapter 9.

Chapter 10 offers a summary and indicates future directions.

Throughout the document the term ‘we’ is used to describe the multitude of workers who contribute to the childcare system. ‘We’ are the front line social care staff, foster carers, researchers in universities, managers and elected members of local authorities, civil servants in government departments, heads of voluntary agencies, inspection teams, and professionals from other agencies, all of whom make up the childcare sector. All these groups are represented in the contributions to the project and have provided the evidence for the ideas to be found within the document.

Blueprint aims to set down, in a coherent way, the analysis and ideas of people working in the system, alongside the views of children and young people and to present the results of the dialogue which has taken place between adults and children.
What is child-centred care?
‘We’ – those who work in and have various kinds of responsibility for the system - would say this was an obvious question.

Most people who are in the business of providing care for children, be they workers, managers or policy makers, would say that everything they do is, in some way, focused on getting the best for the children they work with. Most of us believe that a child's rights, needs and wants are the basis of the way we approach children and the services and care we provide to them.

But even though the question seems obvious, the system doesn't always feel child-centred to those who are on the receiving end. As one young person said:

“In an ideal world we wouldn’t have to go into care in the first place. I would like to tell someone who was about to come into care that the system would run smoothly, we wouldn’t have to move around much, never change social worker”

Start with the child
Every day there are at least 300,000 people – councillors, managers, foster carers, social workers, residential workers, psychologists, education staff, administrative workers, the list goes on – who are a part of what we know as the childcare system. These people are involved in providing care in England to the 60,000 children and young people who are looked after at any one time.

Much of what they do is governed by a myriad of policies, procedures, structures, court processes, inter-agency agreements, performance management frameworks, quality standards and more. This amounts to a host of sometimes complex arrangements, all intended to make sure that children and young people are safe, that their assessed needs are met and that the system works in a way that leads to the best possible outcomes for each child.

Within this complex system, we need to find ways simply to focus on children, to be constantly reminded what we are here for, and to keep it child-centred. It is all too easy to take our eye off the child and to allow other agendas to dominate.

To maintain a child-centred approach, an individual child’s experience has to be uppermost in our minds in almost everything we do. We need to look at structures, systems and the culture of an organisation to make sure that every element is child-centred.

How children are viewed
Children and young people are the subject of great interest and concern from adults. But some of the ideas on which adult understandings of children are based can have negative consequences for the children concerned. Let us take three examples:

- Children are often understood as people at risk. They may be at risk of abuse or neglect by adults, from poor school or home environments, or even from themselves, their own poor judgement or incompetence

- Connected with the idea of children being at risk is the idea that children are somehow incomplete adults, immature and irresponsible, and, again, lacking in judgement

- Children are also sometimes understood to be people who present a risk to other people in public places, or to teachers or other students in schools.

These perceptions of children often form the basis of the services we provide. Children are to be protected from themselves or others, and the focus is often on the future, helping them to become useful, well-adjusted adults. Similarly, children are to be supported and controlled inside and outside the home.

These approaches to children are child focused. However, a child-centred approach means challenging negatives ideas about children and young people, while developing positive ideas about them, seeing them as experts in their own lives, with an attempt to see the world through their eyes and joining with them to promote their wellbeing.
Key elements of a child-centred approach

Fundamental to this is the recognition of children and young people as competent individuals. A child-centred approach requires adults to take on a role where they are working with children and young people rather than working for them; where they understand that taking responsibility for them doesn’t mean taking responsibility away from them\(^1\). Here the important elements are:

- Respecting and valuing children and young people. They are not only potential victims or people to be controlled, but also individuals in their own right who have something to contribute
- Ensuring that the human rights of children and young people, as set out in the UN Convention on the Rights of the Child and the European Convention for the Protection of Human Rights and Fundamental Freedoms, are met. The UN Convention sets out children’s rights in respect of protection, welfare and participation: children have rights to be safe, supported and heard
- Seeing children and young people as individuals with interests and abilities, as well as individual needs
- Working with children and young people so that they can express their individuality
- Understanding children and young people’s perspectives
- Focusing on the needs and interests of children and young people now and in the future
- Putting the needs and interests of children and young people ahead of those of the agencies involved and of the adults around them
- Respecting children and young people’s competence. This involves listening to children, whatever their age. There should be a process of negotiation when decisions are to be made which affect them in any way. It should not be assumed that children do not know what they need or that they are being influenced by others. As far as possible children and young people should be enabled to make their own decisions, which involves a shift in power from adult to child.

In the early stages of the project, a group of young people advising us, gave us their version of what being child-centred means:

- with the child at the heart
- the child at the centre
- focused on the child
- the child has some control and choice about their lives
- the child has more choice than now
- the system moves at the child’s pace
- the child is the subject
- the child is seen as an individual
- the system protects the child
- young people are seen as important and are listened to
- bringing it back to what it is really about - the child, not the system
- seeing the world as the child sees it
- treating the child with respect and valuing them.

\(^1\) Kirby, Lanyon, Cronin, Sinclair (2003) Building a Culture of Participation, DfES.
Child-centred care: It depends where you start

**Being child-centred**

- respect for what I can do
- my future
- my needs
- my views
- my rights
- accepted for who I am
- yourself in my shoes

**A child-centred culture**

“If I was in charge of social services, I’d listen to them [people in care] first, see what they’ve got to say. I can’t just make the rules on what I think is best for them.”

**Young person**

A number of factors can influence whether an organisation is child-centred. It depends on how every level of the workforce operates, from senior managers to the front line. We know a child-centred team when we see it, but how can we guarantee a child-centred approach throughout the organisation?

**Try a different way**

**Measuring child-centredness**

This idea involves finding ways to assess whether an organisation is child-centred; how organisations balance the needs of individual children within those of the whole group; the impact of bureaucratic procedures on individual children; flexibility; use of discretion; delegated decision making; and so on.

A basket of measures could be developed which would have the capacity to dig deeper than the current performance management agenda.

Government and inspection departments, such as the Commission for Social Care Inspection, could work with young people, practitioners and managers to develop a way of assessing child-centredness based on the following framework:

- Agreement about what is meant by ‘child-centred’
- How much time is spent directly working with children?
- Developing an agreed code of practice about direct work
- How are children and young people involved in assessing the quality of service delivery?
- How much choice and control do children have in their daily lives?
- Do children have routine use of advocates in care planning?
- What is the quality of the relationships that children are experiencing?
- How much are young people involved collectively, for example, in developing services, recruitment of staff, working on policies etc?
- Impact statements showing the extent to which agencies have thought through the likely effect of new policies and procedures on children.
Evidence gathered during the project suggests that an effective way to encourage a child-centred culture within an organisation is to increase the level of involvement and participation from young people themselves, individually and collectively.

It is possible to involve almost all children individually in decisions about their lives, even those who are very young or those with communication needs. With time and consideration, younger children, disabled children or those who may not speak English can be actively engaged to help them express their views and preferences about their day to day lives and decisions being taken.

Active involvement of children and young people at a collective level is more suited to some groups of children, most obviously those who are verbal, reasonably articulate, and usually in their teens.

Critics would say that children and young people don’t have all the answers and shouldn’t be expected to provide solutions. It’s true they don’t have social work qualifications, management diplomas and years of experience of working with children. They are not experts.

But what children and young people bring is the reality of what it’s like to experience the complex childcare system. They often surprise adults with their depth of understanding, their perceptive approaches and their maturity. Most of all they bring immediacy, freshness and the ability to cut through any pretence, to get straight to the point and show when the needs of the organisation appear to override the needs of a child.

A child-centred approach cannot be established without active involvement of children and young people, at an individual and group level. But the argument is circular - an organisation which is child-centred, where children and young people are at the fulcrum of activities and policies, will naturally be one where respect, valuing and negotiating are an integral part.

Being child-centred means establishing a different approach throughout the childcare sector.

Messages for policy makers

Government departments should support childcare organisations in finding ways to look at structures, systems, practice and culture to make sure that every element is child-centred. The experiences of individual children have to be uppermost in our minds in almost everything we do.

While there has been a focus on improving performance and accountability over the last decade, there is still work to be done on changing cultures within childcare organisations.

The central reason for our existence sometimes gets lost, and policy and practice develops without enough attention to children’s experience. Those with influence at a national level should challenge policy development, systems and practice to ensure the child is at the centre.

Key recommendations

- Special consideration should be given to ensuring that there is a stable and consistent framework for looked after children within the new Children’s Trusts.
- Policy makers should consider a framework to measure how child-centred organisations are.
Child-centred care: It depends where you start

Messages for managers

Attention to the values and principles on which teams operate, with a clear focus on being more child-centred, would give a strong message about the priorities of childcare agencies.

With the drive to create Children’s Trusts, senior managers will be spending a great deal of time on restructuring. An equal amount of time and energy should be spent on ensuring that the new structures adopt a child-centred approach at all levels of the organisation.

The active involvement of children and young people in doing this can have a very positive effect on how people operate. It’s harder to avoid being child-centred when young people are involved.

Key recommendations
- Child-centred practice – understanding children’s experience – should be recognised as a key feature of the refocusing of children’s services which will take place in response to Every Child Matters
- Managers should give high priority to developing creative ways of working in partnership with children and young people, both individually and collectively.

Messages for practitioners

Frontline practitioners are closest to seeing directly and understanding the experience of children. Children and young people have been clear that just a few changes to practice would make an enormous difference. Practitioners can demonstrate that they respect and value children and young people in simple ways - being on time, not cancelling meetings, ‘phoning back, doing what they say they’ll do, being honest, and showing an interest in their lives in the round, not just the negative parts.

Key recommendations
- Practitioners should show that children are respected and are important by attention to detail in their day to day practice.
Who are the children we are talking about?

Being looked after by the state is not the same for everyone. Children in care are children from different backgrounds, with differing needs, staying for varying lengths of time, living in different sorts of places and in different circumstances.

Blueprint aims to promote child-centred care for all children and young people who are looked after, from babies in foster care to 18 year olds living in a group home. The approach is one that we think can apply equally to an eight year old child with disabilities, or to a 15 year old Albanian unaccompanied asylum seeker. The range of needs and strengths that children and young people have to offer is enormous. Being child-centred means dealing with children’s individual needs, rights and wants in a way which respects their individuality. Nevertheless, it is important to give some indication of the characteristics of children in care.

During recent years there have been around 60,000 children and young people looked after at any one time, but the total number looked after in any one year is closer to 80,000. The trend is that fewer children are entering care, but overall figures of those in care are rising because children are staying in care for longer. Despite this, most children in care are away from their families for short periods of time, about 40 per cent for less than six months, and there are some estimates that suggest the short stayers tend to be younger.

It is less common than it used to be for children to spend long periods of time in care. In 2001-02 only four per cent of those leaving care, at any age, had spent more than 10 years in care. (This doesn’t include children and young people who may have had periods in and out of care throughout their childhood and so may mask a larger number of young people who feel they have been in care for most of their childhood.)

There are slightly more boys than girls overall but in the 10-15 age group boys accounted for 57 per cent (31 March 2002). The 10 –15 age group has consistently been the largest age group of children in care, at just over 40 per cent over the last eight years. The peak ages for entering care are under one year and 15 years, demonstrating the heterogeneity of those who are in care.

Children looked after by age at 31 March 1994 and 2002

Over the whole country, around 80 per cent of children and young people in care are white, although the proportions vary hugely in different areas of the country. About six per cent are unaccompanied asylum seeking young people, 90 per cent of whom live in London or the south east.

The Children Act 1989 gave clear direction to agencies to try and maintain children within their families wherever possible. Children may only be looked after by the state under a court order if they are suffering, or likely to suffer significant harm. However, local authorities were encouraged to provide accommodation as a service. The figures indicate that most children (80 per cent) enter care because of abuse, neglect or because the family is in acute stress and that the number of children under care orders has risen (a 19 per cent increase since 1998).
Who are the children we are talking about?

The information about disabled children in care is problematic. The official Department of Health statistics show that the reason given for four per cent of children being looked after was disability, but suggest that this is likely to be an underestimate. There are many disabled children who enter care as a result of neglect or abuse, and where the disability is not recorded as the reason for them doing so, therefore their disability will not be represented statistically.

Whilst there is evidence that disabled children may be more vulnerable to abuse and, therefore, possibly over-represented among children in care, there is also evidence that much of the abuse may be unrecognised. This lack of recognition is due to a host of factors. For example, there is a stereotype that disabled children are less likely to be abused because of the belief that no one would do that to such a vulnerable child, or because communication difficulties may mean it is harder for such a child to report what is happening to them.\(^\text{10}\)

In a significant number of situations, the reasons for children coming into care will not be due to one single factor. Reasons for separation are complex and may include a combination of parental abuse or neglect, family hardship or illness, emotional and behavioural problems.

that children may be experiencing, parents problems such as mental ill health, or drug or alcohol abuse and so on.

These differing needs and patterns of care demonstrate the huge variation in circumstances that children and young people have experienced and face in their daily lives. Some will come in and stay for a short time, others will come in and out, and others will come in and stay for long periods. These children and young people will have very different needs.

Who were the young people involved in Blueprint?

Nearly 400 children and young people took part in the project in varying levels of intensity. The age range was from six to 25 years of age but were mainly teenagers. They came from different areas and in different circumstances - in different sorts of placements like foster care, residential care, therapeutic communities and secure accommodation. Some of them hadn’t been in care long and others had either been in and out, or spent a long time in care.

But whoever they were, what they said was based on their own experience. They not only spoke for themselves but also for others like younger brothers and sisters, their friends and those whom they recognised may have had similar experiences.

Particular efforts were made to speak to younger children and those from specific groups, for example, those from black and minority ethnic backgrounds where a separate task group met and two special events were held. Young disabled people contributed and there was also an event held for young people with severe learning disabilities. Young people in therapeutic and secure settings contributed through group meetings and questionnaires. The views of young asylum seekers were ascertained and young gay and lesbian people were involved.
Fundamental to a child-centred approach is that children and young people are involved and contribute to the decisions which are made about their lives. However this doesn't mean that those who are unable to communicate verbally, for example babies, have been excluded. Being child-centred means thinking yourself into their position. Those who spend time with very young children or those with severe disabilities, can give an informed opinion about that child’s wants and needs.

This was well described by Thoburn who said:

“I am always taken aback when, in the section [within the looked after children planning materials] on wishes and feelings of the child, the words ‘child too young’ are written. In a recent case when there was a plan to move an infant from a foster home where he had lived between the ages of two weeks and 15 months, and where it was clear from the reports that strong mutual attachments had developed, I would have expected to read, instead of “child too young”, “from my observations of his behaviour and attachments I conclude that, if he were able to talk, he would want me to say that he does not wish to move from his present placement and will be very sad, at least for a time, if he has to do so”.”

The care experience: Starting out

“After we had a dilemma... lots of the children yearned for their families, but they weren't going to be very good to them. The possibility of foster care providing them with a long stay experience was low, and when they got to 18 they were usually out anyway, unless they were quite special.”

Adult

“You know someone has made it as an adult when they freely accept responsibility for themselves, no matter what.”

Young person

The care experience: Introduction

To make it as an adult, you need to have a strong sense of self, to know who you are and where you come from.

Helping children to develop a sense of identity, which grows throughout childhood, is a core responsibility for the agencies which look after children. Treating each child as an individual and being flexible and responsive to their rights, needs and wants should be central to everything we do in providing care to children and young people.

Our constant challenge is in meeting children’s individual needs within the complex, procedure-bound care system. Accountability and scrutiny are vital and childcare agencies cannot dispense with the performance management framework, but we have to ensure at the same time that the child’s experience is not lost.

The children and young people we spoke to said that they would like to see a system where the professionals and carers working with them know and understand them, accept them for who they are, help them to make sense of what is going on in their lives, nurture them, want them to do well, allow them to take risks and make mistakes, and don’t expect them to be perfect.

“Care is to make sure the person is well looked after – until they can take care of themselves.”

Young person

Identity, individuality and emotional wellbeing are key themes that have emerged from the project’s participation and research programmes. This chapter and the following two, focus on three different stages of the care experience:

- Starting out - children’s experience when first coming into care
- Being there - where a child lives, their health and education
- Moving on - leaving care and managing as a young adult

The relationships that children have with the people around them are central to their emotional wellbeing and to achieving positive outcomes. Because of the importance of relationships in a child’s care experience, this subject has been dealt with separately in chapter 6.
**Starting out**

“You are going to be safe and are going to be looked after by the people at the place where you are at.”

“All the kids treat you like shit, the food is average and you get early bedtimes.”

Two young people’s responses to the question, “What do you think are the three most important things for a child or young person to be able to know about, before they go into care?”

“Receiving children into care doesn’t always bring the relief that it is assumed it would, but is rather a transition from a known threatening situation, to an unknown, but equally threatening situation.”

**Adult**

The young people to whom we spoke stressed how frightened and unsure they were when they first came into care. Not knowing what lay ahead, feeling unprepared and nervous, but not necessarily wanting to stay in a situation which was unsafe, were common memories for the children and young people. A sense of disappointment was prevalent.

The research evidence indicates that the first few months in care are a particularly difficult and unsettling time for a child and that additional support during this period would make a big difference. Children may experience extreme homesickness. School can be disrupted and liaison between social services and education at this time is essential.12 The parents interviewed for Blueprint by Family Rights Group said that they believed that their children would benefit if they had had more opportunity to give social workers information about their child’s needs, particularly when the child had special needs.

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**Try a different way**

**Meeting and greeting**

Young people felt strongly that someone from the place where they were going, residential or foster care, ought to come to them and collect them, rather than meeting them when they arrived.

For unaccompanied asylum seekers the fear and uncertainty is evident.

“No one tells you all the things you need to know, to explain things to you like where to find a doctor, transport, how things work here.”

When asked what social services should remember about young people who come to England seeking asylum, one young person said:

“Make him happy. Remember he doesn’t know anything about London, just that it’s a safer country, just that he wanted a safer country. You don’t know how difficult we work to come here.”

**Big brother / big sister**

Young people spoke about how they would like to have someone in the residential unit to take on a mentoring role, show them round the place, explain the written and unwritten rules etc. Many units already do this but it could be more formalised and even involve payment to young people.

A similar role for children and young people in foster care might help to deal with the feelings of exclusion that can be felt from foster carer’s birth children.

The care experience: Starting out

The black young people who attended the Blueprint black and minority ethnic task group spoke of variable childhood experiences. Coming into care older appeared less damaging of racial identity as these young people were well rooted in family memories and within established networks. They were also less likely to be placed in transracial foster care settings as they went into residential care or to black foster carers. Overall, however, the hit and miss approach to identifying and meeting a child’s identity, ethnic and religious needs was striking; it was based more on chance than effective care planning and more dependent on individuals taking such matters seriously, than as a result of local or national policy.

The route of entry and reasons why children come into care influence how they experience the process. Despite the Children Act direction that accommodation could be seen as a support service, professionals still often see it as a last resort. Whether because of strained resources or a concern that the quality of care offered will not be good enough, there is evidence of a reluctance to offer accommodation as a service to families.

Try a different way
Child-led assessments

One of the exercises we did to find out what young people thought child-centred care could look like was to imagine they were helping a child to adjust to arriving on another planet. A small group asked another child questions about what they would need for their stay.

They asked all the questions any good social worker would ask, which led to the development of the idea about child led assessments. Instead of starting with a 20-page form, with a number of questions in different categories, we should start with asking the child “What is important to you?” “What do you need?” “What would you like to know?” Let the child determine the priorities, the order in which they come, and through this process gradually define their own needs.

The often quoted classification of children and young people entering care as either victims, villains or volunteers, still has resonance, and has an impact on the process (emergency or planned entry) and the way families and professionals negotiate. Continuing to work with the whole family when children and young people first come into care was seen as very important.

There will be situations when professionals are pressing reluctant parents where children are seen to be at risk. By contrast, there will be other instances when parents may be pushing hard for social services to take responsibility for their children, but there is resistance from the professionals. In both these scenarios, the reluctance and stand off positions that are held may lead to an emergency admission. This last resort approach, where emergency admission is more likely, will, more often than not, be a more negative experience for children and young people, and one where they have less choice than if the admission was planned.

When children and young people are admitted in an unplanned way, the child’s view was more likely to be sought once accommodation had been offered than in the negotiations leading up to it.

There is evidence of good work with children, where they are given full information on which they can make informed choices, preparing them for admission to care. There is also evidence of children and young people feeling more in control of events when their entry to care is through the voluntary route.

They may be consulted over approaching social services, and may benefit from a focus on parenting. In contrast, children who are the subject of child protection processes may feel they have less control, and, as victims of abuse, that they are not listened to or believed.

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Children can feel let down by the child protection system:

“Adults should keep their promises. I was told I wouldn’t have to see my dad in court and he was there laughing.”

While some studies indicate that children want their views to be represented by their parents and family members, conflicts of interest and other problems mean that this is not always possible. At present the child has no right to independent support when entering accommodation, whereas if they enter care through the courts they will have the support of a guardian ad litem. Yet the consequences for the child will seem similarly drastic. There is a need for access to advocacy in care planning procedures, which would provide this independent support at an early stage.

When children are involved in protection processes, they may feel they have little control over events. It is likely that the focus of professional work will be on issues of risk and abuse, whereas there is evidence that they would like to talk about things other than problems and also have an opportunity to air their anxieties. Children appreciate access to someone who they can talk to in confidence, such as helplines and independent advocacy, while ensuring that their safety is not jeopardised.

The significance of relationships to young people at this time is indicated by research. Children felt that they had to deal with large numbers of adults in child protection investigations and that they wanted sustained relationships. Social workers who modelled supportive interaction helped, particularly in dealing with adult bureaucracies and situations in which children felt unheard or powerless.

**Conclusion**

Prevention is re-emerging as a key policy initiative, and both young people and their families will welcome more energy and resources being directed to enable children to remain with their families. However, there will always be children who cannot remain at home with their families, and coming into care cannot be anything other than a significant life event, even when practice is at its best. Attention to understanding children’s feelings and working to minimise the trauma that they might experience should be a priority during this time.

Ealing, as one of the Blueprint-linked authorities, worked with the project to focus on the experience of children and young people who were coming into care. As part of the project the children and young people developed a series of interview questions, which they planned to use to interview others. They spoke of how emotional they became in just trying out the questions on each other, quickly realising the sensitivity which would be needed. It was a reminder to all of them, and to the staff working with them, just how raw and close to the surface were their feelings about the experience of coming into care.

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**Try a different way**

**Coming into care support teams**

A small team of additional workers at this time to assist with some of the bureaucratic processes so that the social worker can spend time with the child. Young people were very aware of the work which needed to be undertaken at the point of entering care and they were keen to see systems which would provide back up for the social worker.

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18 Scottish Executive Board (2002) ibid
19 Packman J and Hall C (1998) ibid
20 Scottish Executive Board (2002) ibid
The care experience: Starting out

Messages for policy makers

The focus on risk and protection immediately before children enter care can lead to situations where the procedures dominate and the experience of the child is lost. With the development of identification, referral and tracking systems, it will be important to keep a focus on how children, as well as their families, continue to be included and involved in the processes that are being designed to improve outcomes for children.

The assessment process, often perceived as a detailed checklist to support analysis, rather than a professionally skilled approach, should be undertaken in a way that is able to focus on the experience of the child and work alongside them.

Key recommendations

- In the development of information, referral and tracking systems and the common assessment framework, consideration should be given to children’s experience of the process.

- The high level of emergency admissions and delay in use of the court processes should be examined and addressed.

Messages for managers

A major barrier to developing a child-centred approach to coming into care is that there are not enough social workers to do all that is required at this time. There are a number of tasks to be undertaken when children are entering care – some of the routine paperwork, finding a placement, liaison with other agencies. Additional staff to do some of the associated office work would help to free up time for the social worker to be directly working with the child and family. Until such time as there are more social workers, there is an argument for using non-social work qualified staff to assist with the process.

Key recommendations

- Managers should look at developing a workforce which can provide teams with a range of skills, releasing qualified social workers to spend more time directly working with children. This can be particularly important at the time when children are first coming into care.
Young people came up with a few simple things that would have made the experience of coming into care better:

- a foster carer or residential worker coming to meet them on their own territory first and then take them to the place where they were going to live
- a young person from the residential unit or foster home to take on a big sister or big brother role
- some time and attention spent on how they were feeling
- the social worker staying with them for a while after taking them to a placement, not just dashing off
- more information about what to expect
- their possessions being packed in a suitcase, not a black rubbish bag (this is still quoted as happening in 2003 despite the high profile that this seemingly practical issue has had)
- For disabled children who have difficulties with verbal communication and are blind or partially sighted, an agreed communication plan so that their basic needs and wishes are understood.

Examples of professionals going out of their way to support children rather than it being a matter of routine, made a big difference to children’s experience.

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21 Scottish Executive Board (2002) *ibid*
This chapter will look at the following aspects of being in care:
- where you live
- a sense of belonging
- stability
- school and education.

4.1 Where you live

“It’s comfortable in my house – there’s space, my carers are kind to me, they know how to talk to me, they look after me.”

Young person

“The National Minimum Standards? I wouldn’t suggest they were the final say. What I would say is that they do affirm that creating and sustaining a way of living is at the heart of the task, as opposed to simply focusing on procedures and policies.”

Adult

There is no shortage of publications and good practice guides designed to tell managers and practitioners how to provide high quality residential and foster care:

- The National Minimum Standards for both foster care and residential care set out comprehensively the entitlements that every child who is looked after should expect from the place where they live.
- Every children’s home, residential unit and fostering agency, is subject to regular inspection, checking safeguards, the environment and ethos of the home or agency, staffing practice, issues associated with privacy and dignity for children, and more. Reports outlining improvements that need to be made are produced, acted upon and followed up.
- The government’s Choice Protects initiative aims to review how placements are commissioned and to help local authorities invest and improve foster care.
- The Healthy Care Standard developed by the NCB has amassed a solid evidence base about the health and wellbeing of looked after children. The aim is to develop a comprehensive set of standards which will promote a healthy care environment for these. The approach to health is holistic and includes a stable, caring environment where children and young people will be given opportunities to develop personally and socially, as well as receive quality health assessments and treatment.
- There is a growing body of research about the link between placement and outcomes for children and young people, and there are overviews such as the report by the Social Care Institute for Excellence about good practice in foster care.
- The residential sector has been the subject of many reviews and good practice guides, and there is an enormous amount of expertise to tell us how to provide the best environment for children and young people who cannot live at home with their families. Key features of a good placement are that the environment feels safe for the child, their physical, emotional and mental health needs are seen holistically, the plan for the child is purposeful, and attention is paid to their educational needs.

Such an impressive list shows us how much good practice guidance has been published. There is certainly enough written down, but there is evidence that despite the huge bank of written material, translation into practice isn’t consistent.

It might be argued that there is little that Blueprint can add to this wealth of guidance. The priority now should not be writing down more words but focusing on how to translate the words into practice.
The care experience: Being there

We have selected three key aspects about ‘being there’ where we feel we can add value - a sense of belonging, stability and school and education - because children and young people mention these time and time again as central to their concerns.

4.2 A sense of belonging

“People keep on coming and going. When you’re in the care system that’s just what life is.”

Young person

“I think that the system can work against children achieving a sense of membership in their foster families. A lot of our carers felt that they had no autonomy as parents, they couldn’t make day to day decisions. That was undermining to the carers, but it was also undermining to the children, in that it seemed to reinforce the sense that this isn’t quite family somehow, that this is something different.”

Adult

Belonging to a family network is a major contributor to helping children develop a sense of their own identity and of themselves as individual people.

Sometimes that sense of belonging can be maintained with the birth family from a distance, but if not, children and young people need help in making sense of who they are and where they come from. Young people growing up in foster care, or in residential care, often want to keep those connections with their birth families, despite difficult and painful memories of the past. There may be conflicting loyalties and complex current relationships such as living either with a group of other young people or with a foster family, including the foster carer’s own children.

The roots of self esteem for young people in care have been linked with the need for a sense of permanence.\(^2\)\(^4\) This sense of permanence has to do with how a young person feels, their sense of belonging, family life and of feeling secure. The notion of attachment is relevant: if young people are able to make relationships which enable them to look at past losses, they can gain a greater sense of security and a positive sense of self.

Race, ethnicity, colour and culture were central to identity and self worth. How these aspects of a child’s heritage, culture and personal reality were recognised by the care system made a critical difference to young black people - how they saw themselves, how they integrated as adults into their minority community, and how they were able to cope with discrimination. Being placed with carers who understood what they faced and who were able to help support religious, ethnic and cultural identity was important.

The idea of family as expressed by children is both idealised and realistic. Adopters are seen as ‘forever’. Children’s wishes for the future often include a return home to the ‘real’ family. At the same time children are realistic, particularly about their birth family. Although many may want to return, they often know that it will not be possible.\(^2\)\(^5\) Parents who were interviewed wanted to see more investment in support to young people in being reunified with their families – they believed that unbiased, collaborative help was essential if return home was to be successful.

Looked after children have to deal with difficult contradictions; they understand what family ought to be, but they also know from their own experiences that this is not always the case.

The children and young people we talked to spoke about the importance of feeling that they were a family member. They understood the difficulty of doing this when they had to adjust to a different culture, different rules, a past history that they were not part of, and a feeling of being treated differently from the foster carers’ children.

\(^{22}\) Chambers, H et al (2002) Healthy Care: Building an evidence base for promoting the health and well-being of looked after children and young people. NCB Publications

\(^{23}\) SCIE (2003) Knowledge Review No 4: Innovative, tried and tested. SCIE


The care experience: Being there

There is evidence that children think a great deal about difference, and their ideas of themselves and the separation from their family.

“Each family has its own distinctive style – customs about television, what happens at weekends, the use of space, in-jokes, implicit and explicit rules – and the nature of these taken for granted arrangements may only be apparent when newcomers join. There could be differences in ethnicity, in religion and in food. They could live in different towns and the carer’s children could support different football teams… Much was summed up in the reflection that ‘I was brought up in a different way’.”

Similarly, young people speaking about successful residential placements talked of feeling attached to a place, being part of it, knowing the staff, the rules and just general familiarity with the routine and how things worked. Experts in residential care agree that a critical part of successful care in this setting is helping children and young people feel that they ‘belong’ to the group, but that this should not mean losing sight of the individuality of children.

This notion of belonging in the residential care context, while different from the sense of permanence as referred to above, is a most important feature of the potential of these placements to enhance children’s emotional wellbeing. Children want a normal family life. Normal family things like pocket money, getting on with people in the house, going out at weekends, and so on, but also an understanding of their difference.

Being placed as a black child in white care settings where the young person stood out was a hugely negative, and a potentially damaging experience. Young people recognised that caring adults came in all skin shades, but they also recognised that being in a caring home was not necessarily sufficient to grow up secure and confident as black people and that love had to be fully integrated into supporting them with issues like identity, black history and so on. Young people also felt that it was not good for a black child to stand out in a white family and be subject to questions and possibly ridicule. Whilst some of the young people had experienced white carers who had been kind to them, the difficulty came when the young people moved outside of white circles and back with black families, networks and communities. Some felt that transracial placements ‘made children white’ culturally and potentially created adults who were more secure in white settings than in black.

“I was in a white foster home and the son of the foster carer shouted at me one day when I went to the freezer: “Hey, what are you doing taking more ice cream?” He was proper racist but nobody recognised that at the time. Then they moved me to London, to a black family, but it didn’t work because I’d gone straight from white to black. It was different; I had to do all this housework, in the white family you could just get up and bre-e-e-e-eze out.”

Implicit in creating a sense of belonging is the notion of accepting the child for who they are. Understanding that children who are in distress or have mental health needs may engage in risk taking behaviour such as misuse of drugs and alcohol, run away, or become aggressive or violent. Older young people spoke to us about some of the anti-social and disruptive behaviours they had displayed when younger, which they could now, with maturity, make more sense of. They understood their responsibility
The care experience: Being there

for how they had acted but expressed regret that more effort hadn’t been made to help them through difficult periods. They did accept however, that such efforts might not have been successful:

“I went missing for months. They never tried to find me. They wouldn’t have found me, I was somewhere else, but they could have tried harder all the same.”

Understanding children’s emotional and mental health needs is a key component to caring for children in care. There is recognition at a national level, with the investment in child and adolescent mental health services and the publication of guidance such as *Promoting the Health of Looked After Children*.28 But still many people directly caring for looked after children would benefit from more awareness, training and understanding of the mental health needs of children who may have experienced very poor parenting in the past.

**Try a different way**

24 hour helplines

Develop help lines for young people which are staffed by a mixture of professionals and young people. Many young people will take good advice from another young person, which they wouldn’t take from an adult.

The sense of belonging is about keeping lasting relationships which build security and emotional wellbeing. This will usually be through relationships with birth family members or with a foster family where the child is able to stay throughout their time in care. High quality residential provision, which has a clear purpose, can assist the child to resolve past problems in relationships and so contribute to long-term wellbeing.

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29 (2003) Notes from Blueprint residential seminar, attended by heads of residential units and therapeutic communities


**4.3 Stability**

“My social worker seemed to want to find me the perfect placement, so I kept on moving and moving – all over the country.”

**Young person**

“You feel like you should be able to predict how things will go but it’s not a science, and what can seem like the perfect match sometimes doesn’t work out for either the child or the foster carer.”

**Adult**

The children and young people we spoke to valued stability in the place where they lived. Staying in one place and making connections, being in a place with the same people, developing trust, feeling safe and supported, developing a sense of continuity were all important features in their vision of a child-centred system.

If children are to develop a sense of their own identity, they need to have a secure base from which to explore and to which they can return in times of trouble. A good placement can provide such a secure base, particularly in foster care, but also in residential care.

Older young people repeatedly recounted their experience of being pressurised to move out of foster placements or residential units before they were ready. For younger children the importance of a stable base may not be so well articulated, but is equally, if not more, important.

There is enough evidence to show that children and young people who experience stable, good quality placements are more likely to succeed educationally, be in satisfying work, manage their accommodation after leaving care, and feel better about themselves and others than those young people who have experienced movement and disruption.29
Research reviews\textsuperscript{30} have found that instability leads to poorer outcomes, possibly due to the negative effects of placement breakdowns. There has been much more focus on unplanned changes but even planned moves can be damaging if there isn’t attention on how to help children through transitions.

Secure attachment is a key building block for resilience. Attachment theory would suggest that good relationships in early life are the basis for emotional security and a positive sense of self.\textsuperscript{31} Children in the care system may have missed the experience of secure attachments early on and so been denied a good start. However, there is research to suggest that consistent, loving relationships later in life can help children develop feelings of security.

There was a belief from young black people working with Blueprint, and from parents who were interviewed, that not enough was done to support carers (including black carers) in understanding how discrimination and racism affect young people and how they, in turn, could appropriately support children and young people in the development of a positive identity and feelings of self worth. It was recognised that some black carers may themselves have unresolved issues relating to colour and race and have absorbed negative stereotypes about themselves or other groups of black people.

Conclusion

The key message here is that we need to create a range of high quality placement options for children and young people, which are well supported so that breakdown is minimised and, therefore, moves are reduced. Children and young people should be able to feel cared for, helped to understand their often difficult lives, their connections with their birth family, and helped to develop a strong sense of self.

A disturbingly high number of young people who contributed to the black and minority ethnic task group felt that some carers only fostered for the money and that a number made this clear to the young person themselves. They spoke of what it felt like seeing carers ‘barter’ with the local authority and listening to them threatening to stop caring for them if not paid what they were demanding. In other cases they heard their needs and behaviour being overstated in order to persuade the local authority to pay more for a ‘difficult’ child. For black children who already have to deal with racism and discrimination (and who are over-represented in care) the issue is more poignant. The general view was that there should be a set national rate paid to foster carers, with clear guidelines as to what amount was for the child’s pocket money, clothes, holidays and activities.

A substantial number of children who spoke to us wanted more stability and security. Providing more permanence in the system is seen as a priority for children and young people.

\textsuperscript{30} SCIE (2003) Knowledge review 4: Fostering Success: An exploration of the research literature in foster care SCIE

Messages for policy makers

Attention is currently being paid to establishing a quality residential sector and a professional foster care service as outlined by Fostering Network\textsuperscript{32}. The government’s Choice Protects initiative aims to undertake a fundamental review of children’s placements by researching, promoting and disseminating good practice in placement services, and is due to complete this work in April 2005. The key messages about stability and belonging should be incorporated into this review of placements.

We have much to learn from the model of social pedagogy, promoted in some European countries, in the provision of care. Social educators provide an emphasis on developing relationships with children, in not judging them as ‘problematic’ but looking at problem behaviours as an expected result of the difficulties children in care have to overcome, and in clearly identifying strategies to support emotional wellbeing. Social pedagogues are usually well qualified, have high status within their communities and have a clear therapeutic role.

Key recommendations

- The following key points should be included in the Choice Protects review as ways of contributing to a child-centred placement service

- Most children are placed with either foster carers or in residential care at short notice, and there is rarely a choice of placement\textsuperscript{33}. Children and young people want to be involved at this stage. The work on commissioning in the Choice Protects review should clearly outline the requirement for children and young people to be much more involved in their choice of placement

- Kinship care or fostering by relatives or friends can help children and young people build on existing attachments, keep connections with birth families, and avoid the need to move children from their community or be placed with strangers

- Childcare agencies need both financial support and clearer guidelines to adequately support relatives and friends carers in a coherent framework

- There should be a regional strategy for planning residential provision. Residential care is a positive option in placement choice. All residential provision should have a clear purpose, grounded in child-centred practice

- The potential of social pedagogy should be explored in developing a different approach to provision of care

- In examining foster care provision, there should be a consideration of a national basic rate for carers, and a consistent approach to delegated decision making.

\textsuperscript{32} Fostering Network documents and history of lobbying, standards etc
\textsuperscript{33} SCIE (2003) Knowledge Review No 4: Innovative, tried and tested. SCIE
Behind the front line service and direct care givers are a number of barriers and competing priorities, which prevent the provision of a child-centred placement service. Not least amongst these barriers are cost, lack of time to assure the quality of placements, and difficulties in establishing a large enough foster care pool to adequately meet demand. These are not new challenges but, nevertheless, there is a continuing need to invest in systems to ensure the quality of placement services and increased investment in foster care.

The factors determining placement choice are very complex. A number of variables have to be considered – location, proximity to family, school, value for money, relationships with carers and so on – and some may conflict with others. Children and young people want to be more involved in decisions and can help determine priority needs. Childcare agencies should consider putting in place mechanisms which bring young people into the placement selection process at an early stage. The choice between residential care and fostering should not be made prematurely or based on the ideal – the reality of what is on offer must be a consideration in balancing needs.

Delegated authority to those providing direct care to children and young people would allow them to be more flexible and responsive to children's wants. There is a need to review who makes which decisions for children in care, and to follow a model of enabling carers to make decisions about the day to day care of the children they are looking after.

Key recommendations

- Creative ways should be found to involve children and young people in the placement process from an early stage.
- Children and young people should be fully informed about how decisions concerning the placement choice have been made and contribute to that choice.
- Decisions about children's day to day care should be delegated to those who directly look after them – foster carers or residential workers.

Try a different way

Child held budgets

Children and young people of a certain age could be involved in the decision making about how money is spent on their care. An advocate or chosen supporter would need to be involved. The budget would probably not be handed over to the young person, but in making choices the young person would be given full information about costs, including placements, therapy and so on. The framework would have to be tightly managed but the concept of full involvement is an exciting one.
4.4 School and education

“Young people in care must stop being labelled as ‘losers’ by teachers and encouraged to do well.”

Young person

“When you ask children, ‘What’s your experience of school?’ those who were at risk of exclusion would tell you for an hour about all the things that had gone wrong, children doing well would tell you what was going well. Our work was to try and construct for young people, some positive experiences from what they saw as a very negative one.”

Adult

Children and young people spoke about school and how they were viewed by fellow pupils and by teachers. They spoke about wanting to feel part of the school and not treated differently. They gave examples of feeling that expectations of them were low, and that they wouldn’t achieve any academic success, and also of instances where they received sympathy, but in a way that made them feel as if they could get away with too much.

Education was viewed by young black people who attended the black and minority ethnic task group as critical to their life chances and as a route out of poverty. All of the young people in the group wanted to succeed, to have a good job and, in time, to be good parents to their own children. They were however, highly critical of the education system which they felt especially stigmatised black young people. They spoke of school exclusions just before GCSE exams or key stages, being stereotyped as trouble makers, of teachers unable to relate to black young people and of a school system from which black people and black issues were largely excluded. Most of the young people had dealt with and often
overcome the most challenging of circumstances - being separated from families as a result of asylum, dealing with parent's mental ill health or addiction, rejection, abuse, pregnancy, changed placements, loss of siblings and similar matters. They felt that these realities were not understood or supported by some schools and that they were merely expected to perform and to behave regardless of the chaos affecting their young lives.

“Teachers need to watch out for young people in care in a way which encourages them, not makes them stand out.”

**Young person**

Research undertaken by the Who Cares? Trust records positive experiences for children in care with their finding that the majority of school age children felt that being in care had improved their performance at school. They found that the first few months in care were the most disruptive with children and young people more likely to feel negative about school, more likely not to be attending, and in need of additional help to catch up if they have got behind. But as the length of time increases, greater stability is reported and at least half the children who were in foster care in this sample said they enjoyed school most of the time.

There has been considerable attention in recent years to improving the educational attainment of looked after children. Government guidance has been issued, and increased investment and time has been spent to try and improve performance. A number of measures have been put in place both to raise awareness of the importance of achieving and support children and young people in studying. For example, there has been introduction of Personal Education Plans, a designated teacher for looked after children in every school, and encouragement of celebratory events for achievement.

The NCB has evaluated the success of some of these initiatives in four authorities and has given a positive message. There was evidence that young people were positive about their educational progress, and that they identified the encouragement from foster carers and residential workers as key elements in their progress. Improvements in their self esteem, psychological wellbeing and resilience were also found in the evaluation.

The Social Exclusion Unit (SEU) report identified ‘five key reasons why children and young people underachieve in education: instability; time out of school; help with school work from within school; help and encouragement from carers; and the influence of health and wellbeing’.

As well as achieving academically, school is tremendously important in helping children and young people to develop high self esteem and resilience to other negative experiences that may be going on in their lives. Opportunities to play a part in the school community and a positive experience of school, not necessarily achieving educationally, but having a role in some other way, are associated with emotional wellbeing.

Sinclair makes the point when he says:

“School was crucial. Kids that were happy at school did much better in our study and it’s a place where personal happiness is mixed with social happiness.”

The SEU report has built on the work undertaken over recent years to produce a set of recommendations to be implemented at a national and local level, to increase academic success for children in care.

The report identifies the following five areas for action:

- greater stability with less placement changes for children so that they are less likely to move schools
- children should spend less time out of school and stay longer in education
- children need more help with schoolwork with more individual support backed by more training for teachers and social workers
The care experience: Being there

- children need more help and encouragement at home from carers
- educational outcomes are strongly influenced by children’s emotional, mental and physical health, and attention to their needs in these areas will improve their progress educationally.

Because the SEU report is recent and comprehensive, the Blueprint messages simply build on the considerable work going on in this area.

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Messages for policy makers

The accountability framework as described in the green paper will help to give priority to educational achievement for children in care. We would highlight one of the identified areas for action – improving understanding of care and attitudes to those in care – as a key area. Investment in training for teachers, school governors and so on will be crucial, as well as promoting a positive image of care nationally and supporting similar initiatives at a local level.

Young people themselves are keen to be involved in promoting a positive image and presentations from young people to, say, groups of head teachers, can be very powerful in shifting attitudes.

Key recommendations

- Work to promote a positive image of children who are looked after should be led at a national level and focus particularly on schools. The image and stereotyping of black young people needs particular attention.

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Social Exclusion Unit (2003) A better education for children in care SEU
Emler, and SCIE – Rutter, Gilligan, Schofield
Sinclair, I., (2003) Submission to Blueprint creative thinking group
Messages for practitioners

Encouragement, interest and support from foster carers and residential workers have been found to be the most important factor for children to achieve more in school. For children and young people who are less likely to achieve academically, finding other areas for potential success, both inside and outside school, are important.

Close attention to how children are experiencing school is important, so that if there are difficulties they can be addressed quickly and before they escalate.

Key recommendations

- Those providing direct care to children and young people should continue to make efforts to show interest in helping them have a positive school experience, both in academic achievement and in other areas of their school lives.

Messages for managers

Closer joint working between education and social work professionals should take place as a result of the creation of Children’s Trusts. There is an opportunity for these new childcare organisations to give priority to children who are looked after, providing more attention and resources to support a successful school experience.

There is already much greater investment in promoting educational achievement within childcare agencies and the new trusts will provide a structure to build on the many programmes and initiatives that have emerged over recent years.

Providing training on child-centred care for teachers and social workers, which involves young people, has been found to be beneficial.

Key recommendations

- Managers should work in partnership with young people to promote a positive image of children who are looked after, providing presentations and training to school based staff

- The National Minimum Standards for Residential and Foster Care give direction about the involvement of carers in a child’s school, and this can be furthered by local training and support.
The care experience: Moving on

“The have a good stable home and a good stable relationship and a good job, and maybe a good two or three children.”

“They can look after themselves and make responsible decisions.”

“They have settled down and got on with life and put the past behind them.”

“Nothing can show someone has ‘made it’, you have always got things to build on.”

Young people’s responses to the question: “What tells you that someone has made it as an adult?”

“For most young people there isn’t the support afterwards and then you get the foster children saying ‘Well I suddenly realised that they were only doing it for the money, because they didn’t want to keep me after this time’.”

Adult

Young people we spoke to had a clear picture of what they want to achieve and the kind of help they would need when leaving care. They had very firm ideas when asked what tells you someone has made it as an adult.

Research studies and overviews published during the 1990s,41 and the regulations and associated guidance of the Children (Leaving Care) Act 2000, have created a better understanding and a framework to focus on the need for preparation and support of young people leaving care.

The development of the current framework for leaving care services is a positive step. It requires local authorities to provide financial and practical help, support through a personal advisor, help young people find suitable and safe accommodation, and help them to go on to further or higher education or find employment.

There is a recognition that young people should be more closely involved in the planning process and should have more choice in, for example, who is consulted and where they should live. Contingency planning should be built in. Attempts are being made to give more attention to identity and self-esteem. The framework demands a greater certainty over what young people can expect at a time of uncertainty and stress.

Try a different way

Taking risks

Establishing a culture in leaving care teams where risk taking is understood and young people are helped to manage chaotic lifestyles without feeling punished. This will involve developing a better understanding of what is going on for young people, work with specialists in areas such as mental health, drug counsellors and so on, and offering training and creative workshops.

The young people we spoke to were generally less likely to have felt the benefits of this new legislation because only a small number would have been in the age group to have benefited from it. However, their vision for a child-centred approach at this time included helping young people understand their past; living in a safe and stable place; receiving continuing support after they were 18 – both emotionally and practically - and ensuring that leaving care is gradual and not sudden. A number felt they had been ‘kicked out’ at too young an age and become isolated and sad.

“I thought being in care was bad until I left. It got worse, I had no idea how bad it was going to be on my own!”

There was evidence of patchy relationships with workers during this period. Whilst some were positive, other young people wanted a more nurturing and caring approach. Some felt that the social workers had been punitive and that if they messed up or made a mistake, there were no second chances. We were told:

“Things tend to go well for a few weeks, then they mess up. Professionals can tend to overreact – I mean it’s just a problem!”

“it would be really good if one person or thing stayed the same.”

And:

“We could have a say in when things do change.”

For black young people growing up in a complex world as ‘minorities’ and where life chances and opportunities may be influenced by race, class and gender, effective support was identified as crucial. The need for effective adult workers able to relate to the experiences of urban black and minority youth and to understand personally the issues and realities they face seemed increasingly important. Young people wanted practical help and assistance and to exercise choice, but they also wanted emotional support, guidance, advice and friendship.

There is a recognition in the guidance that leaving care is not separate from the experience of care itself. While in care, young people want to be supported in developing personal and social skills to prepare them for adulthood. Young people need help in getting to a position of feeling good about themselves and to reject stereotypes about care. As part of the process, they will need as much information as possible about their background, presented in a way that draws on what is positive about their past as well as accepting the difficulties.

What has changed as a result of the legislation?

Given how new the legislation is, detailed evaluations on its implementation are few. At the moment the main evidence of the leaving care act’s impact on the lives of care leavers comes from statistical and anecdotal evidence. However, there is some positive evidence from one published study. According to Broad:

- 31 per cent of care leavers were in further education
- 29 per cent were unemployed, compared to 51 per cent in his previous 1998 study
The care experience: Moving on

Try a different way

Get your story right

Build up a portfolio or folder for the young person as they approach the time of leaving care. Spend time working with the young person to look back at their childhood and things that have happened. Go through their file, find photographs from extended family members, seek out staff from the past who have worked with the child and allow the young person to interview them. Ask people to write things, keep tapes, visit places they have lived, make a video.

This is not a replacement for life story work (although for some children this may not have happened). The idea is that this is a key stage in their lives to help young people understand and make sense of their story, to view their history as a young adult, to find a story that they feel comfortable with and can live with, one which will enable them to look forward to their future.

This could work particularly well for disabled young people.

- clearer payment structures have been created
- 60 per cent of those eligible had a personal adviser and 73 per cent had had pathway plans developed, which is an improvement on previous research results
- there was evidence of widespread variation in the funding arrangements with income continuing to be a preoccupation for young people leaving care. Payments were used in a discretionary way as sanction and reward.

But other results from this study were less positive, such as the development of health care, and particularly services for asylum seekers where it was suggested that, “in most instances where services were already inadequate, they continue to remain so”.

Government statistics also look at outcomes for care leavers in terms of accommodation. Thirty four per cent of care leavers in March 2002 were living independently at 19 years of age. This statistic suggests that this group of young people are expected to be independent at a relatively young age, and links into a broader range of concerns which remain despite the new legislation.

A conference for practitioners and carers held by the North West After Care Forum in May 2003 found that many leaving care teams and foster carers still felt that young people continued to be pushed towards independence too soon. One person said:

“Conflicting agendas and a lack of clear guidance and established procedures seriously hindered [discussions of post-18 placements] even when this might be the preferred option of both the young person and their carer.”

There is evidence that many young people still feel inadequately equipped to be independent, especially with regard to finances, and that some continue to feel isolated.

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44 NWAF forum (2003) Improving Outcomes
“Some people treat asylum seekers like dogs.”

and

“Social services people have bad heart – I wouldn’t tell young people to go to social services, they are very bad.”

Some young asylum seekers spoke more positively but it is still clear that despite the efforts of a small group of local authorities who have provided services under huge financial constraints, sufficient funding from central government and a more child-centred approach to unaccompanied asylum seeking young people is needed as a matter of urgency.

Conclusion

The Children (Leaving Care) Act 2000 has brought some positive changes, for instance in the area of networks and supports. Personal advisers seem to have been welcomed by young people. Some local authorities have taken seriously their responsibility to be proactive in keeping in touch with care leavers.

The full picture will become clearer as implementation of the Act is fully evaluated. It is bringing positive change but anecdotal evidence reinforces the message that leaving care must be done at the pace of the young person, and that financial packages should be clear and consistent as well as adequate.

Overall, the message is that there are still young people who leave care and face difficulties, including poverty and isolation for some. There is a need for pathway planning to address the emotional and social needs of young people in addition to practical and financial arrangements.

Try a different way

Peer mentoring

This involved appointing young people who have left care and been successful in establishing an independent lifestyle, to assist and support others who are learning to deal with both the practical difficulties and the feeling of isolation. Young people respond very differently to other young people who have had similar experiences, and there is often a willing pool of enthusiasts available to take on this work.

User-friendly information on packages of care for leavers remains patchy, which can only exacerbate feelings of uncertainty over independence. Also, there are large discrepancies in the financial packages on offer amongst the different authorities.

Other evidence indicates that young people could be more involved in developing and shaping after care services. Their lack of involvement seems particularly disappointing given Blueprint’s experience of this age group as articulate and committed to improving services.

There are clearly particular difficulties for young people with uncertain refugee status. The confusing and ever-changing regulations in this area have led to huge variation in the support offered to asylum seeking young people when they turn 18. The young refugees who spoke to Blueprint told horrendous stories, and of having to cope alone in this country in a way which would no longer be tolerated for other young people, in or out of care.

They spoke of the mood of discrimination in the country as a whole and the clear message they received is that they should be happy with what they were offered.

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NWAF forum (2003) Improving Outcomes

Hayes, D., (2002) Councils slow to apply act as care leavers continue to struggle Community Care 17 October 2002
The care experience: Moving on

Messages for policy makers

Following evaluations of the impact of the Children (Leaving Care) Act 2000, the Department for Education and Skills should review the level of financial support for young people leaving care. There are indications that despite this legislation young people are still living in poverty and unsafe accommodation. Practice and funding arrangements are inconsistent, depending on local discretion of managers.

Key recommendations

- A concerted effort to establish an equitable service for unaccompanied asylum seekers must be undertaken as a matter of urgency
- The government should review the level of funding to young people leaving care and ensure equity of provision between local authorities
- Young people should not be placed in bed and breakfast accommodation.

Messages for managers

A wide range of services and routes towards independence is required if individual needs are to be met. A much more holistic and flexible approach is required, building on existing relationships, coupled with an acceptance that things may go wrong, and young people may need a second (or third or fourth or fifth) chance.

Closer working with housing departments is required in some areas, with an acceptance corporately that the local authority is responsible, as a whole, to ensure that young people are living in safe accommodation.

At this age it is even more important that young people are fully involved in the planning for their futures, and that this is done in a way which maximises choice and control and assists in making them able to deal with challenges they face as adults.

Key recommendations

- Local managers should ensure that multi-agency support is available to help young people who have left care, including education, housing, general health and, particularly, mental health specialists
- The routes to independence must recognise the needs of individual young people and allow them to determine their own pace
- The support provided should consider the existing relationships that young people have and enable them to continue into adulthood.
This group of young people can be positive to work with. They are at a point of maturity and understanding of their past which can lead to successful outcomes and be exciting.

The wellbeing of young people leaving care is dependent on two key aspects: emotional support and practical help. Practical and financial support is crucial, but young people at this stage also need help in reviewing their past and making sense of their childhood. Helping young people to look back in order to go forward is a key responsibility for personal advisors.

**Key recommendations**

- Young people leaving care need a skilful mix of nurturing, understanding, encouragement and provision of good information. They need personal advisers who are flexible, prepared to work in an unconventional way at times, available, and able to assess and work at the young person's pace.
“There needs to be someone for every young person in care who they trust. This needs to be the same person throughout.”

Young person

“If I had to say just one thing that would make a huge improvement on what we’ve got now, I would say that it should be that we provide one constant person for every child in care. And then you look at what we’ve created and you find it’s the one thing we consistently fail to provide.”

Adult

The importance of good, strong relationships for children who are looked after cannot be overestimated. In discussions about almost every issue with young people, relationships emerged as central.

Keeping going relationships with their parents, brothers and sisters, grandparents, aunts, uncles and other family members must, they say, be a key feature of a child-centred system.

There is a body of research about children who are looked after, which demonstrates the positive effects of good relationships on a child’s development. High self esteem, resilience, and positive outcomes are associated with a child having at least one high quality relationship with an adult in their lives.

But children and young people have said that they often felt blamed if a relationship didn’t work, as if it was entirely their fault, and their responsibility.

6.1 Family

“I’d tell a young person coming into care that sometimes it’s good, sometimes it’s bad. You miss your family.”

Young person

“There is a need to distinguish between contact with different family members, for different purposes and in different contexts. It is an area for thoughtful proactive social work and professional discretion.”

Adult

A number of young people spoke about the complexity of maintaining a relationship with parents who they felt had rejected them or didn’t care about them. They understood that it could feel as if the same person who had abused them, had also loved them, and that there was no easy way of describing these feelings. Despite the contradiction, they consistently spoke about keeping a link. Feeling connected to brothers and sisters throughout their time in care, even when it was recognised that they might not get on well at that particular time, was also of special importance for children.

In one research study the reasons for identifying their birth parents as important to them were quite simply that ‘she is my mum’ or ‘he is my dad’.

In the same study, the symbolic importance of brothers and sisters was highlighted. Much of the key research in England stresses the importance of family.

But the research also identified the conflicts for families in maintaining contact, particularly in instances where the contact was supervised and


Adoption is far more complex for black children, particularly given that many older black children will never be adopted and many younger ones will be placed transracially. Many of the young care leavers who attended the black and minority ethnic group would not have wanted to be adopted, whereas for others it was not an available option. It seems that black children with two black parents often came into care at a later age, whereas those with one black parent were over represented in the system and entered care at a younger age or had episodes of care throughout their childhood.

In policy terms a drive for increased adoption may be more appropriate for some ethnic groups who can take as a given that the adoptive home will reflect their origins and sustain their sense of identity, than for others. More flexible ways of ensuring permanency need to be developed, and especially for those children who may spend a long time in care, but for who the family will remain critical and be the base to which they may return in young adulthood.

The evidence that it is possible to help children and adults to gain emotional security through supportive relationships emphasises the need to ensure continuity and long-term relationships for young people in the care system.
Try a different way

Relationships: Start with the child
There is a need to rethink relationships, old and new, and to start with the positive attachments that children have. We need to think more broadly than looking for a substitute or replacement family.

For example, when choosing a placement for a child, the focus should not be on whether the placement is residential or fostering, but on what kind of relationship the child needs. What kind of relationship would add to what they already have? Again, direct work with the child is crucial at this time, but often gets lost in the mountain of processes that take place when a child is either coming into care or moving placement.

One study of children in foster care\(^5\) suggested that the differing complex relationships between a child and family members should be recognised. Parents interviewed and cited in the review wanted to see more resources put into family mediation to help resolve issues and ensure that young people are not isolated from their past lives.

There is a need to recognise the tensions around loyalty, and to distinguish between contact with different family members and for different purposes. Some children may want contact with some siblings, but not with others, with one parent, but not the other, face to face in some instances, and indirectly in another place or time of a child’s life. Keeping the connection is possible through indirect contact even when face to face contact may be destructive.

Above all else, children need someone to be attentive to their wishes and to help them make sense of the conflicting feelings they may be experiencing.

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\(^5\) Lindley, B., 2003 Submission to the Blueprint creative thinking group representing FRG

\(^6\) SCIE Knowledge Review 5 (2003) Fostering Success


“[If I met a young person who was about to come into care, I’d tell them] what is the problem with their family, and then why they need to leave, because it might be scary sometimes when you might really want your mother or family.”

**Young person**

**Overcoming barriers: Maintaining relationships with family**

Many of the things that prevent maintaining family links seem very straightforward:

- money to pay for the expenses of travel
- social work time to make the arrangements which may need detailed working out if there are a large number of people who should remain in touch with a child
- time and people to supervise the contact if required
- a good venue; somewhere that is comfortable for both children and their parents.

Other barriers are less easy to overcome:

- tension or conflict between carers and family members, or social workers and family members
- negative views from social workers about birth families and, therefore, the benefits of contact
- a lack of understanding about the complexity of contact
- clarity about the purpose of contact
- a history of contact that appears to be distressing for children and is therefore discouraged, or seen to be not in a child’s best interests
brothers and sisters placed some distance apart

attachments for very young children which are difficult to assess and may be overlooked

families letting children down.

Conclusions

Family relationships are complex, whether they be by blood ties or not, old and new, and children and young people are expected to deal with this as a matter of routine. Very young children do so daily at different levels and with layers of confusing relationships and the associated tensions. As adults many of us would struggle to do this without the support of an army of friends and a few counselling sessions along the way.

As with much of this document, the solutions are not original, but require us to shift our priority to seeing a child’s perspective. This means putting oneself in their shoes and thinking about how to maintain family relationships. We need to really respond to what children say about contact and appreciating that a settled relationship with their birth families will help them develop a positive identity. We need to help them to understand when they may not be able to be in touch, and find ways of keeping the connection going through indirect contact.

Messages for policy makers

The emphasis on contact with birth families is a priority. The implementation of the Children Act 1989 has had an impact in increasing the amount of contact between children and their birth families. One research study found this to be fourfold in families where contact is happening, but the proportion of those in care without any contact has remained the same, at one third.

Government departments could continue to build on this positive direction by providing resources to support contact. Contact centres are being encouraged and this approach could be developed.

Key recommendations

- The government should review funding arrangements for contact between children and their immediate and extended families

- The expansion of contact centres should take account of the needs of looked after children for contact in a safe context, and with an understanding of the complexity of contact arrangements.

53 Cleaver, H., (2000) Fostering family contact The Stationery Office
Messages for managers

Social work time has become an increasingly rare commodity. Facilitating good contact with families and helping children make sense of their family relationships takes considerable time. We have reached a point where direct work with children has been given too low a priority.

The choices for managers who want to do something about this are plain – either we need to get more people or we need to give direction to social workers to stop doing something else.

There are only so many hours in a day and something has to give. We have to accept that some of the other activities will have to give way, if direct work is to be prioritised.

Key recommendations

- prioritising spending on contact
- supporting a more focused approach to contact with families
- allocating funds for specialist posts to support contact arrangements
- finding ways to allow practitioners to spend more time with children, getting to know and understand better the contradictory feelings they face, and divided loyalties that may get in the way of positive contact with families
- allocating more social work time to attend to the conflicts with parents who may be hostile to foster carers
- creating information systems which enable young people, at a later stage, to find relatives and friends who are important to them
- training for social workers in direct work with children.

Messages for practitioners

We need a renewed enthusiasm for contact which recognises the importance of family. Front line practitioners should work with children to respond to their individual needs and wants, and if the child is in agreement, ensure they have regular contact with at least one member of their family. No child should lose touch altogether, whilst recognising that for some, the contact may be indirect and distant.

A clear and explicit understanding of the significance of maintaining this relationship with financial and practical assistance is needed.

Children should be encouraged to identify who is important to them within their network, and draw up a picture so that work can be undertaken to strengthen or renew links. Relatives who may have been more distant should be approached to take on more of a key role and helped to understand their role in helping the child feel connected with their family.

Children with restricted communication need an agreed family contact plan which is understood and supported financially, so that face to face contact can take place.

The needs of asylum seeking young people to keep a connection with family members living in another country should not be minimised.

Key recommendations

- All children who are looked after should be helped to maintain a link with, at least, one member of their birth family.
Relationships: With family, with friends, with professionals

Friends

“Young people should be allowed to contact their friends whenever they want, for free.”

Young person

“It’s a problem in the way professionals can define relationships as good and bad, important and unimportant, (like bad friends), without taking the view of the child into account. A ‘bad’ friend can become very supportive in some ways.”

Adult

If relationships with family are allowed to dwindle and fade, then those with friends are likely to disappear altogether. Children and young people spoke of losing significant friendships at key times in their lives, just when the support and comfort of a close friend would have been invaluable.

For young disabled children and young people the separate existence from peers and lack of friendships in their lives can be stark. The disabled young people we spoke to frequently emphasised the importance of friends and of their feeling that because they were disabled, their need for friendships was minimised.

“It’s important to be with people like me and to be able to stay in touch with those people.”

Young disabled person

Teenagers, too, felt this separation acutely. Young people of this age place enormous value on their peers and this is no different from those who are in care.

Research evidence suggests that most social contact arises out of routines. Social contacts usually occur in a child’s own home, in somebody else’s home or at school.

Try a different way

Friendship fund

Allocate a friendship fund for every child which they can use to telephone, text and offer help with travel costs. Recognise the carers’ responsibility to introduce children to other children through local facilities and provide the money and practical support to help them do this.

“When it comes to our social lives, and our relationships with others, you can either say we’re economists or we’re lazy. It depends on having routines, most social contact arises out of routines, so you’ve got to ask, what sustains routines, and where do the contacts occur?”

So for children who may have had a number of placements, the chances of losing friends is high, and the difficulties of helping them maintain friendships are exacerbated. To sustain a network, there have to be conditions where a child or young person will routinely be in settings where there is continuity, stability and predictability. This takes time and planning.

Children and young people spoke of the difficulties in inviting their friends back to their homes, because of feeling different and having to explain their situation, whether it is residential or foster care. There are difficulties also in visiting friends in their homes. For example, they felt the stigma of their situation, that they would have to explain, and face possible prejudice from the parents of friends.

The benefits of a good friend can be enormous, in helping children and young people develop confidence, self esteem and the ability to cope. Friendships can allow children and young people to have reciprocal, more evenly balanced relationships. As adults, we realise the importance in our lives of having someone to talk to, and of the therapeutic value of talking through problems with an equal. A number of children and young people spoke of caring about...
friends and enjoying the feeling of someone depending on them, even in small ways.

“Friends are important to me. I do not have family in this country and I cannot see my family back home. I like going on the computer to make friends with people from Kosovo.”

Young people felt that carers or residential workers too often tried to choose who was a good friend and who wasn’t. They talked of situations where they felt that they couldn’t be trusted to choose friends wisely, and where the expectation seemed to be that because they were in care, they were more vulnerable to being exploited by friends. They spoke of wanting to be allowed to make mistakes in choosing friends.

One young person spoke about a friend on drugs:

“What my foster carer didn’t realise was that I wasn’t going to take drugs myself, but I still liked seeing her. It wasn’t all one way – I wanted to help her get off the drugs as well.”

Reciprocity is a key feature of relationships. We aim for a balance of exchange in social relationships, so that neither side is seen to be taking advantage of the other. There are implications for the way children who have experienced damaging relationships in the past are able to enjoy this reciprocity with their peers.

Conclusion

Friendships have been identified as very important for children and young people. A strong connection with peers, a best friend, a feeling of being part of a social group – all are key components to the development of emotional wellbeing, resilience and high self-esteem.

Try a different way

Keeping friendships on the agenda

Ensure that attention to friendships is a key feature of every child’s care plan. Friendships are a key indicator of children’s wellbeing. It is worth noting that a number of young people spoke of their pets, and included them as friends.

Messages for policy makers

Within the documentation and materials that are produced in government departments, a focus on the importance of relationships, including friendships should be highlighted.

There is also a debate to be had about how friendships for children and young people in residential care can be maintained, given that they live in a setting which is so markedly different from that of their peers.

It is interesting to note that at the European seminar, representatives from other countries talked of it being routine for children to invite friends to stay overnight at their children’s homes. Why is this less common in this country? If we could work with young people to identify the reasons why they don’t invite friends back so often, it is likely we would improve the care provided in the home.

Key recommendations

- The Children Act guidance on contact should be strengthened to encompass broader relationships, including friendships
- A policy lead about enhancing friendship ties is needed, starting with clarity about overnight stays as recommended by the Children’s Rights Director, National Care Standards Commission.

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55 Emler, N (2003) Submission to Blueprint creative thinking group
56 Bostock, L (2003) Submission to Blueprint creative thinking group, representing SCIE
## Messages for managers

Location is important and being placed even a bus ride away from friends can be a barrier. The difficulties of finding local placements will not go away, but more time could be spent in addressing the implications of broken friendships as a result.

For disabled children and young people, transport is a huge barrier, either because of physical disabilities, but more often because of learning disabilities, where it may not be safe for a child to travel alone.

### Key recommendations

- Money and practical help should be allocated to support friendships taking account of young people’s individual needs, such as transport for young disabled people.

## Messages for practitioners

Time and energy needs to be spent on getting to know children and young people well enough in order to support the friendships they have, financially and practically. The now familiar message about understanding what is important to children and young people holds true here.

Children would benefit from more clarity about where the responsibility lies for helping to establish social relationships. It is probably best suited to the role of foster carer or residential worker with day to day responsibility for children and young people’s care as they are more likely to be able to support the routines that provide the basis for friendships. This responsibility should be explicit.

### Key recommendations

- Helping to develop and maintain friendships should be included as a key part of the caring task and in promoting children’s wellbeing.
6.3 Professionals: Social workers, foster carers, residential carers and others

“I would have liked them to sit down with me and have a conversation for more than 15 minutes. Instead of telling me what they were going to do with my life, find out a bit more about me.”

Young person

“Young people are eager to know why you spend time with them. Is it because you are a professional, getting paid for it, or is there something about ‘them’ that makes them special?”

Adult

Children and young people had a great deal to say about their relationships with professionals. They expressed only too well, how their lives were made more difficult to deal with when the professionals were constantly changing.

“I tell social workers to READ THE FILES! I hate having to retell my story every time I get a new social worker – it upsets me. I’ve had about seven social workers in the last five years.”

Both in this project, and in other studies, young people have been clear about the qualities in professionals that are important to them. Very simply, they would like to see professionals who are reliable and keep promises; provide practical help; take time to listen and to respond; and see their lives in the round, not just the problems.

“Social workers should be less defensive, be more accountable for their practice and get paid more.”

Young people spoke about good relationships with practitioners that they had experienced, and how helpful this had been.

“I have support when I am unwell, lonely or sad.”

“I’ve had a lot of social workers – a good social worker doesn’t try and do everything for you. The social worker I have got now is good – she helps me help myself.”

Many, however, had experienced losing these good relationships and one of the strong messages was that they would like to be able to keep in touch with professionals with whom they had made a bond in the past. This is clear from the work of the Choice Protects team who reported that young people said they wanted to keep in touch with past carers.

Young people attending the black and minority ethnic group welcomed the increased number of black social workers and felt they had a valuable role to play and could better understand their needs and advocate positively for them. Black people wanted continuity of social worker and this was especially important for young people who had no family in the UK or who were estranged from them. The constant turnover of social workers and the increased use of short-term agency staff affected young people who believed that they had little to gain from forming emotional attachments or relationships.

The young people wanted social workers to reflect the wide ethnic, religious and skin colour diversity of the black and Asian communities and for this also to

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Quality of relationships with professionals

As well as wanting a consistent and lasting relationship, children expressed views about the quality of the relationship, and the lack of warmth they felt from people working or caring for them. They wanted to feel ‘cared for’, liked and special, but were unsure whether this affirmation should come from their social worker, their foster carer or their residential worker – or someone else entirely.

“Social workers must remember young people are human beings.”

It was identified that we are working in a culture where emotional distance is seen as an essential part of a professional approach. On a very simplistic level, warmth and emotional involvement, certainly physical affection, is frowned upon. The emerging knowledge from past abuse scandals has had an impact on the way we work. This isn’t to suggest that we should discard important lessons about professional boundaries. But it must also be recognised that children and young people need warmth and affection to flourish.

There is confusion and differing expectations about what can and should be provided within the social work role. As with advocates, there are opposing views about how professionals can establish lasting, trusting and committed relationships with children. They cannot be the child’s friend, but for children to benefit professionals have to provide some of the qualities that a friendship provides.

“Social workers should be understanding, ask young people how they are feeling, don’t single them out, explain things, earn your trust.”

The children and young people we spoke to expressed a strong wish to have a relationship with someone who wasn’t a professional, someone who wasn’t paid to be there, but who could still have a guiding role.

59 Sinclair, I (2003) Submission to Blueprint creative thinking group
This would be someone who understood the system and could help them, “someone to educate you about the world” as one young person put it; someone who was committed to them for who they were, and who would stick with them, remaining constant throughout turbulent years. It was important for young people that this should be someone the young person chooses and they could have more control within the relationship.

Conclusion

A very clear finding from Blueprint is that we need to put much more systematic attention into helping children and young people establish (at the very least) one relationship, with a key person, which lasts throughout the period they are in care. Workforce shortages are the biggest barrier here which will not be resolved in the short term. So we need to compensate and find creative ways to ensure that children and young people can develop, and hold on to quality relationships with a constant person who is there for them over a considerable period of time.

Try a different way

BFG (Big Friendly Giant)

Every child who is looked after should have a person who remains in contact with them throughout the period they are in care and beyond. This person (named the BFG by one young person) should be chosen by the child and could ideally come from their existing network. If there is no obvious candidate then the child would be helped to find someone, possibly someone who has worked with them in a professional capacity, or someone who is specially appointed to be their BFG.

There would need to be safeguards and the relationship should be explicit.

We would need a way of checking that every child had such a relationship and that it was a helpful one.

Messages for policy makers

Good relationships with professionals are squandered. Children and young people want to be able to maintain relationships with staff that have worked well. From a staff point of view the main reason for cutting off contact is not the use of their time, but a view that maintaining relationships is unprofessional and lacks boundaries. We have to find an open and explicit way of allowing good relationships to flourish which is accounted for within staff time, even when they move from one authority to another.

A national approach to this is necessary and work should be undertaken in developing a framework, which allowed practitioners to maintain a relationship with children they have worked with. Their role would need to be clarified. It’s not straightforward and would need detailed working out, for example how to accommodate the relationship when staff change role, move into the voluntary sector etc, but it is a child-centred approach and is worth exploration.

We are working in a culture where emotional distance is seen as an essential part of a professional approach. We recommend that there is more investment at a national level and locally in training of staff and that there is much to be learned from the social pedagogic models of care in Europe. Clearly, the context is a different one, but the evidence we saw suggested that the approach in some European countries enables workers to understand and support children’s emotional wellbeing. Key features were the emotional language they use, their understanding of child development and children’s behaviour, a more positive view of children and a less risk-averse culture. The message here is not to try and replicate the social pedagogic tradition in this country, but to learn from European practice.
Key recommendations

- A national framework should be developed which allows practitioners to maintain relationships with children they have worked with when they both want this.
- The new Children’s Workforce Strategy as proposed in Every Child Matters should examine and learn from European models of care, to assist in their understanding of children’s emotional wellbeing.
- There should be a framework across the country, not just in some areas as is now the case, where support, including financial provision, is provided for foster carers who wish to sustain contact with young people who they have cared for into adulthood.

Messages for managers

Attention should be given during the early period when a child comes into care, to identify a key person who will provide a constant relationship for each child. This could be done with very young children as well as those who are older, and would hold true for children who may be in and out of care. Much greater emphasis must be given to working alongside children and young people, first, to identify the important people in their lives, and then to establish a key person for them.

There will inevitably be difficulties in getting the balance between informality, which is what children want, and formality, which enables professionals to support such a relationship and make sure that safeguards are in place. It is vital, therefore, that there is an open and explicit agreement about the responsibilities this person is expected to fulfil, and how they can be supported financially and in other ways if needed.

Key recommendations

- Much greater emphasis should be given to allocating time to direct work with children, first, to identify the important people in their lives, and then to establish a key person for them.
Relationships: With family, with friends, with professionals

Messages for practitioners

The benefits of spending time and energy in building a trusting relationship with children and young people cannot be overestimated. Front line practitioners need to demonstrate their commitment and belief in children, as well as showing respect and valuing them.

Key recommendations

Simple and straightforward ways of demonstrating commitment to children and young people make a big difference to them:

- be on time, don't cancel unless you absolutely have to
- invest time in getting to know children
- be honest
- do what you say you’ll do - keep promises
- show interest in the positives as well as the problems
- be responsive to what children and young people say
- believe in their capabilities.
Partnership with children and young people at an individual level: The freedom to be

“I was sitting in a room with about 15 people, all talking about me like they knew me. I’d never met any of them!”

Young person

“One of the biggest barriers is that we haven’t developed children’s capacities to take responsibility for decisions. We have very little confidence that children can actually make decisions, except in the criminal justice system, and then they’re competent as hell.”

Adult

Children and young people ‘can do it’.

They are competent and capable of making decisions. Children and young people have said that they feel they have little or no control over the day to day decisions in their lives. From big decisions such as where they live, right down to smaller ones, like what time they go to bed, they feel the process of decision making goes on without them. They spoke about how they don’t expect to do exactly what they want, but they would like to see more negotiation. They feel that things are done to them, not with them. As one young person put it:

“Why don’t you teach us to negotiate?”

It is not argued here that children who are not in care and growing up within their own families necessarily have more choice or control over their lives. We live in a society where children and young people have low status. There is ambivalence about the notion of children’s rights, both within the family and in the wider context, which is evident in the conflicting laws and culture of this country; for example, a person can marry at the age of 16, but not vote.

Evidence from research on children’s perspectives on family life\(^60\) shows that children understand the complexity of decision making and that even young children could understand and talk about the notion of rights and being listened to. This research found that they didn’t necessarily want absolute control or to make decisions on their own, but they did want to have a say in the process.

For children who are disabled, there is even further to go in accepting their competence. The evidence from the young people we spoke to suggested that they still have very little choice and control in their day to day lives, put well by one worker:

“Other young people are going round the country talking about rights and stuff. For disabled children it’s still basic shit like what they have for tea, what they put on in the morning etc.”

For children who are looked after by the state, the ability to be involved in key decisions about their lives is even more important than for those who are living with their families. These young people are expected to cope with very adult situations – moving in with strangers, dealing with large numbers of professionals in formal situations, and dealing with stigma and discrimination.

Respecting their rights and views, helping children and young people to develop skills in decision making and ensuring that the context enables them to do so easily are necessities in their lives.

Children and young people would like to see a system which respects their capabilities and where they are actively involved in decision making, at all levels.

“I’d like to see a system where they don’t treat us like criminals or babies.”

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\(^{60}\) Morrow, V., (1998) Understanding families, children’s perspectives NCB
Partnership with children and young people
at an individual level: The freedom to be

Try a different way
Devolved decision making
A simple protocol could be drawn up with children to be clear about who can make which decision and could be adapted to their individual circumstances. It would cut down on the sometimes unnecessary bureaucracy, give foster carers more control on obvious day-to-day, common sense decisions, and give children and young people more information and therefore more choice and control.

7.1 Reviews
Inevitably, when young people spoke about their care, reviews were constantly referred to. At the events held for young people, it became a cliché. There wasn’t a single occasion in the programme when young people we spoke to didn’t raise reviews as an issue. There were some positive comments, but they were in the minority. Parents who were interviewed also found reviews distressing and stressful.

The review meeting has become the main mechanism for implementing the Children Act 1989 regulation to ensure that children’s wishes and views are elicited and taken into account. Children and young people are aware of the significance of this meeting, but it is still a process that many find alienating, uncomfortable, negative and boring.

“I know kids that haven’t gone and things are decided without them being there.”
Young person

Children and young people have said that they feel they are not involved in the conversation at reviews, it goes on around them, and is about them but it doesn’t engage them. They often feel they are talked about in a negative way. They hear things they are unprepared for from people who they had previously trusted. There are too many people in the room and they don’t have enough of a say about who attends. Too often they are told that decisions which are hugely important to them, like how often they can see their mother, will have to wait until the review meeting, which may be months away.

“We want to change the way reviews are done. I mean it’s your home, you don’t want a load of random strangers sitting in your front room.”

For disabled children the alienation from the process is even more acute. They are rarely given any credit for competency and if they have communication needs, the review meeting may be the very worst setting you could choose for them to participate. The decision making forums for this group need a radical rethink. We have to find ways of adapting the processes that work well for professionals, to be more tailored to the individual needs of children, and this

Try a different way
The menu approach to the review process
Some young people like reviews, some don’t. Some say they like having everyone in the room to get the decisions sorted in one go, some don’t. Most young people find the meeting unhelpful, but there are a variety of other ways of making decisions.

The menu approach (à la carte, not a set lunch) offers children and young people a choice of how they would like the care plan to be reviewed. They could choose to have a meeting, a series of individual meetings with key people, a planning partner, an interactive CD, a chat room, or make use of art, drama or story telling.
Partnership with children and young people at an individual level: The freedom to be

cannot be more true for any other group than disabled children.

Practitioners we spoke to also identified review meetings as disempowering. Some described them as an event where they were reprimanded by independent reviewing officers. A senior manager in a local authority put it well when he said:

“I would be horrified at the idea of all the people in my life - family, work, doctor, friends - being brought together in one room to talk about me.”

He kept these areas of his life firmly in different compartments and he didn’t want all these people to meet, let alone be involved in making major decisions about him. If mature adults respond this way, is it reasonable to expect children to be able to deal with such meetings with at best, very little preparation, at worst, none?

“There are too many people with some sort of investment in you at a review for you to be able to say what you really honestly feel.”

There is evidence from a wide range of studies that children and young people continue to feel that they are not listened to\(^\text{61}\). Local authorities have put considerable amounts of energy into developing mechanisms to involve children in their reviews. They have invested in children’s rights services, developed complaints procedures, encouraged the use of advocates, and monitored children’s attendance at reviews. But it is disheartening that, despite the legal framework, a wealth of good practice guidance and clear messages from research about what helps children to participate, we still have not created a climate where children and young people feel involved in the decision making about their own lives.

Maybe we should think again. The question was asked at least 10 years ago by those doing research in this area\(^\text{62}\):

“Do we have to have a meeting to hold a review? Couldn’t we do away with the meeting without losing the reason for the meeting?”

One senior practitioner from a pathway planning team who attended the Blueprint residential conference told us months later:

“After the residential conference I went back and scrapped reviews. OK, I didn’t actually do away with the process of reviewing the pathway plan, but now we have a system where the young person meets with one person, goes through the plan, and the personal adviser takes forward actions from the discussion.”

In Tower Hamlets, the Blueprint work has been looking at different ways of helping children and young people with decision making, and finding possible alternatives to the review meeting for young people.

\(^{61}\) NCB (2003) The Involvement of Children and Young People in Promoting Change and Enhancing the Quality of Social Care, SCIE

\(^{62}\) Sinclair, R National Children’s Bureau
Partnership with children and young people at an individual level: The freedom to be

**Barriers to effective decision making**

One of the main barriers to effective involvement at an individual level is that of attitude. The way children are seen, as incomplete people, underdeveloped, and not competent to make decisions that ‘are in their best interests’ is an enormous barrier.

Attitudes to children’s competence are complicated. Younger children and those who are disabled are presumed to lack competence, or to have any capacity at all to make decisions, to such an extent that little attempt is made with them to test this presumption. Older young people may be seen to be competent in some areas and not in others. For example, at 10 a child may not be treated as competent to make decisions about drinking a glass of beer, but is seen as competent to stand trial.

The belief that children lack competence relates to the way they are treated as being different from adults. The logic is that children are immature and irrational; adults are mature and rational. On this basis, adults (especially professionals) know best. If adults know best, then there is no expectation that children can offer much and, therefore, why involve them? This not only makes it difficult for children and young people to participate, it can also affect the way they think about themselves and make them feel less confident or reluctant to become involved.

“You put your views across, but people don’t take you seriously… because you’re young.”

Adults do not always see involving children and young people as a positive thing – it takes longer, it may cause conflict, we struggle with balancing the differing priorities for children and their families, they won’t necessarily agree. The reluctance of professionals, too, is often justified by a wish to avoid burdening them with too much responsibility. But not encouraging them to take an active role can lead to a lengthier process. There is evidence that children and young people can, and do, undermine plans that are made without involving them63.

Time and consistent relationships with professionals are a barrier. Children and young people need more time with their social worker or key worker in order to be fully prepared for the formal processes with which they have to be engaged if they want a say in what happens in their lives. Social workers want to spend more time with children.

For all, but particularly for younger children, knowing and trusting someone are essential factors in being able to take part in the process. A key role for such a trusted adult is in helping children understand the processes. A young person explained:

“Often with the big things that are going on, you are left in the dark.

eg: Me, “When can I go home?”

Social worker, “When a risk assessment is completed.”

I don’t even know what a risk assessment is.”

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Try a different way

Clusters of support

Develop clusters of support. Children and young people would decide who should be in the cluster, which could include siblings/friends/previous or current carers/teacher/youthworker. This group would look at the issues and concerns as prioritised by the young person. The cluster of support would provide another avenue for discussion about a child’s life, and help to diffuse the notion that one social worker can fulfil all roles - friend, adviser, decision maker, planning co-ordinator etc etc. There would still need to be checks and balances and the social worker would play the primary role in safeguarding and overview.

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Partnership with children and young people at an individual level: The freedom to be

Try a different way
New technologies
As with the menu idea, this focuses on using new technologies to actively involve children and young people. Viewpoint is a good example of the successful use of CD-ROMs to allow children and young people to communicate their wishes. There are also possibilities with video, web cams, chat facilities on computers and so on. Texting social workers as a way of keeping in touch was supported by a number of young people.

Underlying adult attitudes to child competence are feelings of threat. Accepting that children are competent means they may be allowed to make some decisions. This means being prepared to shift power between adults and children and also to take risks, to accept that it may not always be possible to protect young people from the consequences of their decisions.

As a final point, organisations which have a more rule-bound and procedural culture may stifle creative ways of working. It is a widely held view that a review of a child’s care plan means a meeting. It is recognised by all involved however, that a formal meeting is unlikely ever to be child-centred. Even meetings which try to be informal may not work for some children. An example of this concerns those with communication difficulties or those for whom English is not their first language.

“Reviews could be more entertaining – social workers could dress up and give us a laugh. Reviews are a bit like assemblies at school – boring.”

This is not flippant - if we want to engage children and involve them, we have to be a bit more creative.

In Liverpool, new technologies are being promoted to find different ways of working with children and assisting decision making, such as use of email, which might suit them better.

7.3 Independent advocacy
Advocacy empowers children and young people to have a say in decision making. Advocates offer a relationship with an adult independent of those making decisions about them and can ensure that the human rights of children are upheld. Advocacy for children has been significantly developed in the last five years through the Quality Protects initiative and with the introduction of the requirement for the legal right to advocacy for children making complaints.

The advocacy task involves a dialogue between child and adult in which the advocate listens to the child, enables them to make informed choices about their own needs and supports them in articulating their wishes and feelings, so that they can contribute to decision making about their own lives. One of the distinctive features of an advocate’s role is that following such a dialogue, they will convey the child’s wishes and feelings irrespective of what they may consider to be in their best interests.

Advocates work in a variety of ways in helping children find the most appropriate way of resolving their difficulties by negotiating with decision makers, attending reviews, supporting the child with the Children Act complaints procedure or in seeking legal advice. This may involve merely being there with the

Try a different way
Knowing about the law
Young people talked a lot about their rights and felt that they should have more access to solicitors or at least to legal advice. Some wanted a solicitor to come to their reviews, which wouldn’t be workable, but there could be established connections between children’s rights services and, say, a local specialist childcare solicitor. Advocates should have access to legal advice.
Partnership with children and young people at an individual level: The freedom to be child giving them the confidence to articulate their views, through to representation on their behalf, or a combination of both.

Visiting advocates to residential homes have proved to be an important safeguard for those children within the homes. A significant development has been the provision of visiting advocates to secure units as commissioned by the Youth Justice Board.

Effective advocacy should be fully independent of social services so that there can be confidence that there is no conflict of interest between the service and those who are making decisions about them. Children and young people should be able to make an informed choice about who they want as their advocate.

Advocacy services must comply with the National Advocacy Standards, which address key issues of practice, including confidentiality, independence, training, management and supervision.

Conclusion
To enable children to be more involved in decision making there are a range of issues to address. Simple practical steps can be taken. There is a need to pay more attention to the systems and procedures that are used, but most of all, a shift in attitude is required.

The context has to be one which recognises the competence of children and young people to be active players and to contribute meaningfully. An organisation which takes seriously participation of children and young people at all levels, individual and collective, is more likely to be one where the culture encourages children to have choice and control.

There are some basic factors to enable children and young people to have more choice and control in everything that happens to them while they are looked after. The points below are not just about how to change the review process, but are considerations for all decisions and choices that children and young people have to make, small and large.

Overall, it is vital for the following four foundations to be the basis for all decision making: openness, sharing, accountability and active involvement.

Messages for policy makers
In order to create the right culture, government departments should take a lead in treating children and young people as competent.

Producing the right climate for a more creative approach would demand that government guidelines about reviews and decision making should:

- recognise young people’s capabilities
- not be too rule bound and allow for a flexible approach
- not be prescriptive about the need for a meeting
- be less bureaucratic
- provide a framework of open, not closed forms.

There will be times when a young person’s priorities or opinion about a matter are different from the professionals. A culture where it is accepted that there isn’t always a right or a wrong way and where children and young people can be allowed to take risks and make mistakes, will promote effective involvement.

Key recommendations
- The legal right to advocacy in Children Act complaints should be extended to the care planning and review process. Advocacy should be seen as an integral part of children’s services, but provided independently of them and the government should review the funding of this service.
- A flexible approach to the review process where children can choose their preferred method for decision making, should be implemented.
Partnership with children and young people at an individual level: The freedom to be

Messages for managers

There is evidence that until staff are more fully involved themselves in individual decisions, they will be less likely to enable those they are working with to have choice and control. It was argued that we should model a more participative style of decision making within organisations, allowing staff to have more choice and control themselves.

Effective decision making is more likely to take place when children and young people are assisted by people they know and trust. Systems and structures should ensure that decision making is consistent.

The offer of independent advocates or supporters should be routine for all children, including younger children and those with disabilities. Provision of interpreters must be available for any circumstance in which there is decision making for children and young people who do not understand English.

The use of new technologies – internet, email, text and so on can provide other methods to communicate which a child might prefer. (The Who Cares? Trust is actively pursuing the possibility of a chat room approach to reviews within their Care Zone initiative.)

Key recommendations

- Managers should be open to more participative ways of working across their organisations
- New technologies provide creative ways for people to communicate and should be used to promote active involvement of children and young people in decision making.

Messages for practitioners

The approach of putting oneself in a child's shoes, and involving children, even young children, has to be integral to the process of decision making from start to finish.

Practical considerations include:

- Children and young people being involved in leading the decisions about review meetings – where, when and who
- Being clear about what needs to be discussed when, and the likely consequences of different decisions
- Delegated authority to those providing direct care would speed up the process and mean that children and young people were more likely to be involved
- Feedback and discussion about the outcomes and follow up once a decision has been made. There should be flexibility to change in response to other circumstances.

Key recommendations

Children and young people can be helped to develop competence by:

- providing information so that they can make informed decisions
- giving time and explanations so that they can properly understand the issues and the process
- helping them to practice negotiating and develop skills. (Negotiating skills are crucial for a child to fully participate.)
- giving them access to independent advocacy services.
“Partnership with children and young people at a collective level: Active involvement”

“Since I’ve been doing this work for social services I feel like I really do have influence. It’s never happened to me before – I think they are listening.”

**Young person**

“There’s a huge agenda for participation, so there’s an industry that’s started up around it. The industry is there, which gives the illusion that something is happening, but it’s only in areas where they have little power.”

**Adult**

An organisation which has a participative culture is more likely to provide a child-centred service. Is this true?

**Does it make a difference?**

People have a different understanding of the words *participation* and *involvement* of young people. These words are used interchangeably but are often understood to mean some degree of ‘taking part’. The contributions to the project from people with expertise in the area of participation felt that it should mean more than just taking part. There has to be a degree of influence and working as a team, of adults and young people in partnership.

There are different levels of participation which have been described as a ‘ladder of participation’\(^{64}\). It is generally accepted that different ways of involving young people will be appropriate for different parts of a project or at different stages in its development\(^{65}\).

“Participation? It’s about adults retaining the decision making power, but children informing the way in which the decisions are made, the nature of those decisions. Actually transferring the decision making responsibility to children, I don’t think we’ve grappled with that at all.”

**Adult**

A truly participative organisation would facilitate active involvement of children and young people, in an integrated way, at all levels. At an individual level, in decision making about aspects of a child’s life; and at a collective level, concerning the influence on projects, service development and how the organisation is run. They shouldn’t be separated, they are part of the same picture. The previous chapter examined how to ensure that children and young people are at the centre of decision making about their individual circumstances. This chapter will look at how their involvement at a group level can make a difference to the way the organisation functions.

**Why should organisations involve young people?**

There has been considerable growth in the involvement of children and young people in childcare agencies in recent years. It is a government requirement, for example, as part of Best Value reviews and within the Quality Protects programmes. Other organisations do it because of a commitment to active involvement of young people in local democracy. Some agencies, particularly youth work services, have a long tradition of involving young people and see it as an issue of equality or a right of young people.

Involving young people at all levels in an integrated way allows an organisation to develop agendas that fit their lives and can prevent the agency from going down the wrong road.


Partnership with children and young people at a collective level: Active involvement

The benefits of involving young people are rapidly being recognised and have been identified in a number of publications, for example, in the document *Hear by Right* which sets standards for active involvement of young people in local authorities. The authors divided the benefits into three areas:

- It helps the local authority to understand the changing attitudes and needs of young people by bringing a fresh perspective on the way services should be delivered, and gains credibility with young people.
- Young people learn how to take responsibility, develop skills and increase confidence.
- There are benefits for the whole community in encouraging a more vibrant local democracy and if it is done well, in changing attitudes of young people and empowering communities.

An NCB report reviewed the literature on participation. The report suggested that whilst “the participation of young people is having little impact on decisions made in relation to agency policy”, there was some evidence of gradual change in attitude at an organisational level. The authors suggest “that young people are beginning to be seen as part of the solution rather than the problem”.

There is substantial evidence that good participatory work benefits young people – to be seen in increased self belief, knowledge, understanding and changed attitudes - but that token involvement may not. Young people make friends and benefit from talking to others in similar situations to themselves. Good youth participation work helps increase dialogue and relations between young people and adults.

Overcoming barriers to effective, collective involvement

Effective involvement of young people, if it is done well, is costly, time consuming, and potentially challenging. Hearing what young people have to say can cause us considerable discomfort and generally highlights what isn’t working well. It is hard not to want to defend what we are doing and what is being said can feel like yet one more attack on an already highly criticised workforce, with one more group of people to tell you that the organisation isn’t good enough.

Those who support involving young people argue that on a moral level and as a matter of equality that it is not defensible to try and run a childcare agency without involving children and young people. Social care agencies providing services to vulnerable adults would not attempt to provide those services without involvement of service users at both an individual and strategic level. The model has to be the same for children and young people. It is artificial to separate them.

If working in partnership with young people is set up with the right attitude by senior managers, properly financed and given sufficient time, the evidence suggests that working alongside young people in an equal way can enable an organisation to be more child-centred. Young people and adults working as a team can reduce the feeling of ‘us and them’ which is often present in childcare agencies.

Try a different way
Child proofing: impact statements

New policies, procedures and service developments could all be subject to an assessment of their impact on children, with an emphasis on how it might affect different individuals, for example younger or older children, in different circumstances, for example, in foster care or residential care. Impact statements could be drawn up, outlining positive and negative elements, but with an overall rating of child-centredness.

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Partnership with children and young people at a collective level: Active involvement

8.1 Competence
The belief that children and young people are competent to contribute is central to effective partnership working.

“We want the chance to prove we can do it, don’t presume we can’t.”

Young disabled person

There is evidence that adults are surprised and impressed by what the young people are capable of doing and achieving. The lack of belief in their ability to contribute meaningfully is an initial barrier and may stop staff from supporting a participative approach. But, there is also evidence that when adults experience young people’s involvement, their attitudes change and that they change on both a personal and a professional level.

8.2 Hearing what is said
Listening to children has become a cliché and lost its meaning as a result. It is a well worn phrase but it is important to really hear.

“When we talk to managers they say to us – we know, we’ve already heard what you are saying. Well, you’ll go on hearing from us because we’re going to keep on saying it until things change.”

Young person

A defensive attitude can get in the way, not intentionally, but because we may feel unable to make the changes required to improve the service to children, despite long hours of sometimes grinding work, a strong commitment to improving outcomes for children, and trying our hardest and giving our best. Faced with a feeling of disappointment that despite all this children and young people may still speak of a poor experience of care, we may not want to hear more about children’s experience.

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 Kirby, P., and Bryson, S., (2002) ibid
 Kirby, P., and Bryson, S., (2002) ibid

Try a different way
Investing in young people
This idea was raised by A National Voice, the organisation which aims to represent children and young people in care.

Young people are trained and supported to set standards and to audit and inspect against these standards. Authorities are rated on how well they work in partnership and actively involve young people, and how effectively complaints are dealt with. The targets are set by young people working with children in care in the local area.

The level of complexity and the limited influence that any one person within the organisation can have makes us feel powerless to make changes, and, therefore, listening to what is said can be demoralising and depressing.

In our meetings across the country we have worked with a number of mixed groups and observed how difficult feelings emerge when staff work with young people. Frequently we have witnessed objective statements, not intended to be personal, made by children and young people, which receive subjective, personal responses.

For example, in one group a young person asked the staff:

“What do you think are the needs of young people when they leave care?”

The response was:

“I try to provide advice to young people about how to be independent but I don’t have enough time to help them with all the practical things they need. I have a caseload of 15 young people and I just can’t get round them all.”

But does this answer the question?
Involving young people motivates staff

Children and young people don't have unrealistic expectations. In helping us form a view about child-centred care, they have made reasonable suggestions which, in the main, hold few surprises.

We have worked with mixed groups, where both adults and young people felt empowered, invigorated by the experience, and inspired and determined to work together to make improvements. When involvement of young people works, it really works. Policy makers, practitioners, and young people have reported how satisfying it can be to work together as a team.

Adults report that such experiences have reminded them why they came into the work, have motivated them to take on new projects, and renewed their enthusiasm. Good participation work can improve relations between adults and young people. A frontline manager said:

“This conference has reminded me that there is nothing I find more powerful than working alongside a group of young people in care. It has given new meaning and inspiration to my own work.”

Later he was to tell us that as a result, he had secured funding for the employment of young care leavers within his authority.

Young people have said that they felt listened to, respected, valued and able to give something back, to contribute to making a better care system for other children and to feel proud of themselves.

“What, thank you for hearing my voice.”

from a young person who had experienced feelings of isolation as an unaccompanied asylum seeker. Both groups have said that they had fun!

Conclusion

The Carnegie Initiative stated:

“Working participatively with young people requires a radical cultural shift for most organisations, including those who regularly work with young people. As with mainstreaming equality issues, the participatory cultural change cannot happen overnight.”

There are a number of guides designed to help organisations improve practice in involving children and young people. An NCB overview has looked at the range of participation activity taking place in England. This publication provides practical advice and examines how to develop participatory structures. The evidence from the research shows that organisations that are successful in involving children and young people are those that take a whole or overarching approach to the concept. Developing a participatory organisation requires an
approach which is embedded within the culture of the organisation, and where children and young people believe, and have reason to believe, that their involvement will make a difference.

Evidence gathered by the project suggests involving young people and striving to be a more participative organisation actually does improve services. Working alongside children and young people, hearing about their experience, and listening to their point of view all have an impact on how staff undertake their duties. When young people are there, they do things differently, and they do them better.

It is worth remembering that true participatory organisations do not yet exist, that this area of work is relatively new and untested, and lots of mistakes are to be expected. It is reassuring that there is some evidence that adults working in a participative way may start with scepticism, but that they learn new skills by undertaking the work, and find it satisfying even when they may have low morale in other areas of their work. Furthermore, several studies have found that those undertaking participatory work develop an increased commitment to undertaking further similar work.

So, the more we do it, the more likely we are to do it again.

Messages for policy makers

It is important to create the context for effective involvement. If participation is to be integrated within the agency and not just a set of unconnected projects, then there should be an overall strategy with a clear purpose.

Every Child Matters, the green paper, has said that “real service improvement is only attainable through involving children and young people and listening to their views”. The proposed children’s commissioner will clearly have a role in ensuring effective involvement, but this shouldn’t be confined to that person’s role. The development of Children’s Trusts provides a rare opportunity to build new childcare organisations where active involvement is embedded in the approach to planning, delivery and evaluation of services.

There is a need for a national evaluation of the impact of participation or evidence about what works in involving young people in decision making. It will be important to continue the principle of involving young people, which will influence the nature of the evaluation and how it is undertaken.

72 Eg Kirby, P., and Bryson, S., (2002) Ibid, CROA, LGA, NYA
73 Kirby, P., et al. (2003) Building a Culture of Participation DfES
Partnership with children and young people at a collective level: Active involvement

Key recommendations

Government guidance on involving young people should include:

- a commitment from senior managers and elected members
- an overall strategy with a clear purpose
- clarity of role and expectations of young people
- allocation of enough time and money
- adapting formal and bureaucratic processes to engage young people in different ways
- follow up and evaluation
- training and support for young people.

These key features could form the basis for a set of minimum standards.

Messages for managers

There has to be a belief that participation will make a difference and that young people are capable of adding value. This will mean ensuring that there is support from the leaders and managers within an organisation.

There is also the small matter of giving up power. Commitment to participation means an acceptance from managers that they will not necessarily be able to fully control the process and that not all decisions will go their way.

Sufficient time and money should be allocated. Participation does not come cheap and part of showing respect for young people's involvement is in providing payment. Everyone else is paid to take part and if young people are there as volunteers, or given token amounts, it immediately creates an imbalance and a feeling of inequality.

Representation is often cited as an issue. Can a handful of young people represent all children in care, of all ages and backgrounds? Attention should be given to using different methods to recruit different children and young people to get involved, to involve sufficient numbers and to maintain a regular turnover.

Training should be provided for both adults and young people. Young people benefit from preparation to acquire skills in putting across their points of view, negotiation, understanding their role as representatives, and learning about the structures they might have to work within. Adults need preparation in thinking through issues of power and control, understanding that activities have to be interesting and fun if they are to engage young people, and training in communication and negotiation skills.

A common complaint from young people who have been consulted is that they don't hear what happened as a result of their involvement.
It is very important to keep young people informed of decisions or development. Feedback is one of the basics of effective participation work.

**Key recommendations**

- Managers should develop and implement a strategy for the active involvement of children and young people in their organisations
- The active involvement of young people should be central to how the organisation functions. In order to make working in partnership with children and young people part of the mainstream, the guidelines as described in the policy makers’ box should be followed.

**Messages for practitioners**

Participation activity will be more effective if both young people and adults receive continuing support as the participation programme develops. It takes time for trust to develop and along the way people will make mistakes. There may be conflict, and interest and motivation will dip from time to time. Both groups will need help in being flexible and in sticking with it and accepting there will be bumpy times.

Meetings are not the only way to do business. Bureaucracy, lots of paper and formal processes have been found to be least popular in engaging young people (adults get pretty fed up with them as well!)

Children’s lives change rapidly and the very fact of growing up and moving on means that young people may be involved in participation initiatives for a limited period of time. This is healthy and to be encouraged. There is a shelf life for participation work, and young people benefit from being supported in finding new areas of interest and building on the skills they may have acquired.

**Key recommendations**

- Attention should be given to providing a number of different ways of involving young people. Adapting to different age groups, structuring activities, and accepting that some young people prefer to talk rather than write.
Changing organisations

“I would tell a young person that the care system has rules and procedures. Social services have lots of mixes up.”

Young person

“We’ve got into that whole ‘I watch you and you watch him’ way of working – the whole range of standards and targets – there’s something about keeping an eye on everything, and everyone being involved in it.”

Adult

Much of what we have heard from children and young people, practitioners and from others within childcare has been about practice, about what happens at the front line. This is not surprising. Front line practice is the place to look to see the results of all the effort that goes into delivering a service to children in public care. It is the easiest place to find examples of services that are not child-centred.

In talking to people and discussing the childcare system, there was plenty of evidence about what doesn’t work well, and also considerable analysis of what the problems are. Coming up with solutions was not so common.

“Because we are seen to be ‘failing’ they sent in a team to tell us how to do it better. Of course, this team couldn’t come up with the answers either, so they ended up doing more and more audits to tell us what was wrong. We already knew what was wrong.”

Senior social services manager

We have heard of examples of good practice in different areas, and much can be learnt from others, but we have also heard that there can be difficulties in transferring models from one set of circumstances to another. This chapter presents some of the dialogue we have had about systems and processes which would be more child-centred. It is acknowledged that there is not one perfect structure. Workforce issues and the requirements of front line staff are discussed in the second half of the chapter.

9.1 Changing the structure, systems and processes: Do we know what works?

The joint review annual reports provide useful and concise overviews of the work they have undertaken across a number of social services departments. The most recent of these identified critical success factors as:

- communicating the priorities and objectives, working to achieve consensus, inside and outside the organisation
- managing people and the relationships between people – including the relationship between staff and users
- negotiating with politicians and partner agencies
- influencing the aspirations and attitudes of staff
- providing leadership, with an emphasis on leading by behaviour and example
- getting the best from their staff and developing a range of methods for achieving this.

The review teams found that there is considerable emphasis being placed on cultural change. Senior managers saw changing the culture of their organisation as more important than changing the structure, and were more concerned with people than with systems.

The evidence from Blueprint did not conflict with this view. Whilst there were discussions about structures, systems and processes, there wasn’t a consensus about a best way to structure the service for looked after children.

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Changing organisations

However, there were common features which came up repeatedly in our discussions, which are highlighted in the three sections below:

- core teams for looked after children
- processes and paperwork which support, not replace, direct work with children
- shifting the balance from assessment to service provision.

9.2 Childcare centres for looked after children

The childcare centre for looked after children would replace the traditional social work office. Important elements would be a team approach, multi-agency representation, for example, teachers and nurses, easy access, and facilities where looked after children could drop in or attend planned events like homework clubs, have access to computers, fun events for younger children and so on. Staff would get used to children and young people being around and as a consequence a culture which was less ‘us and them’ might develop.

Within teams there would be a core group for each child, not to replace, but in addition to, the allocated worker. Administration, other agency and non-social work qualified staff would be involved. Within a clear scheme of delegated authority, they could make decisions when the social worker was away from the office. A system where there was always someone in the office who knew about the child would address the frequently voiced concern that social workers are not available and also address the lack of consistency due to turnover.

This fits with the requirement of a lead professional within a multi-disciplinary framework as outlined in the green paper, *Every Child Matters* whilst ensuring that the particular needs of looked after children do not get lost in the restructuring into Children’s Trusts.

9.3 Prioritising direct work with children

Staff at all levels say clearly that their time is consumed with paperwork, business processes, internal meetings and the like, and that there is a relationship between these activities and the amount of time they spend directly working with children. The performance management framework is a reality and it is widely accepted that increased measurement of performance indicators and accountability has had a positive impact on service improvement.

The challenge here is to keep a balance. The difficulty in achieving this balance has been recognised in *Every Child Matters* and other recent reports. There is clearly a desire from government to address the imbalance.

Recording and sharing information about children and families, specifying desired outcomes and measuring performance against targets are all part of developing good practice. No one denies that clear accountability at all levels is a necessity for a safe workforce, but it is worthless if these tasks are undertaken instead of direct work with children and families.

“I remember that story about Mozart going to the emperor and asking him what he thought. “Very good, but too many notes.” - it’s the same with the standards. They’re good but they could be reduced by 30 per cent.”

Residential care manager

Many practitioners who contributed to Blueprint wanted to do more direct work with the children and young people but felt that management priorities were that the paperwork was completed.

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What we measure has become increasingly important, and much of the assessment of performance of social services is done by quantitative measures. Time spent with children is not counted. The quality of a relationship with a child is not assessed. Whether the child trusts a professional is not easy to measure.

An analysis is required, of the way front line and supporting managers spend their time, with a view to insisting that direct work with children is prioritised above other processes. This is about changing priorities and will require a clear message from government as well as local managers that with the reality of a shrinking workforce, some of the current processes will have to be amended and reduced.

Nationally, there is too much of a focus on developing perfect materials, without an acknowledgement of how long it takes to complete them and the impact of the paperwork on the way practitioners work with children. The importance of developing a good relationship is linked to this.

9.4 Shifting the balance from assessment to provision of services

We need to shift the balance from assessing and processing to providing services. A good assessment of a child’s needs is essential for effective childcare planning, but there is sometimes too much of a focus on gathering information and not enough on analysis of that information. We need to provide systems which allow social workers to be more concise.

An analysis of the proportion of time spent on each of these activities would be valuable. Some authorities - for example, Sheffield - have a target to spend 10 per cent of staff time on assessment, 90 per cent on delivery.

The link with helping children to develop trusting relationships with practitioners is evident here. If relationships for children are to be prioritised there must be a recognition that they take time, need to go at a child’s pace, and may involve activities that the child chooses. Such activities might not be in a setting where it is easy to take notes or fill in a form at the same time. Whilst the documentation that social workers are required to use can, in theory, be helpful working tools, the reality is that sessions with children too easily turn into form-filling exercises.

9.5 Workforce worries

Who wants to be a social worker these days? However popular it may have been, it appears that it has become less attractive over recent years. In London, where the staffing crisis is worse, it is not unusual to find that permanent employees fill only 50 per cent of front line social work posts in childcare.

“I feel social workers come and go a bit quick. I don’t care anymore. My latest social worker, I’ve already been told he’s only temporary. If you know someone isn’t going to be around, you don’t bother talking to them.”

Young person

Recent reports including Every Child Matters have all highlighted the acute and severe crisis in the provision of an adequate workforce. There is a negative public view of childcare social workers, they feel criticised on all fronts, and there is much to be done to make the front line job of social care staff more attractive. Social workers, residential social workers and foster carers are all in short supply.

Most local authorities have now implemented recruitment and retention strategies and are developing capacity to analyse and address workforce issues, with differing degrees of success. There is evidence of an increase in the number of applications to study social work but this is against a backdrop of an ageing social care workforce and few indicators that the picture is likely to improve in the next few years. The forces of supply and demand are at work - the price is going up, supply is reducing and so the overall quality of the service goes down.
The difficulties facing managers are enormous. Unfilled vacancies or those filled on a short-term basis by locum staff lead to a deteriorating situation for the permanent employees, who cannot help but get drawn into covering for others. Their workload increases, their stress level goes up and everyone is aware of a feeling that the job isn’t being done properly. It's unsatisfying all round and leads to more people leaving.

Linked with the staffing crisis is the culture of the children and families workforce. The staffing crisis leads to people being overworked, which in turn influences the culture of departments, and the context in which people are working. It's a pessimistic picture, characterised by one senior manager who said:

“We’ve got problems at every level - directors who are panic driven, assistant directors who think the way to do the job is act tough, third tier managers who are hopelessly overworked, team managers who are depressed, and front line workers who are terrified. It’s a workforce which has lost its way.”

We want to move from ‘panic’ to responsible and accountable, from ‘acting tough’ to showing vulnerability and humility, from ‘overworked’ to manageable workloads, from ‘depressed’ to feeling good about work, and from ‘terrified’ to confident and proud.

Developing ideas about child-centred care is all worth nothing if we cannot find ways of providing a more stable, adequate and confident profession.

The key messages from Blueprint about trust, knowing the people who work with children and more constancy, are very hard to deliver within the current workforce crisis.

Why are people leaving?

The Audit Commission report identified the reason for staff leaving as more push than pull and suggest that stress may be the biggest single factor in decisions about leaving.

Other factors include:

- the sense of being overwhelmed by bureaucracy, paperwork and targets
- insufficient resources leading to unmanageable workloads
- a lack of autonomy
- feeling undervalued – by the government, by managers and by the public
- pay that is not felt to be fair, for example, in comparison to others doing similar work
- a change agenda that feels imposed and irrelevant

Every Child Matters has promised a government led workforce reform strategy, incorporating recruitment initiatives, the expansion of training opportunities, and work with employers to improve the skills and effectiveness of the children’s workforce. These are positive developments as a longer-term strategy but the need to affect the culture and the way the service is delivered is urgent if we are to move towards a workforce which has the ability and the willingness to be child-centred.

The green paper gives direction to radical changes in structure with the requirements for Children’s Trusts and co-location of services. But the biggest barrier to change is the culture and identity of the workforce. Changes in structure have less impact if the culture is not tackled at the same time.

We need to find ways to change the way people operate, to help us leave behind what is perceived as an uncaring and high-handed approach to children, young people and their families. People don’t come into the work with this attitude. They come with commitment, wanting to make a difference, enthusiasm and energy, but somehow that gets lost along the way. We need to find ways of harnessing that enthusiasm, and to bring out the best rather than the worst in the workforce.

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9.5 Increasing the skills of staff in direct work with children: Learning from the European model of social pedagogy

It has been suggested by contributors to Blueprint, that a consequence of a more regulated and rule bound culture within social services has been the loss of autonomy, creativity and confidence among the front line staff.

In the current climate, the usual response to deficiencies in service is to develop an action plan, a new procedure, a numerical target, a set of rules to be followed. In contrast, at the European seminar, the response would be to increase the skill level at the front line.

In her overview report for 2002/2003, the Chief Inspector of Social Services commented that;

“Services which are most effective are those where front line social workers are supported in a clear managerial framework and where they are encouraged to develop ‘reflective practice’ improving their professional skill in making judgements in very complex situations”.

It was significant that the representatives from 12 countries at the European seminar spoke about young people with an understanding and emotional language that is less apparent in England. The Europeans shared the view that workers need to be able to understand and interpret young people’s behaviour and to have the ability to develop a child’s emotional capacity and potential, and support emotional development, on a day to day basis. They saw the need to provide warmth and care while maintaining an appropriate balance in the relationship.

The importance of training workers to support emotional wellbeing is embedded within the social pedagogic tradition.

This tradition is often used to relate to the education of the whole person: body, mind, feelings, spirit, creativity and crucially, the relationship of individual children to others81. Social pedagogues support the child’s development across a whole range of settings, but also have a much more clearly defined therapeutic role than many care workers in the UK and higher status within their societies.

There are dangers however in simply saying, “They do it better over there”. We are not suggesting a new profession to replace social work. The three year social work degree provides a framework for the positive aspects of social pedagogy and the associated training to be incorporated within social work training.

9.6 Building a more layered workforce with a more varied mix of skills

The skills required of people directly working with children and the skill mix within the workforce could be addressed in the short term. The reality, in London at least, is that a workforce of several layers is developing in response to the dearth of qualified staff.

Many local authorities are recruiting non-social work qualified staff to work with looked after children and finding that there are additional benefits to this approach, not least the huge response to advertisements. Examples are given of hundreds of applications compared to less than a handful for social work-qualified posts. The applicants are more likely to be local people and thus may provide more commitment to the children in the area, and may be less likely to move on.

A workforce with different levels means staff with specified qualifications, like the three year social work degree, taking on the more complex work, and others from different professional backgrounds and with different childcare qualifications assisting the lead professional within a structured career framework. If there aren’t enough social workers in the short term, we need to be able to look at alternatives rather than having no allocated workers for some children in care. This doesn’t mean the quality of the service should diminish. It has long been recognised that non-social work qualified staff can bring skills and competencies.

“Most of us came into social work as social work assistants. We have developed a workforce where those opportunities have all but disappeared. It’s like we’re all on the ship, but we’ve pulled up the rope ladder so that no one else can get on board.”

Senior manager

There have been lots of discussions and ideas from contributors to the project about building a core team for each looked after child. With the likelihood of multi-disciplinary teams with a variety of skills to contribute there will be more scope for a small group, say three professionals, to have knowledge of the circumstances of a child. The lead professional, or allocated worker approach would remain, with one person with overall responsibility for the work with the child.

There could be an added advantage of increased availability for children and young people who wanted to contact someone. A system whereby one member of the core team was always available in the office would provide a solution to the regular complaint from young people that they couldn’t get hold of their social worker. Clarity about who could make which decision might also cut down on the sometimes bureaucratic arrangements for simple decisions such as permission for holidays, which was also frequently cited as unhelpful by young people.

9.7 Planning, commissioning and resources

Starting with the child, ensuring their needs are met, means ensuring that the systems and structures are properly costed and provided. The refocusing on prevention, as outlined in Every Child Matters, recognises that as well as being the preferred approach by children and their families, intervening early provides better value for money. Large amounts of money are currently being given to a variety of providers, of mixed quality, to provide intensive placements for a small number of young people – described by one director of social services as ‘the million pound kids’.

Good commissioning, where there is an accurate assessment of current and future need, means ensuring that the systems and structures are properly costed and provided. The refocusing on prevention, as outlined in Every Child Matters, recognises that as well as being the preferred approach by children and their families, intervening early provides better value for money. Large amounts of money are currently being given to a variety of providers, of mixed quality, to provide intensive placements for a small number of young people – described by one director of social services as ‘the million pound kids’.

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Local managers would benefit from delegated budgets, provided within a framework of a range of provision for looked after children, which can provide stability and high quality care. In examining the evidence, the project team came across very few examples of this kind of forward planning or flexibility.
of approach. An overall assessment of the cost to the state of the public care system has not been carried out. The care system would benefit from a dialogue between central government, local government and the voluntary sector about the true cost of services.

Stable placements can only be provided if there is the appropriate level of funding based on actual costs and with longer-term planning than is currently provided. It is important that good commissioning practice is not confused with over bureaucratic contracting arrangements, which take up an enormous amount of time, sometimes with few tangible benefits for looked after children.

Partnership between the statutory sector and voluntary and private providers of services would lead to the development of services which were more flexible in meeting needs. The long-term nature of much of the work with looked after children should be considered when short-term contracts are negotiated. They leave little room for manoeuvre when needs change, while partnership would enable a more open and honest review of services, which would, in turn, lead to a more responsive service being developed.

Conclusion

The development of Children’s Trusts and the focus on workforce reform provide a unique opportunity to examine the structures, systems and culture of childcare agencies and to develop a child-centred approach. This opportunity should not be lost or sidetracked with the distractions that reorganisations bring.

Messages for policy makers

Government departments should invest more in helping childcare agencies to learn and benefit from examples of good practice.

More resources could be channelled into helping the ‘doers’ do it, and less on looking to see if they’ve done it yet. Have we got the right balance between money spent on inspection and regulation and that spent on helping agencies to improve their practice?

Policy makers within government departments should spend less time developing the perfect model or framework and more time on helping authorities to implement processes. In particular, there should be a shift from developing assessment schedules to developing services.

A thorough evaluation of the true cost of the public care system should be undertaken and appropriate resources identified in response.

The government workforce strategy provides a rare opportunity to look in depth at the identity of the social care profession and what motivates people. Ideas from European models of social pedagogy can contribute, and we would recommend the development of more participative systems and cultures.

Key recommendations

- There should be an investment in developing a workforce with a child-centred approach
- The government’s workforce strategy should give priority to enhancing the skills of the frontline workers and managers
- More time should be spent on helping authorities implement good practice and less on writing it up or inspecting agencies.
Changing organisations

Messages for managers

Within the development of Children’s Trusts, managers should ensure that the needs of children in public care remain a priority.

There is no comparable group who are as dependent on the local authority to promote their wellbeing. Managers should consider setting up multi-disciplinary childcare centres for children who are looked after by the local authority.

Managers should look at developing a workforce which is more layered, ensures a good skill mix and where non-social work qualified staff play a valued part and are well supported.

Key recommendations

- Finding ways of ensuring there is more direct work with children is an urgent priority. This may involve an acceptance that other activities have to be pared down

- When establishing contracts, the need to promote stability for children should be a priority consideration, and short term arrangements should be avoided wherever possible.

Messages for practitioners

Not enough time is spent by frontline practitioners working directly with children and it is out of kilter with the paperwork they undertake to support this activity. Building trust with children and young people and developing a good relationship should be a priority.

Key recommendations

- Practitioners should undertake an analysis of how much time they spend directly working with children, young people and their families. This analysis should be used as a basis for team discussions, in supervision and in feeding back to senior managers.
Summary and the way forward

This document, *Start with the Child, Stay with the Child* has set down proposals which will assist childcare agencies to develop a child-centred approach.

These proposals have been created on the basis of three sources of evidence – what children and young people say, what practitioners say, and what policy makers and managers say. The positive energy we have experienced in the development of the proposals and ideas within the document, has been heartening. There is a will to do things better, to be more creative, and a commitment to children within the childcare sector which is not always explicit, but is there as a basis for our work, and should be brought to the surface.

The work we have undertaken has been firmly based on the principle of working in teams with a mix of adults and children and young people as equal partners. This partnership between adults and young people has inspired and excited the people involved with the Blueprint project, and practitioners, managers and policy makers have spoken of a renewed enthusiasm for the work.

We believe that working in partnership with children and young people is the key to better services for children in public care.

The messages below summarise our findings and the dialogue, which has developed between adults and children during the project’s life.

1. **We have to focus on the child in everything we do - putting their needs and interests ahead of those agencies involved and the adults around them.**

   1.1 Government departments and managers within childcare agencies must find ways to ensure that the systems, structure, culture and practice of their organisations, are child-centred. Culture and practice are the most important. The involvement of children and young people in developing a child-centred ethos, is central to success. The development of Children’s Trusts provides a rare opportunity to build a child-centred ethos from the start.

   1.2 Child-centred practice is one where children and young people are seen positively, where their rights are respected, their perspective is understood, and where they are seen as competent.

Child-centred practice can be demonstrated at different levels within organisations and in a range of ways. Simple things like returning phone calls, being on time, doing what you say you’ll do, are as important as creating systems and procedures with children at their heart.

1.3 **Attention to children’s individuality and promoting a strong sense of identity is a key responsibility of those who are providing services to children who are looked after. From the time when they first come into care, there should be a focus on their individual experience.**

1.4 **Stability and a sense of belonging must be provided for children through the investment in quality placement services, both residential and foster care. A focus on the development of the skills and understanding of children’s behaviour for both foster carers and residential workers is required.**

1.5 **School and education are an area of concern. Building on the government recommendations for ways to improve children’s educational experience, we would highlight the development of a positive school environment for children who are looked after. This involves attention to the public image of children in care, and a focus on developing the skills and understanding of people working in schools.**

1.6 **Services for young people leaving care are improving, but many still live in poverty and isolation. There is a need to reassess the funding requirements for this very vulnerable group, and to create a fairer, less discriminatory service for young asylum seekers.**

2. **The relationships children have are central to their wellbeing. Promoting good relationships, with family, with friends and with professionals, must be a priority.**

2.1 There is a need for a renewed investment in promoting contact with birth families. Contact is a complex issue, and there is a need to both invest more money to provide the practical
support, but also to develop the understanding of the importance of family, and of the conflicting feelings which children may experience.

2.2 Friendships are very important to children and young people. More time is needed to develop, promote and support friendships. For disabled children and asylum seeking children this is particularly important.

2.3 Children and young people who are looked after need, at the very least, one constant relationship throughout their time in care. There are huge benefits of investing time in building a trusting relationship with a child and there is no short cut to getting there.

2.4 The systems and structures which we create must be continually evaluated to ensure that they facilitate the development of high quality, consistent relationships with children. Good relationships which have developed between children and professionals should not be squandered, but valued and maintained.

3. **Children and young people are competent. They have the capability to work in partnership with adults.** The active involvement of children and young people in decisions about their lives, and also at a collective level, makes a difference and is fundamental to a child-centred approach.

3.1 The competence of children must be recognised, nurtured and promoted. Developing a context which enables children and young people to have choice and control in their individual lives, is central to child-centred care.

3.2 We need to develop approaches to decision making for individual children which facilitates effective involvement. The approach should be one which recognise their capabilities, is flexible (particularly for the review process), is less bureaucratic, is creative and draws on the use of new technologies.

3.3 Children need support to deal with adult systems and one way to do this is to ensure they have the support of an adult. The legal right to advocacy should be extended to the care planning and review process, so that young people have the right to choose whether or not they have the support of an advocate.

3.4 Every childcare agency should develop a strategy which creates the context for the effective involvement of children and young people in the planning and activities of the organisation. The approach should be one where working in partnership with young people is central to how the organisation operates, at all levels, and is not just a series of unconnected projects.

4. **We need to create a better balance between working directly with children and all the other tasks which support this central activity. The bureaucratic processes that have become associated with the care system have to be minimised and adapted, if we are to serve children as individuals, and promote their sense of identity.**

4.1 Policy makers within government departments should invest more in helping authorities to implement good practice. There is a need to shift the emphasis from developing policy to implementing it; from inspection to doing it; and from assessing children and families to providing services.

4.2 At all levels, policy, management and practice, urgent priority should be given to providing a front line which can spend more time directly working with children, young people and their families. If the impact of this is to be truly felt, then it may mean curbing some of the bureaucratic processes that currently take up people’s time.

4.3 Childcare agencies should provide multi-disciplinary teams for looked after children, with a varied skill mix, drawing on the competencies of a range of workers who can approach children in a holistic way. Alongside the concept of a lead professional, a core team approach should be developed. This core team should be located in a childcare centre for looked after children, within a framework of accountability, which is open and accessible, and to which both children and staff contribute and therefore feel a sense of ownership.
Summary and the way forward

Where next?
The development of the proposals and ideas in this document have in themselves contributed to a move to provide child-centred care which is evident in the childcare sector.

VCC and NCB aim to ensure the messages within this document are incorporated into national policy developments. Short briefing papers of the main messages from this document will be produced, for each of the initiatives below. We aim that these papers will be used as a basis for feeding in the recommendations, and making connections with key stakeholders leading the following workstreams:

- The development of Children’s Trusts as outlined in Every Child Matters, provide a rare opportunity to build new organisations which are child-centred from the outset. Working in partnership with young people should be an established principle and the basis on which new frameworks are developed.

- Many of the recommendations will be of major interest to the office of the Children’s Commissioner and we aim to assist in the development of the role and responsibilities of the commissioner.

- The Workforce Reform Strategy should be aware of the need for quality relationships between children in public care and the professionals who work with them. We are particularly hopeful that the strategy will take note of the loud message from young people about one constant relationship and develop workforce frameworks which enable this to happen.

- The National Service Framework will provide a set of standards on which to base children’s services. The Emerging Findings document outlined the plan to articulate what child-centred care should look like. We hope that the findings within Blueprint will be influential in this area and complement the Healthy Care Standard developed by NCB.

- Reference is made within this document to the Choice Protects initiative and we will take forward the messages as representatives on the National Partnership in Placement Forum.

- We aim to take forward the ideas developed about measuring child-centredness, following some initial discussions with key players in the Performance Management Framework. Giving young people a role in the inspection process will be part of this work.

Finally, VCC and NCB, together will launch an alliance to promote the messages from this document to create a truly child-centred care system in this country. The organisations involved would both pool their commitment and their resources, but also seek modest resources to pursue agreed goals.

As with Blueprint it will need to engage all parts of the care system and maintain the involvement of young people at its centre.

We aim that this alliance will:

- further develop some of the ideas and thinking and translate the ideas into practice.

- build on some of the work with local authorities which has created a feeling of excitement and optimism and extend that process.

- address the difficulties front line staff face.

- build a network of people with shared examples of how you can work in a child-centred way and overcome those difficulties.

- ensure that we share with the children and young people and staff the kind of services that should be expected and could be achieved – because someone, somewhere is doing it.

We hope that the discussion presented in this document, and the associated Blueprint materials will be used by national and local policy makers, managers and practitioners to promote a child-centred approach.

We hope too, that the enthusiasm and commitment from the children and young people who worked with Blueprint will not be lost, and that working in partnership with children and young people will become routine, a way of working which is second nature.

“You know me, I’d do anything for the care system. It’s been good to me.”

Young person
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