

Summary briefing 2009

London, 15 January 2009

Birmingham, 21 January 2009

Improving the outcomes for children in care is a goal shared by practitioners, managers, policy managers, children and young people, and their carers and is a central objective of recent legislation and government policy.

Fundamental to achieving this improvement is a workforce that is skilled, knowledgeable and confident in meeting the needs of each looked after child. The task is not easy and the hectic daily schedule of front-line practitioners leaves little time to reflect on practice, consider new ideas and keep up to date.

As a contribution to the process of reflection and learning, over the next three years NCB, supported by the Department for Children, Schools and Families' Strategic grant, will be running regionally based events for practitioners working with looked after children. This briefing offers an account of the presentations and discussions at the first two events. The aim is to provide participants with knowledge and up-to-date information on policy and practice issues. These convenient, regional events present an opportunity to hear speakers on relevant topics, network with other participants, exchange good practice and share ideas for improving outcomes for looked after children, and raise any pressing issues and questions.

The events will focus on making improvements for looked after children across the five outcomes of Every Child Matters:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

They will examine how best to improve the lives and experiences of looked after children in key areas, including placement stability and improving educational outcomes, health and emotional well-being.

The programme is an evolving one, taking account of participants' feedback, ideas and recommendations to determine the focus for future events. This briefing summarises the events and discussions that took place at the start of this programme of work.

The outline programme for each regional event consists of:

- a presentation by the government regional office responsible for the event's location, outlining the latest national government policies and initiatives in relation to looked after children, followed by a summary of what is being done regionally to implement these policies
- presentations by specialist practitioners on key issues in

relation to looked after children, for example working with young people on bereavement and loss

- round table discussion groups.

The presentations from government regional offices

National policy initiatives and developments

Care Matters

There have been many developments relating to looked after children – both nationally and locally – since the launch of the Care Matters Green Paper in October 2006. At a national level there has been the publication of the Care Matters White Paper, *Care Matters: Time for change* (2007). This was followed in 2008 by *Care Matters: Time to deliver for children in care – an implementation plan*; and the *Children and Young Persons Act 2008*. These national policy initiatives and developments have been mirrored by regional implementation responses.

Care Matters rests on four fundamental principles in seeking to effect positive change for looked after children:

1. *Excellent corporate parenting* – involving not just children's social services, but services across the local authority, such as education, leisure and housing

2. *High aspirations* – no acceptance or excuses for underachievement
3. *Stable relationships* – consistent, reliable relationships with those caring for or working with looked after children
4. *Taking time to listen to the voice of the child.*

Key milestones for the delivery of Care Matters include the:

- new Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) to identify and support best practice (July 08)
- *Children and Young Persons Act 2008* and other guidance (2008/9)
- review of *National Minimum Standards* (2009)
- new Ofsted inspection regime (2009)
- statutory health guidance (2009)
- first ministerial stocktake (late 2009)
- delivery and evaluation of the nine sets of pilots (2008–11).

Care Matters: Time to deliver – an implementation plan (DCSF 2008)

This plan is based on the four principles, detailed above, and sets out a vision for transforming outcomes. Current or forthcoming pilots highlighted in the implementation plan include:

- Virtual School Heads – being piloted in 11 local areas
- Right2Bcared4 – identifying ways in which 16–18-year-olds can be more involved in decisions relating to significant changes to their care
- Piloting Multi-Systemic Therapy as an effective intervention for older children and young people on the edge of care
- 18+ Family Placement Pilots – allowing young people to stay in placement beyond 18
- Social Pedagogy Pilots in residential children's homes in England
- Pilots for improving support for social workers – including the newly qualified social worker status in children's services, a new framework for professional development and a work based mature graduate entry route
- Social Work Practice Pilots.

The implementation of *Care Matters* is a phased process. There will be quite a bit going on in 2009, with new guidance such as the statutory guidance on health due in the spring. The pilot projects will have to run and be evaluated before any decision is taken as to whether they should be rolled out nationally. So we are unlikely to see the impact of these until 2011 onwards. There is an

implementation log available on the Every Child Matters website which details the timescales: <http://www.everychildmatters.gov.uk>

Children and Young Person's Act 2008

The Care Matters programme builds on the preceding legislative framework relating to children in care, primarily established in the *Children Act 1989* and amended by subsequent legislation, such as the *Children (Leaving Care) Act 2000*, *Adoption and Children Act 2002* and the *Children Act 2004*.

The Children and Young Persons Act 2008 introduces the necessary changes to primary legislation to enable local partners to deliver the proposed further improvements to services for children in care. The overarching purpose of the Act is to reform the statutory framework for the care system in England and Wales and to improve placement decisions and the quality of those placements.

The Act is underpinned by the same key principles that are fundamental to Care Matters, namely:

- good parenting from everyone the looked after child comes into contact with – from the local authority to social workers and foster carers
- uncompromisingly high ambitions for children entering the care system and a reduction in the current disparity of outcomes between looked after children and their non-care peers' stability in every aspect of the child's experience and more consistency throughout their time in care
- the centrality of the voice of the child – ensuring they are genuinely involved in their care planning and placement decisions.

Ministerial stocktake on progress

From the autumn of 2009, the first of the annual ministerial stocktakes will take place, assessing progress across the country in delivering Care Matters. Drawing on a wide range of data, including children's views and inspection reports, the aim is to celebrate success and to identify areas for improvement. A short report will be presented to Parliament. The question for consideration for each region is how to feed into this ministerial stocktake, to celebrate success and ensure that information on the ground about what works in practice informs national policy.

Regional developments

The London region

Mike Scott, the Young London Matters (YLM) Manager (Children in care) from the London councils, outlined work being done in the capital. YLM is a partnership initiative

aimed at supporting some of London's most vulnerable young people. It is funded by the Department for Children, Schools and Families (DCSF) and driven by the Government Office for London (GOL), working together with a wide range of agencies across the capital.

London Pledge and young people in care

Care Matters proposed a Pledge that time in care should make a positive contribution and must be a positive experience. YLM's response to this was threefold.

YLM delivered six consultation events, involving over 200 children and young people in care from 27 London boroughs, Cabinet members, directors and assistant directors of children's services, heads of service and participation workers.

YLM set up a pan-London working group to develop a London Pledge in line with the feedback from young people. A consultation draft was circulated in July 2008 (deadline 15 September 2008). London boroughs began signing up to the London Pledge in September/October 2008, via London Councils and the Association of London Directors of Children's Services (ALDCS), for launch in mid-October 2008. The event included a regional launch of the Care Matters implementation plan, with ministerial input from Beverley Hughes and lead members and directors of children's services from across London. Delivery and impact of the Pledge is being monitored and evaluated.

Pilot activity to support regional implementation of the Pledge is being undertaken, including improvements to the health of children and young people in care. YLM has been in discussion with Healthy Care and the Care Services Improvement Partnership (CSIP) about developing pilot activity with local authorities, using a similar model to the Virtual School Headteachers. This activity will be around the health of children in care with a view to developing health-related entitlements appropriate to the Pledge. A pilot project looking at CAMHS access for children in care across London has also been operating, involving CSIP, South London PCTs and local authorities. This will hopefully be replicated more widely in 2008/09.

Pan-London approach to piloting the Virtual School Headteachers (VSH) Model

The Virtual School Headteacher is an experienced headteacher, accountable for the educational attainment of all the children in the care of a local authority, including out-of-authority placements. The Virtual Headteacher will take responsibility for all the children in care in their area, forming a 'Virtual School' and working with school staff, local authorities and carers to monitor progress and improve educational outcomes. In 2007, local authorities were invited to bid for involvement in national Virtual School Headteacher (VSH) pilots. Altogether 23 London

boroughs submitted bids, of which Greenwich and Merton were successful. YLM has supported 29 other boroughs in exploring ways of delivering the VSH model across London, using the experiences of Greenwich and Merton. Working groups, comprising a number of different boroughs, are currently focusing on the following key issues:

- better use of baseline information (in tandem with RAISEonline and Fischer Family Trust)
- support to young people placed out of the borough
- developing appropriate packages of training for governors, designated teachers, foster carers and staff in children's homes.

Impact of pan-London VSH model

Altogether 15 London boroughs (47 per cent) have VSHs in post. This progress has been supported by pan-London value-added work, funded by YLM and driven by the GOL in partnership with a host of London partners. Other boroughs will be appointing VSHs during 2009. Consequently, London boroughs are better able to track the educational achievement of children in their care through having individual pupil data available from Fischer Family Trust. This should enable the provision of more effective support. Improved educational support is also available to children and young people in the care of these boroughs, including those placed out of authority. For example, LB Greenwich has subsequently made £3,000 available for each looked after pupil educated in Greenwich schools to support personalised learning.

A series of practitioner seminars focusing on targeted prevention, corporate parenting, social work standards and placements have taken place from October 2008 to January 2009.

For more information on the work of YLM: contact Mike Scott at mike.scott@londoncouncils.gov.uk; phone 020 7934 9839; or visit www.younglondonmatters.org

The West Midlands region

Mandy Smith, senior policy manager from the Government Office for the West Midlands (GOWM), outlined work being done in the West Midlands.

Regional level projects

- There has been investment in the West Midlands through a range of children in care pilots (Virtual School Headteacher, Right2BeCared4, Private tutoring, and others).
- Seven grant-funded participation projects for children in care, funded through the regional Healthy Care Programme, have been delivered.
- Warwickshire has led the development of the children in care Pledge and Children in Care Council (supported by What Makes the Difference?)

- There has been regional input to the Social Exclusion Taskforce PSA16 Work (Increase the proportion of socially excluded adults in settled accommodation and employment, education or training) and the cross-government White Paper *New Opportunities: Fair chances for the future* (2009). The latter includes an employment support programme for young people leaving care.

Involvement in national level projects and others

Regionally there has been strong involvement in the nine national pilots and much other activity. For example:

- there are now three Virtual School Headteachers (Dudley, Walsall and Warwickshire)
- there are two private social work practices (Sandwell and Staffordshire)
- Right2BCared4 and Staying Put are well established (Warwickshire)
- there is a Boarding School Pathfinder (Dudley)
- the Care Matters implementation plan was launched in Birmingham
- there is support for the Social Exclusion Task Force's work on PSA 16 and a strong focus on accommodation for care leavers
- there is targeted work through networks, for example on education projects, Healthy Care, and leaving care projects
- there has been development of the West Midlands Care Leaver Participation Forum, which has had success in getting Media Box Funding and is making a DVD with young care leavers from across the West Midlands.

What next for GOWM?

GOWM is now planning:

- to develop a Corporate Parenting Steering Group, which will help channel funding into networks
- a continuing programme of seminars on relevant topics, such as the Children and Young Person's Act, and targeted workshops through key networks
- a social pedagogy programme to support foster carers
- a Play4Life Project with NCB, Play England and the Department of Health West Midlands.

For further information and to keep informed about regional developments contact mandy.smith@gowm.gsi.gov.uk

Practice and development presentations

Supporting bereaved young people in public care

Alison Penny, coordinator of the Childhood Bereavement Network (CBN), based at NCB, outlined the work of CBN, covering issues around children and bereavement, including key concerns that emerged from a recent project looking at bereavement and children in public care.

Definitions

Loss is the state of being deprived of something that is valued (Howarth and Leaman 2001).

Bereavement is the experience of those left behind after someone has died.

Grief is the expression of an individual's response to loss (Howarth and Leaman 2001).

Although the presentation concentrated on bereavement, it also made the point that looked after children may well experience a multiplicity of losses and the cumulative effects of these may be severe.

Possible significant losses for looked after children

Looked after children can experience loss in relation to:

- parents
- siblings
- extended family
- friends
- home
- school
- neighbourhood
- sports teams
- previous fostering or other placement relationships
- leaving care.

Children also mention 'loss of hope', 'identity', 'a particular room I did for myself'. Any or all such losses may impact on their subsequent resilience in responding to a death.

Some statistics

One in 25 5–16-year olds in the general population have been bereaved of a parent, brother or sister (Green and others 2004).

A study in Sweden found the percentage of young people bereaved of a parent by the age of 18 was 4 per cent of the general population compared to 26 per cent of young people in foster care (Franzen and Vinnerljung 2006 p.254).

The UK government doesn't collect statistics on children affected by parental death, but it is likely to be significantly

higher amongst children who are looked after than amongst their non-care peers.

Why might the risk of bereavement be greater for looked after children?

Death may be a direct or indirect contributory factor in determining the entry into care of a child or young person (for example, where death of a sole carer necessitates the care placement).

Mortality rates amongst families and friends may be higher than within the general population (for example, in families where there are substance misuse or mental health issues).

Other relationships may make such experience more likely (for example, multiple placements and multiple relationships make the experience statistically more likely).

The ChildLine report, *I can't stop feeling sad* (Cross 2002), indicates that looked after children are made more vulnerable to abuse and neglect because of their experience of bereavements.

Impacts of bereavement

These impacts may be experienced across the five ECM outcomes:

- sleep disturbances, insomnia, nightmares
- eating disorders, loss of appetite
- toilet problems, such as a regression to soiling or wetting as when younger
- new physical disorders or the exacerbation of existing ones such as asthma and eczema
- anxiety, separation anxiety, mood swings, withdrawal, aggressive behaviours, school phobia
- poor concentration
- guilt problems, for example thinking that they are in some way responsible for the loss
- loss of memory, learning difficulties
- hyperactivity, acting out, taking risks that might be harmful to the individual.

(Chan and McCongley in Cousins, W and others 2003, p.63)

Mediating factors

These factors include:

- the characteristics of the young person
- family
- wider social contexts
- those surrounding the death.

The young person's coping style, age, understanding, and any additional losses accompanying the death which they may also have experienced, can all affect their response and resilience.

Possible complicating factors

Unexpected death A lack of preparation causes complications, for example was the child told someone is ill? How serious it may be?

Traumatic death

'Within the Trust there are areas of high unemployment and deprivation. Within these areas and across the Trust, suicide rates are especially high among young men' (looked after children's nurse, CBN 2007)

Ambivalent relationships before death These complicate the grieving process. Emotions such as jealousy of siblings who remained at home, or anger towards the dead person, can lead to guilt and delay recovery.

Adult anxieties Adults may worry about opening up a 'difficult' topic. Or they may have inflexible views on how a child should respond. There can be a reluctance to talk about death.

'It is not a subject that they openly speak about and not a conversation that their workers or family choose to have with them' (foster carer, CBN 2007)

Lack of information Carers may not know the child's history of bereavement and hence they are not in a position to confidently reassure the child that the death is not their fault since they are not in full possession of the facts.

'If it is known that a young person is bereaved, helping them to come to terms with this is given priority in a care plan. Unfortunately within referrals this is often not acknowledged' (secure children's home staff member, CBN 2007)

'Separation from the birth family'

Sometimes children are unable to say goodbye and sorry to family members. (independent fostering provider, CBN 2007)

They may be worried about family/siblings left behind. They may be excluded from group grieving rituals.

'At least if you're at home you've got your family around you and it's better cos at least you know that they're there' (young person, CBN 2007)

Young people may run away to be with siblings or others for whom they feel responsible.

Placement instability Bereavement support needs may be missed due to moves – these make it easier for information to get lost. Also changes in routine following a bereavement may exacerbate insecurity and cause behaviour difficulties.

Personal responses to other losses

'My son finds it very hard to really believe that he is going to stay with us – he has been to so many families and is not prepared to invest in us'
(foster carer, CBN 2007)

Insecurities and anxieties may prevent a child from trusting again. The key thing is the need for stable, secure and supportive placements.

Support for bereaved children

Worden (1996) identified ten components of support, or mediating factors following a death, that most bereaved children will need. They need:

- adequate information about the death and what has happened
- their fears and anxieties about who will care for them, and the safety of surviving relatives, to be addressed
- reassurance that they are not to blame
- people to listen carefully to their fears and questions
- their individual feelings to be acknowledged and respected as valid
- help with overwhelming feelings which might emerge in behaviour
- involvement and inclusion in the rituals and discussions around the death
- continued routine activities
- models for grief behaviours – to see others grieving and that 'it's alright to cry'
- opportunities to remember the person who has died – both after the death and as they go through life.

Good practice examples

Of the foster carers and residential staff who had had recent experience of supporting bereaved children, 86 per cent could describe the techniques they had used.

These included:

- being there, listening and talking (most frequently mentioned)
- helping with funeral planning
- help with retaining memories
- helping with contact with family.

Help must be given at the young person's speed, not pushed upon them. Methods used included Life Story work, photos, marking anniversaries, visiting the grave, and helium balloons. The Winston's Wish website (www.winstonswish.org.uk/) is a useful source of advice.

Support for carers

This may involve:

- training
- supervision, support and information
- books, helplines and other resources (for example, the Winston's Wish website)
- drawing on the wider social context – the community may be a source of support
- specialist support (such as CAMHS, which is useful but thresholds can be high, community childhood bereavement services, and some funeral directors)
- care planning.

Carers talk about how draining support-giving can be and they need help, support, training and information (see 'Bereavement, loss and children and young people in care', *Healthy Care Briefing*, NCB 2007).

'We expect a lot from children and young people. We expect them to deal with a great deal of loss of various kinds and are surprised when they can't. Nothing prepared us for helping the children through this'
(foster carers, CBN 2007)

References

- CBN (2007) *Grief Matters for Children. Support for Children in Public Care experiencing bereavement and loss*. London: NCB.
- Cousins, W and others (2003) *The Care Careers of Younger Looked after Children: Findings from the multiple placements project*. Belfast: Queen's University Belfast.
- Cross, S (2002) *I can't stop feeling sad*. London: ChildLine.
- Franzen, E and Vinnerljung, B (2006) 'Foster children as young adults: Many motherless, fatherless or orphaned – A Swedish national cohort study', *Child and Family Social Work*, 11, 254–63.
- Green, H and others (2004) *Mental Health of Children and Adolescents in Great Britain*. London: HMSO.
- Howarth, G and Leaman, O (eds) (2001) *Encyclopedia of Death and Dying*. London: Routledge.
- NCB (2007) 'Bereavement, loss and children and young people in care', *Healthy Care Briefing*, October. London: NCB.
- Worden, J William (1996) *Children and Grief: When a parent dies*. New York: Guilford Press.

Questions and discussion points following the presentations

Practitioners might be surprised at how many of the children and young people we work with have suffered serious bereavements.

There was a general acknowledgement that the participants feel ill at ease approaching the topic of bereavement though it may well be the common and critical experience of looked after children.

How can issues and good practice be translated into 'autism speak'? For example, how do you explain the concept that 'Mum is finished' when working with children with autism?

Participants were recommended to:

- read *Autism and Loss* by Dr Rachel Forrester-Jones and Sarah Broadhurst (2007), Jessica Kingsley Publications.
- check the websites for SeeSaw (www.seesaw.org.uk) and rirap (www.rirap.org.uk)
- go to the Winston's Wish website, mentioned above, which gives advice on helping young people cope with loss (www.winstonswish.org.uk)

Carers may need to help the child retain and process their memories. Explanations will need patiently repeating. Adults may feel 'Well I've said it once – that's dealt with'. However professionals need to understand that information may need repetition.

How do you support someone whose parent is terminally ill?

Hospices and palliative care teams may offer advice on supporting people through a relative's terminal illness. Participants pointed out that instances where the child or young person has a parent, carer or close relative with a serious or even terminal illness can present potentially on 'swampy ground' if the prognosis is unclear. There is a need to both keep communication open and to maintain a balance between the patient's rights (to confidentiality) and the young person's need to know details.

Obtaining the reasons for a person's death

One participant raised the issue of the difficulty in obtaining details about the reasons for a person's death from the coroner or GP. This information is important for several reasons, for example in the case of adoption. Their experience was that records tend to 'disappear' after a death and confidentiality about a patient's records is also an issue. Speedy responses to requests for information may be essential for the child but can be very slow in coming from other professionals and agencies. One participant felt that contacting the treating consultant (if known) might be the quickest way to find out.

Are there any resources to help practitioners deal with parental suicides?

Alison Penny suggested looking at the Winston's Wish website (www.winstonswish.org.uk) for useful resources. For example, the book below has a helpful exercise about memory work, recognising that memories about the person who has died can be both positive and negative:

Stubbs, D, Stokes, J and Baker, H (2008) *Beyond the Rough Rock: Supporting a child who has been bereaved through suicide*. Winston's Wish.

How can we replicate the Swedish study?

A participant asked: Is it possible for us to replicate the Swedish Study referred to in the presentation to ascertain the numbers of children in care affected by bereavement compared to children in the population as a whole on a local level?

It was felt that having accurate statistics might lead to greater investment and resources for children in care, and in bereavement and loss training for staff. CBN will include this issue in their lobbying work.

Many unaccompanied minors have witnessed their parent(s) being killed. How can we support these young people?

JIGSAW 4U carried out consultations with asylum seeking and refugee young people, which found a need for holistic support that includes dealing with bereavement, and takes into account young people's choices on how and when they want to deal with bereavement. A report of a recent seminar may help with ideas. *Grief Matters for young asylum seekers and refugees: seminar report and recommendations* is available from www.childhoodbereavementnetwork.org.uk/documents/Finalseminarreport.pdf.

These issues could be addressed through the process of getting to know the young person whilst recognising that young people are very sensitive about everyone 'knowing their business'. It is important to remember that, although everything might be in place, the young person might not yet be ready to talk about bereavement or have the language or skills to do so. Sensitive timing is necessary. The RD4U website (www.rd4u.org.uk/) has a timeline of experiences resource that may be helpful for people not yet ready to talk. The website also has the benefit of being 'virtual' for those not ready to talk to someone face to face about their experiences.

In the future, including available resources in leaving care handbooks would be useful. Different resources might be useful for those not yet ready to talk about their experiences.

Life transitions theory by Sheree Kane

What is a transition?

- The process of changing from one state or condition to another.
- A period of such change.
- A transition is not a one-off event, it is a process.

Most transitions are associated with significant life events – changes of an individual's role or environment requiring radical restructuring of how a person sees themselves and their world.

Why is awareness of transitions theory/process relevant to working with looked after children?

- All children and young people experience transitions during their lives including starting and moving schools, moving into adulthood and independence.
- Looked after children may experience more transitional periods than other children as a result of their situations, needs and environmental factors.
- Using transition theories can help us to understand behaviour and reactions. Difficulties and support needs can be anticipated.

Other uses for transitions theory

- It can help us to understand, support and work with reactions and behavioural responses to organisational change – whether this is a local restructuring or large scale changes as a result of new policy and procedures.
- It can help us to understand and work with changes in roles and responsibilities, for example changes in management or a newly approved foster carer taking on a placement.

There are different schools of thought on transition theory. The following describes the work of just two authors whose work may be useful.

Barrie Hopson's seven phases of transition

Hopson described the process of transition as broadly following seven phases, although he recognised that a person seldom moved neatly from one phase to another:

- immobilisation
- minimisation
- depression
- letting go
- testing out
- search for meaning
- internalisation.

Immobilisation This first phase is characterised by a sense of being overwhelmed, unable to make plans, unable to reason and understand, some describe this phase as like a feeling of being frozen. The intensity with which some people might experience this stage is more apparent if the transition is unfamiliar or there are negative expectations/connotations.

Minimisation Moving through into stage 2 of the cycle, minimisation of the change or disruption, even trivialising what is happening, are the main characteristics. At this stage some may even deny that significant changes are taking place at all or that anything new is happening. Denial can have a positive function in this period of adjustment, for example by providing respite until we are ready to face the change.

Depression Eventually for most people, the realities and inevitability of imminent change become apparent. They may get depressed, have feelings of powerlessness, of not being in control. This period can also be characterised by anger about these realities. Even if the changes were voluntarily created, there is still likely to be depression at this stage.

Letting go During the first three phases there may well have been some form of attachment – conscious or otherwise – to the pre-transition situation. Moving on to the fourth phase involves an 'unhooking from the past' and acceptance of reality. At this point optimism about the future becomes at least possible.

Testing out This is the period in the transition process where people become more active and start testing out new behaviours, skills, lifestyles and so on. Categorised as an energetic phase, it is not unknown for people to become irritable, impatient or angry towards others during this phase.

Search for meaning Following the burst of activity and self-testing, there is a more gradual shifting towards being concerned with understanding and seeking meaning for how things are different and why they are different.

Internalisation The final phase of transition involves achieving understanding and acceptance.

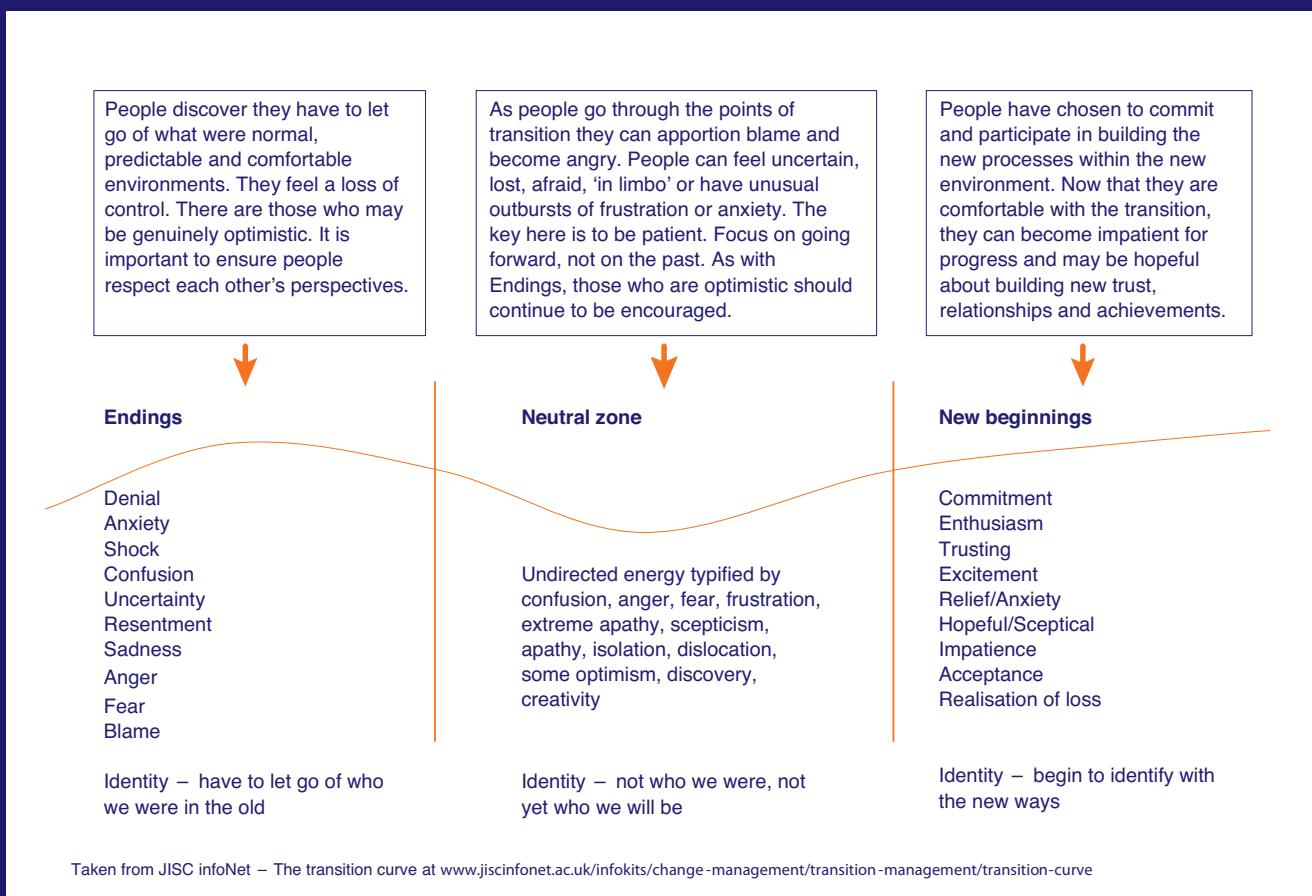
Hopson, B, Scally, M, and Stafford K (1991) *Transitions: The challenge of change*. London: Lifeskills Personal Development Series.

William Bridges' three phases of transition

William Bridges produced the Three Phases of Transition model shown in Figure 1.

Bridges, W (2004) *Transitions: Making sense of life's changes*. New York: Da Capo. or from the website www.jiscinfonet.ac.uk/infokits/change-management/transition-management/transition-curve.

Figure 1: The Three Phases of Transition



© 2008 Northumbria University

Round table discussions and questions

Following both presentations, participants had the opportunity to discuss any burning issues, questions or suggestions for improving practice. The following is a summary of the key issues for practice expressed by participants across the two events.

Improving educational outcomes

Need for greater awareness of the Personal Educational Allowance (PEA), how to access it and who should have access. It was felt that the money allocated was not being filtered properly and some areas are not accessing PEA at all.

Several participants wondered what impact the Virtual School Headteacher will have in their area and the future of this initiative without ring-fenced funding?

Improving mental health and well-being

Participants wanted more guidance/training around improving the emotional, behaviour and mental health of looked after children.

Placement stability

Participants saw a continuing need to maintain and improve placement stability.

Transitions to adulthood

Transition to leaving care still difficult. Need for resources and for young people not ready to leave care not to be hurried into doing so.

Managing out-of-area placements and improving outcomes for those children, planning for their leaving care and improving interagency communication remains problematical.

Transitions for looked after children moving from children's to adult services is still difficult.

Improving interagency communication

A need for better communication between agencies underlay many questions.

Confidentiality

When working with looked after children, what to share with other professionals/agencies – 'how much is appropriate' – is an issue of concern. What do you share

with schools? Share on a 'need to know' basis? What is 'school specific' information and what is not?

Social pedagogy

Participants wanted information on social pedagogy – what exactly is it and how does it relate to improving outcomes for children in care?

'Supporting looked after children through head, hands and mind. Supporting foster carers to do the same through utilising activities/visits/drama'. In the West Midlands they are hoping to work on this with Pat Petrie from the Thomas Coram Centre.

For more information on the application of social pedagogy to working with children in care in England see

http://ioewebsserver.ioe.ac.uk/ioe/cms/get.asp?cid=470&470_0=22180

www.socialpedagogyuk.com/index.php?option=com_content&task=view&id=4

see also www.ncb.org.uk/ncerc

Leisure activities and social inclusion

Several participants felt that transport is a major barrier to social participation. Social and leisure activities might be available locally for looked after children but foster carers and residential workers might lack the time or resources to take and collect them. Young people with providers who have a minibus have an advantage.

Social work practice pilots

Questions were raised as to what was happening with regards to the social work practice pilots and any difficulties arising over contractual arrangements.

Suggestions and ideas for improving educational outcomes

- In Leicestershire the personal educational allowance (PEA) is accessed through the Virtual Headteacher and Corporate Parenting Officer.
- In West Berkshire it is applied for through the Personal Education Plan (PEP).
- In Medway, there is a clear plan with regards to PEAs. There is a meeting, then a panel. The allowance is then allocated to the needs of the individual child, not to the school. So far this has been a success in Medway.
- £3,000 is allocated for looked after children in Greenwich schools.
- A Year 11 Dinner – as a celebration of achievements (widely defined).

- Award ceremonies for looked after children, which not only recognise qualifications but also any significant progress that has occurred – every child makes some progress.
- Need for national standards for the Virtual Headteacher role?
- Reward system for celebrating qualifications.
- Personal Educational Allowances – guidance can be found at www.everychildmatters.gov.uk/_files/7661DCSFPEAllowances.pdf

Suggestions and ideas for improving health outcomes

- The lead for health of children in care could mentor other GPs – sharing good practice.
- Need to raise awareness of some GPs and health professionals about the reasons why looked after children and young people may miss appointments and emphasise to carers the importance of supporting young people in attending.
- Having someone attend to support the child/young person during the health assessment is helpful.
- Some local authorities rely more on looked after children nurses (LAC nurses) to carry out health assessments; the nurses are allocated a number of looked after children from a particular team or service or children's home.
- Some local authorities use a system whereby the older children (care leavers of 16 plus) have a drop-in surgery at the leaving care team run by a LAC nurse – so this can serve a number of purposes:
 - health checks here can be carried out more readily as young people tend to go to the leaving care office for other reasons anyway. Doing health assessments here is more likely to capture a wider group of young people who might not necessarily attend a GP's surgery
 - young people can get preventative advice and information on lifestyles, health issues or if they have concerns they can easily pop into the leaving care surgery
 - the medical staff get to know the young people and the staff
 - if staff have concerns or questions about a young person they can talk to the LAC nurse.

A straw poll survey could be carried out on children's experiences of the health assessment, using simple questions to get a feel for how they experience

assessments, ascertain how they could be improved in the future, and how useful they were. All the information, gathered in terms of needs (unmet or otherwise), could help to target resources or ideas for development more effectively and help with providing the evidence for multi-agency meetings with other health colleagues.

Children and Young People in Mind: The final report of the national CAMHS review published on 18 November 2008, contains 20 recommendations for government. www.dcsf.gov.uk/CAMHSreview/

The Healthy Care programme, funded by DCSF and developed by NCB, provides a wealth of information and guidance and free downloadable resources at www.ncb.org.uk/healthycare

Suggestions and ideas for improving outcomes for care leavers

- Young people thought they would benefit from mentoring, that is, from an 'older young person' in care or a young adult who had gone through the system.
- Building resource awareness of what is available to young people, including possible schemes and grants, for example through the Prince's Trust.
- Incorporating information on support that young people can access on bereavement and loss issues into leaving care handbooks and websites so that they are informed about where to get help when they are ready.

With regard to improving accommodation for care leavers, a Pan-London contract for supported housing for care leavers has been developed to ensure a minimum standard of accommodation and care for all care leavers within London boroughs. Although anecdotal evidence suggests that not all London boroughs have a clear process in place, many have very strict criteria for commissioning these types of services.

Further information on legislation, policy and entitlements, practice and research resources is available at www.leavingcare.org

Apprenticeships

- Apprenticeships are part of the wider Social exclusion agenda. On 13 January 2009, Ed Balls announced a new package of support to help all children reach their full potential and narrow the gap in educational attainment and life chances between children from deprived backgrounds and their better-off peers. A package aimed at care leavers is included in the White Paper: *New Opportunities: Fair chances for the future* (2009) London: TSO.

- The National Care Advisory Service will be leading work with the young people's charity Catch 22 and nine local authorities to develop and test out models of support for care leavers going into employment, with a view to a phased national roll-out from 2010–11.
- A National Apprenticeship Service will be introduced to ensure that, from September 2009, all suitably qualified care leavers will be offered an apprenticeship place. There will be the creation of a national network of employers who will commit to developing support initiatives in their organisations for young people leaving care. For more details see *New Opportunities: Fair chances for the future* at www.hmg.gov.uk/media/9102/NewOpportunities.pdf

Suggestions and ideas for improving placement stability

In one local authority, the 'Team around the child' model is used to ensure that all aspects of the child's needs are met and the carer is fully supported. A coordinated approach from the outset, with clear roles and responsibilities amongst all those involved. Rather than have 'Placement disruption' meetings – all meetings are called 'Team around the child' meetings.

Only a small percentage should be placed out of county. Continued work is needed on re-introduction back to the locality and multi-disciplinary input, with authorities increasing and improving in-county provision and training for staff and providers.

In the event of an out-of-authority placement being required, prior discussion with the receiving authority is essential to ensure access to the host community's resources, schools and so on, with key links made.

Transport can be a barrier to participation – ensure that the plan has considered how a child will maintain their leisure activities when they become looked after.

Improving the participation and involvement of children and young people

Recommended resources

Communicating with Children

www.ncb.org.uk/cwc

This web-based resource addresses communication and highlights useful research studies, analysis, books, tools and techniques.

Participation Works

www.participationworks.org.uk

This is an online gateway to a wide range of resources,

guidance and information about participation and involving children and young people more effectively.

Blueprint Project / Voice

www.voiceyp.org

With the help of children in care, the Blueprint Project took an independent, child-centred view of the care system in England and offered an alternative vision of what it should look like and how it could work better for children and young people. Details about the project and the materials produced, including the *Try a different way* sheets for practitioners, can be found on the Voice website. Materials and information about the Blueprint in Practice Project, the follow-on from the original project, can also be found on the Voice website.

Children's Society – Disability Toolkit

<http://sites.childrenssociety.org.uk/disabilitytoolkit/>

The Disability Toolkit is a 'one stop information hub' and provides:

- downloadable resources and practice examples for professionals working with disabled young people, sourced from a wide range of organisations.
- a facility to upload information about your own resources and practice examples, so they can easily be accessed and shared
- information on the latest policy and research
- case studies outlining the experiences of disabled children and young people from their perspective
- e-updates and practice news.

National Centre for Excellence in Residential Child Care – Development pack on participation

www.ncb.org.uk/ncercc

Future events

The next Looked After Children Practice Exchange Network meetings will take place between June 2009 and February 2010. They are of relevance to everyone working with looked after children, including:

- social workers
- residential staff
- foster carers
- personal advisors
- front-line managers of children services
- health professionals working with looked after children
- education professionals working with looked after children.

For more information contact
www.ncb.org.uk/conferences

© NCB 2009



National Children's Bureau
8 Wakley Street
London EC1V 7QE

tel +44 (0)20 7843 6000
fax +44 (0)20 7278 9512

Registered Charity Number 258825

Useful numbers

Book Sales: 0845 458 9910
Conferences and Training: 020 7843 6041
Fundraising: 020 7843 6329
Library and Information Services: 020 7843 6008
Membership: 020 7843 6080
Young NCB: 020 7843 6099

www.ncb.org.uk