



TOWARDS A NATIONAL CARE FAMILY

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1.0 INTRODUCTION

This paper argues that we should create a National Care Family (NCF). It recommends that this new venture would be a lifelong service covering fostering, adoption, kinship, and residential care (or foster based group care). Crucially, it will also support birth parents whose children return to them from care. It also proposes that it takes responsibility for the secure youth estate, so that children within this can receive trauma informed care that adheres to safeguarding statutory guidance, as this is not the case currently for too many YP in YOIs. Care experienced adults will be supported lifelong.

This service will be underpinned by love, and the determination to provide lifelong relationships for all those served by it. We must create loving, lifelong, safe and stable relationships for all children who are removed from parental care.

It will not be a bureaucratic behemoth, there will be no central London office or large scale management structure. The families it supports will have full delegated authority, and will make all the important decisions with and for the children they are bringing up. The NCF will be the structure that allows this to happen, ensuring that these families receive all the services they need to bring up their children, and that those children have access to the service lifelong. The management structure will be one of upside down management, with decisions made in family homes, and support from NCF staff will be available as and when needed. This will allow the actuality of the service to be local, not national.

This service will be a public sector entity, and will not be outsourced to a charity or private provider. These children are in the care of the state, and a good parent takes that responsibility seriously. It could be a non-departmental public body, in the same way that CAFCASS is. It will be inspected by OFSTED. It will answer to Parliament and be scrutinised by the Commons Education Select Committee and others, as appropriate. The service will be directly overseen by a Board, similarly to CAFCASS. This Board must have significant representation from experts by experience of the services the NCF is responsible for (e.g., care experienced people, parents whose children have been taken into care, and adopted adults).

This paper will not enter into granular detail on the proposed new service. It will simply set out a strategic vision, and outline what the new service might be responsible for and address. The detailed design and creation of such a service should be shaped by those experts who can best inform this by experience, and those within the current system who accept and embrace the need for radical change. It will be informed and shaped

by research, data and professional expertise. The new service must be co-designed and co-produced by those whose lives it aims to transform.

For the avoidance of doubt, this will mean that Local Authorities will no longer hold parental or operational responsibility for children in public care. The paper will argue that LAs can never change in such a way that they will be effective “corporate” parents, or offer lifelong support to care experienced adults. If we merely try to re-purpose the current systems/structures, we will simply get more of what we already have. Corporations do not parent children. Adults who love and care for the children parent them. The new service will not be a corporate parent; it will support, enable and serve the actual adults who are the parents. Delegated authority to the families that these children will spend their childhoods with has to be real, and respect for these families must be meaningful. In this way, the NCF can avoid some of the issues created by the corporate parenting approach. The solution has to be a wholly different place, not a reformulation of what we currently have. Child protection and family support will, quite rightly, remain LA responsibilities. The transitions between these services will have to be carefully choreographed, but the boundaries are clear, as once children enter formal or alternative care, they will be the responsibility of the NCF, even if children ultimately return to their birth parents.

All children in care, or in families created through social services’ intervention, require a service that is dedicated to them and their families. LAs will never prioritise this group lifelong. Child protection always, completely understandably, takes precedence, and care services will never be the overriding and only priority within the LA structure. This is not the LAs fault, as they are structurally and systemically not well suited to the parenting role. Although substantive effort and commitment has been put into corporate parenting, it is not an approach that has changed the outcomes statistics over the past 30 years. There is also no getting away from the significant variances in services for children in care and care experienced adults across different regions, and we need all services to be at the high water mark in all areas. The NCF will not be immune from the postcode lottery issue, but it will have the ability to ensure that good practice is promoted across the service, and be able to take remedial action quickly and effectively.

The review has to have outcomes for children placed above and beyond modifications that current organisations who run the care system want. IFA and children’s home owners want to keep their market share. The review must be minded that they will position themselves as the solution, and fight hard against transformative change. LAs will be a key partner in the new NCF. This proposal is not a rebuke to their commitment or intentions towards children in care, it is just a recognition that the structural reality is that the current care system’s architecture has not, and cannot, deliver the safe and stable childhoods required. Those of us currently responsible for the care system must understand that the review is about us, not for us. It is for the children and families who the system touches, the children it takes responsibility for, the families it creates, and for all of these children and adults lifelong.

2.0 BACKGROUND

It is undoubtedly true that a great many children are protected from harm by the care system, and for a significant number of children it is transformative. Many care experienced young people and adults are rightly angry that the above statistics inform public debate about the system, when their experience is a different story. Changing the narrative must be a key aim of the NCF. There are strengths that we can build on, and excellent practice that the proposed service must embrace, seek to enhance, and make standard. The challenge is to bring the experience of all those whose childhood is influenced by statutory intervention up to the high water mark required.

The statistics regarding children with care experience are well known, but it is worth reminding ourselves of the headlines to reinforce the fact that what we currently do is not working for far too many of the children we have chosen to become parents for.

Children in care are significantly over-represented in the criminal justice system and in custody, where many have a particularly poor experience. In 2016, around half the children in custody in England and Wales had been in care at some point.

People with a care experienced background are more likely to have a criminal conviction, and may have experienced unnecessary criminalisation (for example, children's homes using the Police as a behaviour management approach, or Police approaches to Stop and Search, which also have a vast racial disparity). Care leavers are estimated to represent between 24% and 27% of the adult prison population, whereas they are less than 5% of the overall population. 25% of prisoners self-identified as care experienced, with 16% of care experienced prisoners having had more than six different placements whilst in care. homeforgood.org.uk/statistics/care-leavers

Care Experienced young people are more likely to have to live independently at a far earlier age than their general population counterparts. Some of them are also unable to remain in their placements beyond the age of 18. They are, therefore, likely to experience compressed and accelerated transitions to independence. In 2019, the average age to move out in the UK was 24.6 years old. This value changed from male to female, however; males left home at an average age of 25.4 years old, whereas women left at an average age of 23.8 years old. ([What is the Average Age to Move Out in the UK? - Think Student](#)) Therefore, the most vulnerable children in the UK are forced to leave home several years before their general population peers.

One third of care leavers became homeless within the first

two years of leaving care, and 25% of homeless people have been in care at some point in their lives. There are clearly-evidenced interconnections between care leaver status and homelessness. In July 2017, "Crisis" produced a report on homelessness prevention for care leavers, prison leavers and people experiencing domestic abuse, for the UK All-Party Parliamentary Group for Ending Homelessness, which noted that one third of care leavers (33 per cent) become homeless in the first two years after leaving care, and 25 per cent of all single homeless people have been in care at some point in their lives. The "From Care to Where?" research in 2020 backed this up.

stepbystep.org.uk/news/care-leavers-and-homelessness/

When children in care are compared with children in the general population, they tend to have poorer outcomes in a number of areas, such as educational attainment, and mental and physical health. Children and young people who grow up in care are up to four times more likely to suffer from poor health 30 years later, than those who grew up with their parents.

ucl.ac.uk/news/2020/jul/children-care-suffer-poor-health-decades

Care Experienced young people are less likely to be in education, employment, or training. Over a third of 19-year-old care leavers are not in education, employment or training although, with support, many achieve success in education and training later in life.

Looked after children are almost four times more likely to have a special educational need (SEN) than all other children, and are more than five times more likely to have a fixed period exclusion than all other children.

Children in need e.g., those experiencing serious family problems, and who require social work support while living at home, (including those subject to Child Protection Plans) make less educational progress than children in care, suggesting that the care system may operate as a protective factor educationally. nuffieldfoundation.org/project/educational-attainment-of-children-in-need-children-in-care



3.0 DETAIL



3.1 LOCAL AUTHORITIES

There is an argument that Children's Services should be democratically accountable on a local level. However, the outcomes for children in need of protection, or in public care, are never a local democratic issue. Issues regarding children in care are never raised on the doorstep at election time, and so there is no real local democratic accountability for how we serve these children. However, the NCF will not be a new NHS; it will have a management structure of upside down management, with decision making sitting at family level. This in no way decries the commitment and determination amongst LA staff to improve outcomes for children, but is simply a recognition that the current structures mitigate against this being achieved to the level it needs to be, country wide. The proposed NCF would employ many of the staff currently within LAs, as they have the skills, experience and commitment to make the NCF a success. They are simply working within a structural framework that does not allow them to achieve the outcomes they seek. The NCF and LAs would be close, strong partners working together in the best interests of children.

3.2 NO MORE SILOS

Children and families do not see legal orders. The current care system is obsessed by them. Children in foster, adoptive, kinship and residential homes, as well as children who return home to their parents, share many common characteristics and experiences. They also share many common needs in terms of the support and care they require directly, and the support their families will need. Support groups, training, reflective supervision and an out of hours service can be delivered jointly to all families, regardless of family type or legal order. A great deal of money, resource and organisational time is taken up providing the pyramid structure for each silo, and much time is wasted managing the interfaces between what should be a single service. I do not doubt that many of the issues that bedevil the efforts of LAs to be the best possible parents will also weigh on the NCF, but its sole focus and commitment to respect and support the families the State has created will be a bulwark against this.

3.3 BIRTH PARENTS

The group served least well by the current approach are birth parents. In the absence of the death penalty, removing someone's children from them is the most profound thing the State does to its UK citizens. Many

children return to their birth parents after a period of care, and this is the most common reason that children leave care. Unfortunately, birth parents do not receive a fraction of the support that the foster carers who cared for their child received. This is not just about financial support, but also support groups and training, and one to one support could be provided to them alongside foster carers and adopters. All of the family types discussed are looking after the same children. To imagine that they will not face the same issues and challenges, and not need the same sort of support, practical, pastoral and financial, is intellectually incoherent.

There is a great opportunity to enable foster carers and residential staff to support birth and kinship carers through mentoring and coaching support. Experienced foster carers have a wealth of transferrable knowledge and skills in successfully caring for and raising children.

The NCF will also be responsible for ensuring that children who are in formal care, or who are adopted, are able to maintain lifelong links with extended family. This will complement and work well with the excellent FRG "Lifelong links" work. The service will also offer support to kinship families, as it should not be assumed that links with other family members can be managed straightforwardly. There needs to be more access to mediation services to allow foster, adoptive and kinship carers, as well as other birth family members, to overcome barriers, and to have a positive and open relationship that is in the child's best interests.

3.4 SOCIAL WORK SUPPORT

Each family served by the NCF will have an allocated social worker. The level of support is currently informed by statutory guidance, but the paper proposes that the level of support will vary over the course of the childhood. As adults, the care experienced individual will be allocated a support worker as and when their needs require one. However, their right to a service as care experienced adults will not be governed by thresholds. Their care experience will confer a protected status, which means they are eligible. The professional background of such support staff is likely to vary according to presenting needs.

There will be a debate as to whether the children should have a separate allocated social worker, as is currently statutorily required. One of the key aims of the Care Review is to create longstanding positive relationships for children, and it is vital that this is achieved. The importance of relationships has long been championed in the care experienced community, and by many in the sector. The sad reality is that the looked after child's social worker very rarely has a long term stable presence in the lives of children in care. This is not to say that it is never achieved, but it is not the experience of the overwhelming majority of children in care. This is largely due to staff turnover but is sometimes also due to service created transitions. This role would not be part of the proposed new structure or system.

Stability amongst adoption support and fostering support social workers is much higher, and the NCF would build on this. We have significant success in retaining social work staff within TACT. Being within an organisation dedicated to delivering the best outcomes for children, and one that gives you the tools and responsibility to achieve this aids retention. The fact that this work will exist largely within the NCF, and the charitable and not for profit IFAs, means that social worker movement between LAs will not be the issue it is now. Social workers would be able to relocate geographically and remain within the NCF, as indeed, families and care experienced adults could.

There is undoubtedly an argument that children in care need independent support and advocacy, and this should absolutely be available. However, it would be naïve to think that we can magically achieve what LAs have been unable to achieve in the past 30 years, namely looked after children's teams with low staff turnover.

Any change in this area would require a legislative change. If the proposal to set up the NCF is accepted, recommended and enacted, then the role of the looked after children's social worker will be a contested area.

The IRO service could continue as it is currently operating, but it would have to be properly independent of the NCF, in a way that has never been achieved in the current LA structure. Where it might sit will be a matter for debate, but it could be another existing non departmental body. For the avoidance of doubt, IROs will oversee the NCF but, how this is enacted will require detailed work. The current review approach is not, perhaps, the best way to progress actions required to support our children and improve outcomes.

3.5 THE SECURE ESTATE

YOIs and STCs fail children, they do not rehabilitate them. Recidivism rates are high, and they do not address the underlying trauma that these children have faced, and often do not even recognise it, thus exacerbating the trauma. The majority of children in custody are going to be released whilst they are young adults, so we need to focus on providing them with the care to recover from trauma, whilst addressing their educational needs and preparing them to live successfully once released. The NCF will also be there to offer them a service lifelong.

All of this can be done whilst protecting the public. A care based approach within a secure environment is possible, and is achieved elsewhere. Remand fostering offers a credible model to build on. The key is to have experienced, emotionally intelligent staffing, and to try and create an environment more akin to a family than a prison.

3.6 HEALTH SERVICE

Many of the children and families will require specialist input to assist with recovery from trauma, and achieving good emotional and mental health. It is, therefore, proposed that there is a dedicated Health Service within

the NCF, including mental health professionals working directly as part of multi-disciplinary teams supporting children and families. This is not envisaged to be generally one to one clinical support for children, but support for the parents/carers through psychologists supporting the carers, as required, and assisting them in identifying, designing and enacting parenting approaches. This will not replace CAMHS, and children who have emerging mental illness will still require the statutory service. Many children under the purview of the NCF will have suffered trauma from adverse childhood experiences, and need to be brought up in a family environment that can address this. Often, they are not in need of direct medical mental health services. As noted above, tier 4 in-patient services will not be part of the NCF.

3.7 CARE BANK

Alongside the proposed NCF, the wholly dysfunctional market in children's social care must be addressed. There is separate work taking place on this as part of the IRCSC, but it is vital that the financial arrangements are separated from the discussions about children's best interests. It is essential that there are certainty of costs, and that the private equity providers are excluded from the sector, as their approach and ethos is inimical to the lifelong interests of children and care experienced adults. The NCF will also not utilise social work agency staff, as the margins such agencies take from the taxpayer are equally egregious.

The Care Bank will be a separate entity whose role it is to fund the costs of care for children. The money saved by the Care Bank approach, and the prevention of money flowing out to private profiteers will enable funds to be reinvested in the children. Therefore, the NCF will not be the structure that pays fostering, SGO and residential fees, allowances, etc. For more on the Care Bank, see:

childrenengland.org.uk/Handlers/Download.ashx?IDMF=325cbc86-49da-42fb-974b-9935865a04ba

3.8 CARER RECRUITMENT AND SUFFICIENCY

The NCF will be responsible for attracting people to foster and adopt, and will also be responsible for the provision of residential and secure care (including provision that will replace the current secure estate). It will not take over NHS tier 4 mental health in-patient care.

In doing this, the NCF will celebrate, value, and promote all those who offer alternative care. Part of this will be by encouraging and inspiring people to come forward to offer their homes to children, or to work in residential/secure care. A proactive and positive national campaign to recruit foster carers and staff to work in residential/secure care is very long overdue. A dedicated Recruitment Service that is proactive, responsive, professional, efficient and effective is entirely possible, and several IFAs already achieve this. This expertise can be transferred to the NCF

in order to achieve and maintain sufficiency.

Only by having a National Care Family, can issues such as the lack of secure accommodation, recently flagged up by the Supreme Court, be addressed. This needs to be done in conjunction with taking ownership of the youth secure estate, as children who have committed crimes are still children. The DfE has promised funding to address residential care provision, but this is insufficient and lacks vision. We certainly need an even spread of residential children's homes and secure care, and the DfE property company "LocatED" could be utilised to purchase the necessary property. The NCF would also strive to ensure that children's homes be given clear planning priority. In the NCF there will be no place for unregulated care. All "16+" provision for children must adhere to the current regulations covering residential care and will be inspected as such.

Much more imagination and thought is required in this space. How many children could remain with extended family if we invested in extending relatives' homes to create space for children? We could do the same with foster carers, and this could address the unnecessary separation of sibling groups. As noted above, a dedicated NCF could transform the recruitment of foster carers.

3.9 GEOGRAPHIC STRUCTURE

Creating the NCF is undoubtedly going to be a hugely significant undertaking. A national service always runs the risk of being unwieldy and unworkable, and it is vital that the service feels local to carers, children, and families. Regional Adoption Agencies (RAAs) have been created, and may provide a sensible starting point. For example, they could be re-purposed as the regional hubs for the NCF, then the service could be delivered locally. Crucially, a family, child or care experienced adult moving areas would not have to transfer to another LA, as their entitlement to the NCF's services would go with them. It is vital that the services delivered across the NCF reaches the required high watermark.

Local authorities do not have a monopoly on localism. The services the NCF provides will be provided locally, in the homes of the families they serve, and in venues accessible to these children and families. The NCF will seek close links with local community services so as to enable the children, families, and care experienced adults to be an integral part of their local communities.

Through upside down management, power will reside locally in family homes across England. A network of locally based advisory boards involving local stakeholders might be one way of trying to have a purposeful local governance structure akin to Health and Wellbeing Boards.

3.10 EDUCATION SERVICE

I propose that the funding for virtual headteachers and the pupil premium for children in care is channelled

through the NCF. These services are designed to support the children and families that the NCF are responsible for. It, therefore, makes sense that they all sit within the same service. The current approach to virtual schools/ virtual heads service would be re-shaped as, surprisingly and concerningly, over 50% of virtual heads are not qualified teachers, let alone have any senior educational experience. The NCF would change this, and have an overarching Executive Head with regional Heads who have support teachers working for them. Their role is absolutely to advocate for children, to support the child's family, and to support and challenge schools to offer the very best educational environment they can for our children. Having control of the pupil premium will allow this to be spent through a partnership between child, school, and family, to enable optimal educational outcomes for their child.

3.11 LIFELONG SUPPORT

The key, and hugely significant, new development is the NCF accepting that it is a parent for life. Therefore, a key part of the NCF is to offer support, advice, guidance, care and love to all children within the families it serves lifelong. The constraints on this should only be that the NCF offers what any reasonable parent would provide to their child as an adult. It is likely that a lot of resource will be geared towards adults aged between 18 and 25, given how crucial this period of life is. However, the service will remain available lifelong, and a key component of this will be access to talking therapies without charge and support groups lifelong, so that care experienced adults can access these when they feel that they require them. The NCF will be there for the families lifelong, as it will be to the family who brought them up that the care experienced adults will most often turn to.

We also need to engage local communities in the NCF. There is a lack of understanding in the general population about the care system, and why children are in fostering, residential and kinship care. The NCF needs to engage the general population, as our children are part of the local community and can contribute to, and benefit from, local community life.

Our experience with TACT Connect (TACT's lifelong service to support our care experienced adults) tells us it is vital that this service is owned by, and responsive to the care experienced community. It should not feel like a professional system, or a service you just receive. It is a community that you are part of, and it must be sensitive, responsive, and cognisant of the needs of care experienced people. As stated above, there will be no threshold criteria; care experience will be a protected characteristic that allows you access to the NCF. There will be no aging out, and the current arbitrary thresholds at age 18, 21 or 25 will simply disappear. The support will most often involve the people the care experienced person has the best relationship with, often the adults who brought them up, but the NCF will act as surrogate grandparent, as and when necessary.

We will only truly achieve the outcomes we seek when

we accept that parenting is the work of a lifetime, not a childhood.

3.12 UNINTENDED CONSEQUENCES

There will be an argument that uncoupling the service that is responsible for child protection and family support aimed at preventing children being taken into care, from the service responsible for children in care, might create perverse incentives.

The worry might be that the impetus to prevent a child going into care might be weakened, as the impact will not be felt on the agency responsible for the preventative work. This view is unfair on social workers who work in the child's best interests, and only seek to remove children from their family if there is no alternative. The Family Courts have a pivotal role here, and work such as Clear Blue Water

sheffield.ac.uk/polopoly_fs/1.812157!/file/Sheffield_Solutions_Care_Proceedings.pdf suggests the direction of travel is actually suggestive of less, not more, children in care ongoing.

There will also be an argument that birth parents may be passed between services, and that this might be confusing, highlighting the reasonable point that transitions between services and staff are to be avoided, if possible. I think it is more appropriate that birth parents whose children return home are the NCF's responsibility, who will specialise in providing lifelong support, having been responsible for their children whilst they were in care, rather than being passed back to the service responsible for child protection and targeted family support. There will be situations where different siblings may be in care or at home. If children return to parents from care, the NCF should be the lead service.

Close, positive working relationships between LAs and the NCF will be vital. They will have distinct and vital roles to play to deliver the children's social care system.

With the current financial climate and care "market", there is a significant issue with the choice of different types of care being, to a greater or lesser extent, weighed on by budget pressures. By removing this pressure from LAs, and not placing it on the proposed NCF instead, but on the separate Care Bank, this tension will be removed, and that will undoubtedly be in the children's best interests.

The proposal that the NCF will be the parent lifelong, will concentrate practice on the fact that any issues that are not addressed and resolved in childhood or early adulthood, will have an ongoing impact on the individual's life, and thus the NCF. The fact that the transfer of responsibility at age 18, 21 or 25 will no longer exist, will focus decision making on the child's best interests over their entire lifetime as a child and an adult.

4.0 CONCLUSION

This paper is a high level initial case for a National Care Family. The current structures and systems have had over 30 years since the 1989 Children Act to deliver better outcomes for children who come into contact with, or into the care of, the State. Although much excellent work has been done, and we have one of the world's more effective child protection systems, we still fail with far too many children, young people and adults who come into our care.

Leaving these structures as they currently are and tinkering with their approach will not address the issues. To transform outcomes for children, we need transformative change in our approach, systems, and structures.

We could look back in 30 years' time and see this as the time we chose to do the difficult thing and build a service around the needs of children and their families, however constituted. Alternatively, we could be looking back at a time we allowed the existing system, and some of its operators' desire to continue with some cosmetic adjustments, to prevail.

Trying to do something different with the wrong structures and systems will not suddenly make things right, it will just make our approach equally, or more wrong.

It is time we did something truly radical and transformative for the State's children.

"WE CHOOSE TO GO TO THE MOON IN THIS DECADE AND DO THE OTHER THINGS, NOT BECAUSE THEY ARE EASY, BUT BECAUSE THEY ARE HARD, BECAUSE THAT GOAL WILL SERVE TO ORGANIZE AND MEASURE THE BEST OF OUR ENERGIES AND SKILLS, BECAUSE THAT CHALLENGE IS ONE THAT WE ARE WILLING TO ACCEPT, ONE WE ARE UNWILLING TO POSTPONE, AND ONE WHICH WE INTEND TO WIN."

JFK

OUR CHILDREN DESERVE TO BE TAKEN TO THE MOON.

5.0 GLOSSARY OF TERMS

CAMHS	Child and Adolescent Mental Health Services
DfE	Department for Education
IFA	Independent Fostering Agency
IRCSC	Independent Review of Children's Social Care
IRO	Independent Reviewing Officer
LA	Local Authority
NCF	National Care Family
RAA	Regional Adoption Agency
SEN	Special Educational Needs
STC	Secure Training Centre
YOI	Young Offender Institution
YP	Young Person





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