Competitions and Market Authority Study of Children's Social Care Provision

Introduction

CELCIS is Scotland's Centre for Excellence for Children's Care and Protection, based at the University of Strathclyde. We welcome the opportunity to provide information in support of the Competitions and Market Authority (CMA) study on children's social care provision.

Our response is based on research evidence, practice experience and feedback from our long-standing, cross-organisational networks, comprising practitioners and leaders working across the spectrum of children's services and other public services in support of children.

We believe that the greatest efficiency in a market of care is that the care 'system' provides positive outcomes for children. In this sense alone, the need for change and improvement is clear. In Scotland, there are over 14,000 looked after children, and over 7000 young people who are eligible for aftercare.[i] All of these individuals are care experienced, but their circumstances, needs, strengths and experiences are wide and varied. Despite this, many of these children and young people have experienced significant adversities. Whilst each experience is unique, all children and young people with care experience have encountered difficulties in their lives, which have a detrimental impact on their development, their opportunities, and their life chances.

A Joseph Rowntree Foundation study in 2016 identified a strong association between families' socio-economic circumstances and the chances that their children will experience child abuse and neglect. The same study found that being 'looked after' as a child could lead to a sustained impact on a number of socio-economic outcomes including, reduced income, lower socio-economic status, reduced educational attainment, increased homelessness and unemployment.[ii]

Children, young people and families are those who ultimately experience the effects of our current marketised system of care. Standards of care must be consistent across providers, be subject to independent scrutiny and accreditation based on what children and families value and need, rather than to serve 'the system'. Currently, their experiences differ across the 32 local authorities in Scotland, and across public, private and voluntary sector provision. Standards of care must be consistent across providers and all areas of Scotland, so that children and young people experience the same outcomes as their non-care experienced peers.

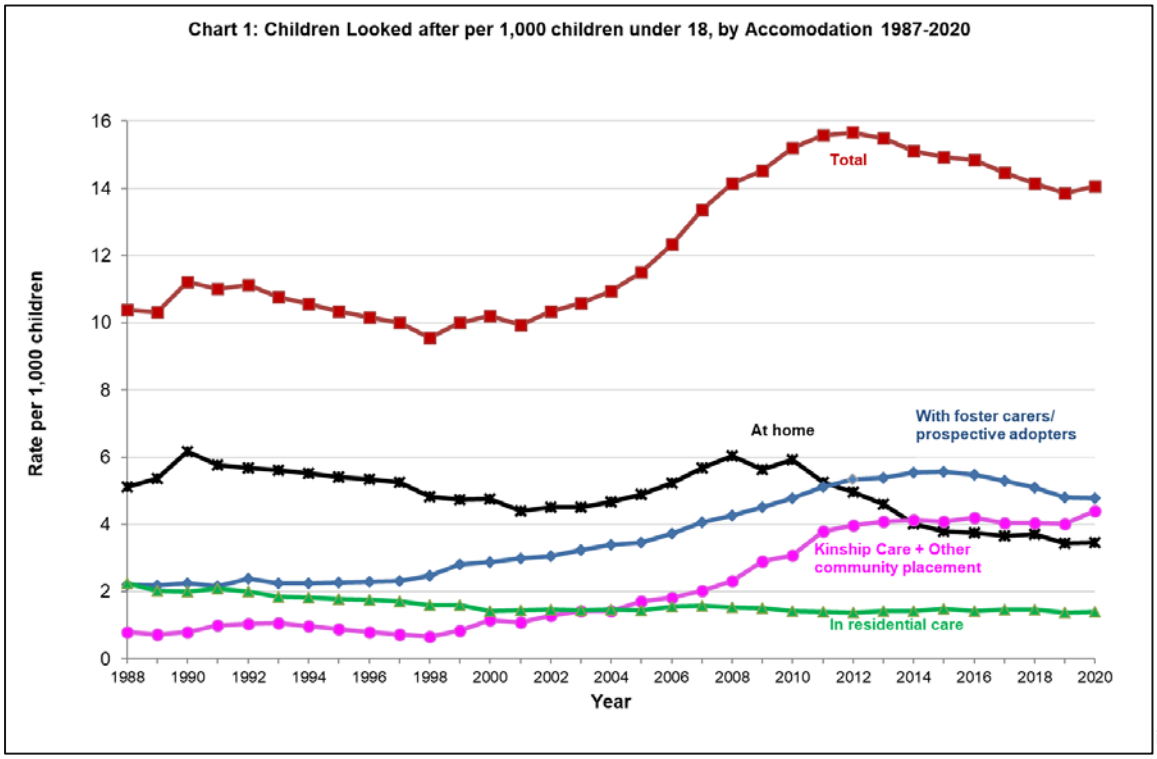
The Independent Care Review Promise and Promise Plan 2021-24 is clear that the current system for care is not working for too many children. We agree fully with The Promise that Scotland must make sure that children in vulnerable situations are not profited from, and

believe that the 'value' in any care system, should be in the outcomes and experiences of those in its care.[iii]

CELCIS also understands the scope of this study is not considering secure care or residential schools; however, we would urge a reconsideration of this. Children's care journeys are not linear and many experience different and multiple placement types; however, it is imperative that children and young people who are looked after in these settings deserve the same focus and attention.

Data

COVID-19 has provided significant challenges to how we respond to the needs of children and families who are in vulnerable situations. Data collected between April and July 2020 showed there were 39% fewer children 'entering care'; however, we would urge caution on drawing long-term conclusions based on data captured during these first few months of the pandemic. Over a longer timeframe of ten years, we can see that the number of young people being looked after in residential care has remained at a relatively stable number. In examining the lack of availability in children's social care provision, this study should consider the present picture, as well as understand the enduring profile of residential care in the United Kingdom.



[iv]

It is important to recognise also that this 'snapshot' national data does not present a fully accurate picture of how care is experienced locally. The Children's Social Work Statistics for 2019/20 show, for example, a reliance on residential care in local authorities such as Moray (18.6% of Looked After Children are cared for in residential placements), whereas in Stirling,

there is a greater reliance on family based care (4.2% of Looked After Children are care for in residential placements).[v]

Origins and Development of Residential Care

The nature and purpose of residential care should be considered as part of this study. Scotland accommodates more children and young people per head of population than other UK countries.[vi] Whilst the growing upwards trend is slowing, the growth in the number of children being looked after is attributable to two factors: children are tending to become looked after at an earlier age; and children are tending to remain looked after for longer. There are many reasons why children cannot be supported at home, including parental neglect, child protection concerns, risk of harm to self and others, and offending behaviours.

It is clear from research that focuses on institutional care that children and young people in institutional care are at a disadvantage compared to their peers in family environments on a variety of measures.[vii] The dominant discourse is that family placement is the primary preferred option for children and young people who require to be cared for away from home, and this has favoured foster and kinship care over group care, with an ambivalence, and shift in emphasis and corresponding decline in available residential beds (Clough, Bullock and Ward, 2006; Smith 2009).

Research by the Scottish Institute for Residential Childcare in 2009, found there are a number of complex issues that can affect the provision of residential services. The research analysed the operations of the 'market' in residential child care, finding that the 'spot purchase' of placements predominates and there is an absence of systematic planning or commissioning of services. Concerns included the following:

- Distance from home-base,
- Issues around referral,
- Placement disruption and instability, including end-of-placement transitions,
- Perceptions of costs and quality[viii]

More than a decade on, these concerns remain.

The history and development of residential care in Scotland has been subject to many external factors that have shaped and influenced its journey. It is a journey that continues to this day, and one that is subject to the impact of changing political and social influences, and the developing knowledge we have over how best to care for children and young people in vulnerable situations. The application of knowledge and its influence on "best practice" is still very much informed by, and arguably directed by the dominant political discourse of the day and the prevailing social values. Nothing exists in a vacuum and residential child care is no different.

The impact and influence of modern managerial approaches to social work and person-centred social care cannot be overstated in how they have affected how care is administered and ultimately experienced by children and families. Over the past 40 years, with the drive to professionalise social work, there has been a systematic and continued

failure to recognise and ensure equality in terms of status, of the role and tasks associated with care and those distinct but defining notions of social work fieldwork. This has been consolidated in the general psyche through the unequal status given in terms of professional training and pay grades.

Recent years have seen the work increasingly '*…shaped by managerialism, by the fragmentation of services, by financial restrictions and lack of resources, by increased bureaucracy and workloads, by the domination of care-management approaches with their associated performance indicators and by the increased use of the private sector*.' (Jones et al, 2005). Arguably, *"The voice of residential childcare has been flattened by a lexicon that has not resonated with the realities of caring for children*" (Steckley & Smith, 2011)

Part of the response to the ever-changing social work and social care needs of society has been a political agenda to see more involvement from external providers, those other than local authorities. For many years there has been a significant contribution from the voluntary sector – charitable organisations at both local and national level have provided support services to vulnerable and disadvantaged groups. Arguably, a lack of longer term local authority investment in in-house residential child care provision has necessitated the ongoing need to purchase care placements from specialist, external providers. These placements, often made on a spot-purchase basis can often come at a premium cost. We are aware of how these placements are often rapidly terminated once a child attains the age of 16-18 years as local authorities seek to reduce costs. These placements are usually made for some of our young people in vulnerable situations who, for a range of reasons, cannot be cared for in other alternative care settings such as foster care. Notwithstanding that, the commissioning arrangements and ongoing costs are often cited as a reason for failing to provide the necessary care into adulthood. Young people's needs for quality predictable relational care and placement stability are often compromised due to financial and commissioning drivers when faced with a market of care. This gives rise to one of the key ethical challenges for the profession, namely "As the corporate interest moves to power in what was the public sector, it serves, predictably, the corporate interest. That is its purpose (Galbraith, 2005).

Despite the challenges inherent in ensuring sufficient suitable family placements (Scottish Government, 2008; Scottish Government/LACSIG, 2013) residential care or group care generally remains an option of last resort, or residual service (Utting 1991; Smith, 2009 This runs counter to the view that local authorities should 'work with partners to make residential care the first and best placement of choice for those children whose needs it serves' (NRCCI, p6, 2009).

Legislative Differences and Cross-border Placements

This study should be cognisant of the legislative differences across the four United Kingdom countries. The four countries of the UK maintain a reciprocal agreement, set out in law, to recognise the legal orders by which children become 'looked after' in each of the different UK legal jurisdictions.

Therefore, a child living in Scotland may be considered to be 'looked after' if they are subject to an English, Welsh or Northern Irish order which, under regulations made under section 33 of the 1995 Act or section 190 of the 2011 Act, a Scottish local authority has recognised as equivalent to a compulsory supervision order (as made by a Children's Hearing), accepting the legal responsibilities (duties) which come with it.

When a 'looked after child' moves to Scotland, the relevant English, Welsh or Northern Irish authorities must inform the Principal Reporter and the Scottish local authority to which the child is moving. Where appropriate, agreement is then reached to 'transfer' responsibility for the child's supervision, care and education to the Scottish local authority. The child then becomes a Scottish 'looked after' child, with their supervision reviewed and, if necessary, renewed through the Children's Hearing system. This process also works in the other direction too. If a 'looked after' child (subject to a compulsory supervision order) moves from Scotland to England, Wales or Northern Ireland, the relevant authorities in those jurisdictions recognise the child's legal status as 'looked after' and, where appropriate, will take on responsibility for the child's care and protection.

However, it is possible for a 'looked after' children from England, Wales and Northern Ireland to live in Scotland without any transfer of 'looked after child' duties to a Scottish local authority. For instance, a child may be living in Scotland in a residential unit or with foster carers provided by the private or third sector, and continue to be under the supervision of the relevant English, Welsh or Northern Irish authority. This is also true in the reverse, with Scottish looked after children living with carers elsewhere in the UK. In these circumstances specific arrangements (concerning the child's education, care and health) are made between the placing authority (from England, Wales, Northern Ireland or Scotland) and the relevant local authority and health board/trust in the part of the UK where the child is placed.

The current marketization of care allows care placements to be 'sold' to Local Authorities outside of Scotland. This applies to children and young people in all forms of residential care, but is currently particularly prevalent for children in secure care. The Promise is clear that "funding models based on the acceptance of children from England and Wales cannot be sustained when Scotland knows it is demonstrably not in those children's best interests to be transported to an unknown place with no connections or relationships."[ix] We agree with The Promise that this practice should cease, and that children should wherever possible and safe to do so, be placed closest to where they have local connections and relationships.

Providing Quality Care

All children need stable, loving, and safe relationships from caregivers. Children are not passive recipients of care and any 'system' of care must uphold their rights at every opportunity. Caregivers in all settings must be supported to provide children with what they need to develop and live their lives to the full.

Caregivers play a pivotal role from the moment of placement, providing information, creating opportunities for participation and ensuring children and young people receive emotional support. The relationship they establish with children is essential to children's well-being and development. Appropriate care is ensured through stable relationships based on trust, characterised by continuity and lack of disruptions.[x] These principles of 'quality' care cannot be easily found through a liberal market economy of care.

To provide all children and young people with the care that they deserve, we must first value the caregivers. This must include residential carers, foster carers, kinship carers, adoptive parents, birth families and the breadth of social services who have a role in caring for children.

We agree with The Promise "children must never again feel the monetisation of their care".[xi] Foster carers must be provided with the support they need to develop nurturing, compassionate and loving relationships with the children in their care. This requires practical and emotional support, as well as financial support in the form of allowances.[xii]

Kinship carers should be provided with equitable levels of support to the wider care workforce, recognising the particular challenges they can experience. Kinship carers must be supported in ways that work for each individual situation, but not be limited to, financial support.[xiii]

Residential care services constitute a key component in the continuum of care for children and young people in vulnerable situations, and as such should be regarded as a positive choice, not a placement of last resort (Skinner, 1992; NRCCI, 2009; Scottish Government, 2013a). Too often undervalued and regarded as peripheral to mainstream services, this has been to the detriment of young people's experience and outcomes (NRCCI, 2009).

Recent CELCIS research analysed the function of residential care, with a view to understand what it takes to provide 'quality' care.[xiv] The research shows that the most important aspects in ensuring high quality care are those related to the environment: quality care is provided in settings that are familial, homelike, affording opportunities for connection, stimulating practices, and activities. Elements such as routines and clear structures also contribute to the re-creation of a family environment, all of which contributes to an experience of daily life that is similar to those of children who are not in alternative care. The opportunity for children to maintain established connections, including contacts with friends, attending the same school, and having continued access to other services and opportunities within the community are seen as essential.

In order to consider meaningfully the ways in which residential care can provide high quality support, it is important to move beyond elements relating to size and structure of the setting, and focus on relationships and interactions. These aspects, analysed primarily in the domains of staffing and safety, help to determine how care can ensure the best quality of support and outcomes for children.

Scotland's unique geography provides additional challenges that impacts on how care must be planned for children in rural and island communities. Finding suitable placements to keep a child 'on island' can be problematic. Retention of care staff in these communities is a challenge not easily met through a liberal market economy. Care staff in rural and island communities often share multiple roles, such as farming or the emergency services, which require flexibility. Any care 'market' must be responsive to the needs of all communities in order to provide true value.

The current marketised model does not provide the flexibility needed to retain family links and prevent children from entering alternative care. There is, however, emerging practice through the Mockingbird model, Lifelong Links and No Wrong Door approach, that seek to build on positive relationships and provide stability for children and young people.

Continuing Care: Resource, Financial Challenges and Finding 'Value'

Staying Put Scotland enables care leavers to remain in secure, stable care placements until such time as they are ready to move on. Staying Put emphasises young people's entitlement to support into adulthood, and which offer them the option to return to care placements, if and when they encounter difficulties. The central elements being the importance of relationship-based practice and extended and graduated transitions. Care planning decisions should be based on the needs of individual care leavers.

The financial costs of implementing staying put consistently have been raised as a barrier for local authorities facing significant cuts in their budgets, and in particular children's services on whom the financial burden is generally assumed to fall (Kerr, 2014; Sweetman, 2015).

This is especially true in relation to the way in which corporate budgets can be set at a local level and the often short-term thinking that abounds in financially straitened times (Pemberton, 2013; Buckley and Lea, 2015; Fayle, 2015). However, the longer-term costs of 'poor' care can be considerably more than 'good' care, which by its definition incorporates staying put practice. With outcomes for care leavers being poorer than their non-looked after peers, and outcomes for young people who move on from care settings at a younger age being poorer still, this has significant long-term financial implications for the public purse (Hannon, Wood and Bazalgette, 2010; Action for Children, 2013; National Children's Bureau et al, 2014).

The longer-term lifetime costs include, limited or depressed economic activity, an over-reliance on benefits support, mental health services, costs associated with homelessness

and other related factors. Specifically, the longer-term costs of not being in employment, education or training are currently estimated at around £56000 per annum. Adding in specialist support for young adults involved with mental health or justice services can be even more costly, with support needs and associated costs projected up to age thirty (Coles, Godfrey Keung, Parrott and Bradshaw, 2010; National Children's Bureau et al, 2014).

Whilst a longer-term spend-to-save policy would see investment in the staying put and continuing care agenda benefitting the public purse, the short-term pressures on budgets create challenges for local managers and decision makers. This cannot absolve local authorities, and other corporate parents, of their legal and ethical responsibilities towards looked after young people and care leavers (O'Connor, Kinlen, Horgan, McCord and Keenaghan, 2012, p27).

Local authorities, emphasise formality and distance in rational decision-making, and rely on 'hierarchical relations' to 'promote distance from their clienteles' (Meagher and Parton, 2004 p.13). This can lead to a disconnection or lack of congruence between strategic decision-making and direct practice. Closing a children's home may be a more straightforward task when simply looking at balance sheets and numbers. Similarly, telling a 17 year old in a vulnerable situation that they need to move out on their own into a temporary furnished flat because a younger child needs their bed. With no evidence to the contrary there are reasonable grounds to be concerned that pressure will be brought to end placements due to budget constraints (McGhee et al, 2014; Fayle, 2015).

Care is an investment in children and young people. All services, done right, done well and have the needs of children as a priority takes time, effort, resource and money. The Independent Care Review 'Follow the Money' report found that the costs of inadequate provision lead to significant human costs. These costs are also avoidable, and we agree that shifting from a system lens to a human one, will provide the greatest value in any care 'market.[xv]

All types of care carry significant operational costs, due to high staff/carer, costs and need for specialist training. Development of these highly specialist services is required to meet the needs of children and young people with a combination of complex needs.[xvi] These include: children and young people with very serious challenging or self-harming behaviours, those with a range of mental health disorders, disabilities and conditions, including those requiring secure accommodation. Any commissioning framework and 'market' of care must be responsive to these needs, and firstly seek to improve outcomes for children and their families.

The Independent Care Review 'Follow the Money' report estimated that delivering the current £942million per annum, with a further £875million per annum being spent on services required by care experienced people as a result of the current 'care system' failures.[xvii] Despite this, health, education and employment outcomes are all poorer than non-care experienced people. Looking ahead, any commissioning frameworks should

provide ‘best value’ in terms of financial cost, but firstly seek to deliver services which provide long-term positive outcomes for those the system aims to protect.[xviii]

We hope the information provided will support the study. Please do contact us if we can provide any further support.

References

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