

# Together Trust's response to the Case for Change

# Introduction

Since 1870 the Together Trust has been providing care, support and education services. We support around 2,000 people aged 5 to 25+ each year across 40 different services. We campaign because the people we support tell us they face daily discrimination, hardship and barriers and want to see change. We champion their rights, needs and ambitions and campaign on the issues that matter to them.

Together Trust has contributed to the care review in several ways:

- Attended four roundtable discussions on children's rights, residential care, disabled children and their families, children in care and care leavers
- Two meetings with the review team
- Submissions to the call for advice and call for evidence.

We welcome the opportunity to respond to the Case for Change. Rather than answer every question posed, we have given feedback based on our experience and knowledge as a charity working in children's social care.

## What is the purpose of children's social care?

The Children's Act 1989 is clear. Children are best cared for by their own families, and children's social care is there to support that as much as possible.

We believe that children's social care should also uphold the principles and provisions of the United Nations Convention on the Rights of the Child (UNCRC). We want to see the Review make a firm commitment to call for the full implementation of the UNCRC in England to ensure children's rights are respected and upheld.

## Strengthening communities

Our vision is a society where everyone can thrive because they are valued within their communities, so we welcomed the Review's acknowledgement of the power of strong community networks.

However, as the review highlights in chapter four, communities are not always welcoming. Campaigns against children's homes are many – often, we see these gaining support from local councillors who are not acting as the caring, pushy corporate parent they should be.

We believe there needs to be investment in a national campaign to improve the public's understanding of children's social care and why some children are in care. There also needs to be investment for training professionals outside of children's services to understand the impact of trauma, attachment and adverse childhood experiences.

We see this having a similar impact as we have seen in the public perception of autism, which was the result of government investment and sustained prioritisation of challenging negative stereotypes. We want to see the public, and professionals commit to support and encourage the children in care that live their communities, so that they can thrive.

## Definition of family help

The Case for Change does not go far enough to forensically investigate the impact of austerity cuts on children's social care budgets. This has resulted in too high thresholds and support only available to families once they are in crisis. The Case for Change also fails to fully explore how austerity and the chronic underfunding community-based services has led to high levels of child poverty and reliance on acute services.

We feel the definition of Family Help needs to extend beyond hubs, support and children's social care professionals. There needs to be a wraparound approach to Family Help, where departments across

government have the shared resource and collective accountability to help families to thrive.

## Keeping families together

We care for children on Section 20 orders and those on full care orders, many of whom we support to return to their families. The case for change fails to recognise that good residential care practice supports families, rather than break them.

The Case for Change has not explored how residential care could be a positive first step for young people in the care system instead of a last resort. It would offer a period of stability and the opportunity for multidisciplinary professionals to support young people back into a family setting, whether that be their family home, kinship care or fostering.

The 'step up, step down' model referenced is not a new idea. Up until the mid 2000's we and many other voluntary organisations were regularly commissioned by local authorities to support families in this way. We understand the significant positive impact it had on families.

Wrap around and holistic offers of short breaks, therapeutic support and community outreach services for children and families experiencing potential family breakdowns, neglect and family dysfunction would undoubtedly help avoid unnecessary care episodes. This approach will take a significant initial investment, however we believe it will result in long term savings and most importantly meaningful change for care experienced people.

## Transitions

As a charity that offers care for both disabled children and children who can't live with their birth families, we see first-hand how their experience of children's social care can be so different. This is perhaps most starkly seen in the transitions out of care.

For children who can't live with their birth families we see the push to leave care begin when they are as young as 15 years old. It is rare that children stay in care to their 18<sup>th</sup> birthday, despite it often not being in their best interests to leave.

The Case for Change does not explore how regulatory constraints stigmatise children in care. For example, children are automatically seen as an adult when they turn 18, therefore no longer able to remain or return to the children's home (despite it feeling like their home). This is not reflective of a family home, and we can only assume that children are seen as a risk when they are 18.

We believe that children in residential care should have the same rights as children in foster care. We fully support the Every Child Leaving Care Matters campaign, and we would like to see staying close options extended to the age of 25.

In contrast, for disabled children in care, there is not the same financial imperative for commissioners to move children on. This is in part due to the transfer of budgets into adult social care.

There is also a lack of suitable provision in adult social care. Disabled young people and families who benefit from respite/short breaks can find themselves in crisis as they transition to adulthood due to inadequate transition services and lack of sufficiency of placements.

The Case for Change has failed to consider the integration with adult social care. If it does not, there is a considerable risk that disabled children and their families will experience challenging transitions.

## **Unregulated accommodation**

We, and many others, are incredibly disappointed and disheartened by the Case for Change's stance on unregulated accommodation. It fails to recognise the implications of formalising a two-tier care system which will deny care to large numbers of children in care.

It is deeply concerning that the Care Review team do not express the same level of dismay for all children placed in unsuitable accommodation that it does for children under the age of 13.

The vast majority of children in this type of accommodation are not placed there because it's within their best interests. They are placed there because local authorities cannot meet demand. Economic reasons or lack of sufficiency should not determine the decision-making processes for when a child no longer needs care, but it all too often is. The introduction of the national standards does not serve in the best interests of children.

The fact that such high numbers of children placed in this type of accommodation are not in education, training or employment provides clear evidence that this type of accommodation is not appropriate for children that are of compulsory education age. We refer the Care Review team to our [consultation response](#) for evidence to support our stance.

## Care that is good enough for all our children

We welcomed the Review's recognition that children's social care does not match up with family life in Britain today. This mirrors our own research commissioned in [April 2021 with 1,060 parents](#). Over half of parents surveyed did not expect their children to take full responsibility themselves until they were 18 to 25+. 18 was the age most commonly chosen as the time when parents expect to start discussing independence with their child.

Good care is a result of multidisciplinary teams including therapists and psychologists working together. The earlier in the care journey we can adopt these processes will result in a positive long-term impact. Good care is planning a child's journey to adulthood, rather than short-term commissioning practices.

Every child needs the opportunity to grow and develop in a warm and nurturing environment with the adults around them providing all the elements of good care. Good quality care needs to have the young person at the centre with agencies and professionals working to uphold their rights, meet their needs and champion their ambitions.

## Workforce

The Review misses the mark on strengthening and supporting the residential care workforce beyond just social workers. Residential care support workers play a vital role in the children's social care workforce, alongside social workers and foster carers, but they are not held in the same regard. We need to enhance the profile and standing of those roles to support the recruitment and retention of a sustainable workforce for our children.

The pandemic has shone a light on the dedication of residential care support workers. Many of our staff spent weeks away from their families, isolating in their children's home so that the children in their care could be kept happy, healthy and safe. That level of dedication across the workforce is not unique to our organisation and needs proper recognition.

## Right homes in the right places

Children need to be part of their own communities unless it is not safe for them.

Uncertainty of local authority funding, fluctuating levels of demand and changing needs leads to short term planning and a lack of suitable placements. Things need to change.

Local authorities should have the resources to be responsive and take a place-based approach to end profit-making in children's social care.

# Contact

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