Submission to the Children's Residential Care Review December 2015

About CoramBAAF

CoramBAAF (previously BAAF until 31 July 2015) is pleased to respond to this consultation. CoramBAAF is the leading charity and membership organisation in fostering and adoption in the UK. We:

- promote the highest standards of child-centred policies and services
- speak out on behalf of looked after and adopted children
- influence UK-wide policy and legislation
- provide much-needed information and advice
- promote greater public understanding of adoption and fostering
- support our members in their work

CoramBAAF's main activities are the development, promotion and advocacy of best policy and practice; the provision of advice and information to our members and to the general public; and training, consultancy and seminars. We also publish a quarterly professional journal, *Adoption and Fostering*, books and guides for professionals, academics, parents and carers and research studies. The main users of our services are our members comprising local authorities across the UK, voluntary adoption agencies, independent fostering agencies and also individual social care, legal and health professionals, and carers.

Our area of concern is the particularly vulnerable group comprised of looked after children and young people. References to this group also include those who achieve permanence through adoption or other means such as special guardianship, and those who have left care through return to their birth family or transition to adulthood.

This response largely reflects the perspective of health professionals for looked after children and young people.

The children and young people

There is a range of reasons for children and young people to be placed in residential homes, including specialist educational provision for disabilities such as autism and learning disability, secure units, and those with challenging behaviour where fostering placements have broken down repeatedly.

Children in residential care are some of the most vulnerable in the care of the state. Many have significant disabilities or have experienced disrupted attachment and high levels of developmental trauma which has impaired their executive function, and ability to regulate emotions and relate to others. Others have multiple diagnoses such as attention deficit hyperactivity disorder, conduct disorder, and auditory processing disorder and the difficulties they present are often entrenched. These children can be challenging to parent, and after multiple foster placement breakdowns they may be placed in residential care as a 'last resort'. There is often stigma associated with being in residential and secure units.

Culture of the residential home and training of staff

Residential care homes need highly skilled leasdership with a strong, systemic and integrated vision of how the home should operate, its ethos and its goals and a good understanding of the needs of the particular group of children and young people placed there and how to address these needs. Residential workers should function as a team around the child with appropriate training and support, and a consistent approach.

Although it may be easier for multiple caregivers to cope with the challenging behaviour that these children and young people may present, it makes it considerably more difficult to provide consistency and to build the caring, nurturing, trusting relationships which these children desperately need. Residential workers should have training and support tailored to meet the children's needs, yet many residential workers are not trained to a high level of expertise and may find it difficult to understand and address the complex needs of the children. The caregivers in residential homes should be knowledgable about child development, have training to understand and address attachment needs, and the impact of trauma and loss, and be able to assist children with emotional regulation, sensory-integration, and information processing to improve their executive function skills, and should be able to help children and young people develop resiliency. They should receive training and support in managing challenging behaviour. They also need to be skilled in interpersonal relationships, and managing social groups to promote the best interests of the residents.

Safeguarding issues

This population experiences a variety of safeguarding risks. Some disabled children are more vulnerable to abuse through having a learning disability or communication difficulties. Troubled and disaffected young people are more vulnerable to bullying or being bullied, becoming involved with a gang, going missing, sexual exploitation, pregnancy, sexually transmitted infections, substance abuse, and antisocial or offending behaviour. They are more likely to self-harm and have eating disorders.

Quality of provision

There is considerable variation in the quality of provision within children's residential homes, with some providing excellent specialist services for children and young people with particular disabilities such as autism, and others failing to address the various needs of their residents. Our health professional members express concern that there is

often a systematic failure to address health needs, particularly mental, emotional and behavioural health.

Commissioning and service provision for health

As described above, the health needs of children and young people in residential care are considerable and complex, yet our health practitioner members note that effective commissioning arrangements are often lacking. Residential children's homes should work closely with health commissioners to ensure that the health needs of residents are included in the local Joint Strategic Needs Assessment so that they can be addressed by commissioning relevant health provision. For example, medical advisers and specialist nurses for looked after children must be commissioned to carry out statutory health assessments, each child will require registration with a GP and dentist, and specialist provision will be required e.g. speech and language therapy, CAMHS. Paediatricians may also be asked to assist the local authority in assessing whether a child's safeguarding needs are being met in the residential placement; these services require appropriate commissioning. When new residential units are being set up, health commissioners should be involved from the outset, so that relevant arrangements can be made for both primary and secondary service provision.

For many children and young people in residential placements, there is a lack of clarity as to whether they are looked after, as different local authorities have various approaches and use different criteria. There is a pressing need for the government to provide greater clarity so that all local authorities are working to the same standards. The current confusion over this issue results in inadequate provision of the services described above, and delays in assessments and interventions when these vulnerable children are looked after.

Placement out of area

As residential care is often specialist provision, many of the children living there will be placed outside of their own local authority, yet health provision for looked after children placed out of area can be especially problematic. Although NHS England 2013 guidance *Who pays? Determining responsibility for payment to providers* specifies that the CCG associated with the placing local authority has responsibility for payment, this does not solve the difficulties. Health practitioners note that commissioning arrangements for secondary and tertiary health services often lack sufficient capacity, so that children from other areas are refused services, or the services they require may not exist in the local area. They also report considerable delays caused by the need to negotiate payments and provision of health services.

Many children and young people are placed at some distance from their homes and families in order to access the specialist residential provision that they need. Health practitioners are often concerned that this leads to less involvement with the family, particularly when distances are large or the placement is long standing. This can be detrimental through loss of strong relationships between parents and child, less

parental involvement in decision making and advocacy, and can increase safeguarding concerns as the child is at greater risk of abuse and neglect.

Multi- agency working

Many of these young people have disengaged from education or have been excluded from school, which impacts not just on their education but also they miss out on building helpful relationships, accessing health promotion and participating in sports, leisure, creative and arts activities which build skills, promote belonging, contribute to resilience and emotional development, and promote well-being.

Residential homes should have good connections with health and education systems, as part of a team around the child. However, as previously noted, the importance of this is either not recognised, or often within health services, there is insufficient provision of the resources needed to develop these networks and to participate in what may be complex and time consuming connections around a given child.

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