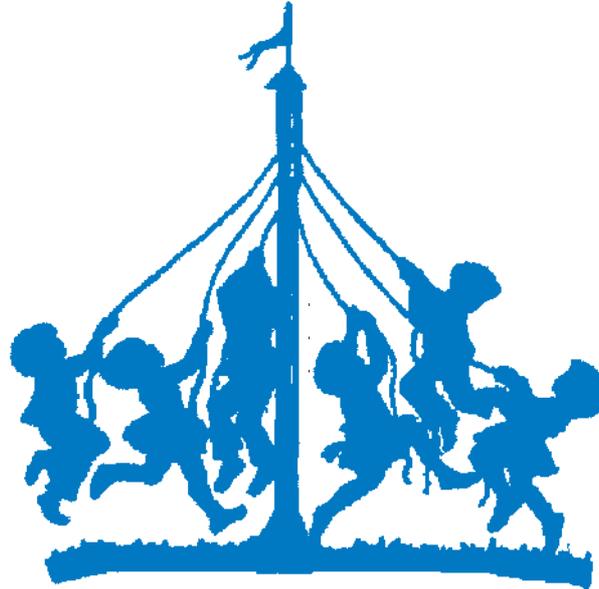


# **The Michael Sieff Foundation**

working together for children's welfare



The Michael Sieff Foundation Conference 2004

## **Children's Services: How to achieve good outcomes**

Report of the Conference  
hosted by  
The Michael Sieff Foundation  
at Cumberland Lodge, Great Windsor Park  
1st–3rd September 2004

*Supported by the Joseph Rowntree Foundation*



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# I. Introduction

*Lady Elizabeth Haslam*

Lady Elizabeth Haslam, Founder of the Michael Sieff Foundation, welcomed the delegates and explained that the ethos for the conferences is to bring together people from practice, policy and academia, from different agencies, like the police, education, social services and including central and local government. They give a time to reflect and consider topical issues

of child care and child protection and most importantly, how those issues can be taken forward. With, hopefully, the passing of the new Children Bill in the autumn, we can look forward to a new era of multi-disciplinary work, something that the Michael Sieff Foundation has always worked towards.

## 2. State of the Nation's Children

*Tom Jeffrey, Director-General,  
Children, Young People and Families Directorate, DfES*

Thank you for giving us in the Department for Education and Skills a chance to work with you and shape the agenda. There will be a number of my colleagues at the conference talking, listening, playing a part in it and we are very grateful because it is an important occasion and moment in the children's services year. It's a particular challenging moment as it comes at the start, not only of an academic year but as what one might think of as a policy year, and soon to be a parliamentary year. It gives us an opportunity together to look forward to what we can expect across the autumn and across the course of the coming year and then on into the years ahead. You've given me a very grand and challenging title to which to stick, but it reflects the ambition of the agenda to which we are working and what I really want to do today is to talk about our emerging programme of change. Every Child Matters – Change for Children – I want you to think of that in quotes, in italics, in initial capitals. That's a phrase that I'd like to become a currency over the next weeks, months and years. A programme of change designed very significantly to improve outcomes and chances for the nation's children. It's a programme that must be shared and I want to seek your engagement in the programme, the engagement of all those partners you represent and in effect, offer joint ownership of the programme. It must be jointly owned if it is to be successful. What I'm talking about is a national framework of change for 150 local change programmes across the country, focusing together and in concert on better outcomes for children, better services, better practice. But something that takes the trick out of being both a national programme and one that reflects local circumstances and is thoroughly locally owned and driven.

Just recap what happened since I spoke here this time last year. Five days after I spoke the Green Paper was published *Every Child Matters* and I think it has

been one of the most significant and ambitious statements about change for children, certainly since the Children Act with which this conference and Rupert, our chair this afternoon, are so importantly associated. In the succeeding months there was intense and productive debate on that green paper, some very strong messages about resourcing the sort of changes we had in mind, about the breadth of the coalition which needed to be established nationally and locally if those changes were to be taken forward, about the importance of local flexibility and ownership and against the imposition of top down one size fits all change. Five months later, in February this year, we published the Next Steps document and we introduced into the House of Lords the Children Bill where it was welcomed by one of your members here today as a small bill with a big heart. I very much hope that it is a continued perception of that Bill. It is a very important enabling framework. That is something we have been very keen to emphasise – not a legislative straight-jacket or an overwhelmingly legislative system – a legislative framework for the sort of changes we want to put in place.

Five months after that the DfES published its 5 year strategy for children representing the bringing into the heart of DfES change for children and children services and some very significant statements about universal services for children as well as more specially targeted services. Those are milestones in terms of significant publications but there's been a huge amount of policy development work with which many of you here have been closely involved with over that year – on work force development, on a sector skills council, on a children's commissioner, on information sharing, on assessment, on change in the health service, on the National Service Framework, on children with special educational needs, on children with additional needs, on children's trusts, on

children's centres, on extended schools, on youth services. There's been a huge amount of work going on and there will be much continued policy to do which I hope all here and many others will be closely involved, but it is now time to bring all this together and, learning from each other, to start to promote coherently across the country whole system change for children, young people and families. And that, this autumn, is what we will attempt to do.

### **Whole System Change**

Last year when I spoke I talked about a whole raft of highly effective individual programmes of change for children: Quality Protects, Connections, Children's Fund, Sure Start, all very important in their own right but they were less than the sum of their parts. I suggested that they fell short of whole system change. That they required super-human effort often at local level to make sense of them as a coherent whole. That they created their own boundaries, and that they brought their own management arrangements, their own targets, their own funding streams, and their own accountability frameworks. They did secure much better outcomes for children and were really important in that respect but they did not go far enough. Since then we've spoken about what we've called the contingent individualism of children's services. How too often it could have been a matter of chance as to whether a child crossed a threshold to a service. How, if they did cross that threshold, it might be according to the root of original referral as to the service that they received. And if they did receive the service how – and this is the individualism of it – it would be very particular to the individual child and highly expensive. We want to move beyond that and to build in this new and important notion of personalisation in children's services. Increasingly over the last few months – and this was a very strong theme of the DfES strategy – we have come to realise the importance of concentrating not only on those at risk or in difficulty, but also on extending and enriching universal services and opportunities for all children and their families from early years to adolescence. Both to enhance life chances across the board and to promote prevention and early intervention for those who might be vulnerable. And it's for those reasons that the programme that we now want to put in place, while it builds on what has gone before, and while it builds in particular on what has been done locally to integrate the service in highly innovative ways, it seeks to take a more ambitious approach, one which is about promoting opportunities and outcomes for all children while narrowing the gap between those who are most disadvantaged and vulnerable from the rest – one which is about the whole system change, and one which is about this notion of personalisation, organising people, services, resources around the individual child and working in partnership with their parents to meet all children's needs. A programme of change of that

kind clearly can be taken forward only in partnership. The same spirit of this partnership, which has marked the debate over the last few months, the same spirit of this partnership as is represented in this room now, and in the agenda of this programme, of this conference. The way forward has to be on the basis of a common approach, a shared framework – a framework in which local flexibility can flourish, with Government leading where national consistency or a national lead is essential, but leading a framework in which there are 150 local change programmes, all focused on delivering visible change for children and securing better outcomes for them. That's what we had in mind in this change programme. What are its key components? Well I've mentioned the word outcomes a number of times already and that's no accident and a focus on and an understanding of outcomes is absolutely crucial. I was looking at what I said this time last year and this is a direct quote from what I said to this conference a year ago: We need to be clear about what we seek to achieve, we need shared priorities and shared expectations. We need to rationalise the array of targets, objectives, indicators and standards, so that all concerned are working to the same ends. And we know what those ends are. When the Children and Young People's Unit consulted children and young people some time ago the children and young people said that the key outcomes are about being safe and healthy, enjoying and achieving, achieving economic well being and making a positive contribution to their community and society at large. And those outcomes are set out in the Green Paper and they're now being enshrined in legislation. But as they are phrased there, they are not enough. We need to understand what they mean in a good deal more detail and we need to build a consensus around that understanding. That is a piece of work that we have been doing in Government with a wide range of partners over the last few months. As we've been doing it we begin to define through the outcomes we seek the new system of children's services that we want to build and the key activities that will deliver those outcomes.

### **Change for Children**

Some of you would have seen this piece of paper which is called an accountability spine and it does reflect a great deal of work which has involved a great many of you and we will make sure that it is available because we believe that it's important and it's potentially ground breaking. We would very much appreciate your reflections on it.

What it does is it adds up the outcomes on the top line and in the next line it calls aims it seeks to put out a definition of what it means to be healthy. Underneath that on to enjoy and achieve, and it emphasises at every point the importance of contributions of families – parents and carers – to that. And it goes on then to try and explain how we will know how we are doing, what progress we are making against

these outcomes because it sets against them all the public service agreements objectives agreed in Government on the SR 2004 spending review and other key indicators of progress against those outcomes. And through that need and if we can build consensus against what is obviously a very limited set of definitions, if we talk as we did for a very long time about what it means to be healthy or to enjoy or achieve, or if we can build a consensus over quite a limited understanding of what that might have been and then have a set of indicators which express that and have a consensus about both and build a common dataset as to the state of the nation's children and the progress which we are making in driving improvements in those outcomes, we are beginning to make a major step forward in terms of sustaining change for children as a whole. What it goes on to do is to set out in the green portion a statement of the standards of service that will drive those outcomes. And those standards of service are drawn from the developing work of the inspectorates, on joint area reviews and a new inspection framework. Denise Platt and Angela Mukhopadhyay are talking to the conference tomorrow and you will hear a good deal more about that developing work. There is a process of consultation to be launched in the autumn but it's enormously important and it's been conducted with extraordinary vigour and rigour by the inspectorates who are really latched on to this agenda. What we had here working from those outcomes in the original Children and Young People's Unit consultation on the Green Paper, in the Bill, is a richer understanding of what they might mean. A definition of indicators and data which say how far we're progressing towards them, the understanding of the standards and how they are being reached in terms of their delivery and that pattern of information can be applied in every one of the 150 local authorities across the country and it can be aggregated to a national picture of change for children. That piece of work is potentially very important in providing a frame for the sort of change programme that we would like now to promote across the country.

The second component is what does it mean to deliver these outcomes, what must we put in place, what must be the key outputs of a system designed to deliver those outcomes? Some of them are to do with services that will bring visible change on the ground and will make a daily difference in the lives of communities, children and families. For example, Sure Start Children Centres where we are already rolling out that programme and the DFES strategy talks of a serious ambition to extend children centres across the country. Extended schools, where again the DFES strategy makes the most significant strategy about extended schools that has ever been made and a commitment that all schools shall work towards the provision of extended services, day round, week round, year round. A much more attractive offer for teenagers, that's part of the rationale of extended

schools but we want to develop an offer that looks across at young peoples aspirations, needs and expectations in and beyond school. We want to look at what it means when young people say to us and their parents say to us and communities say to us that they want better places to go and more things to do. We want to think about what guidance they need and want, what personal support young people need and we are working now on a green paper for publication later this autumn. We are involving many of you in discussion of that green paper as it is drafted and we will certainly consult widely on it when it is published.

The outcomes – more effective, accessible support for parents, readily available information, in-depth support when that is needed including for parents of teenagers. That will be a theme of the youth green paper. A more consistent approach to children and young people with additional needs so that what ever the initial referral, young children are supported by a professional and their needs are assessed and addressed as a whole. A stronger service for children in care, focussing on their stability, the quality of support from foster carers, social workers, schools and others. More cohesive and effective arrangements for safeguarding and protecting children, not least through the new Safeguarding Boards.

Alongside the outcomes, we are beginning to define those key outputs to deliver change but we also need to think about really important inputs, which will drive change in practice and that are where workforce development comes in. That's where the new common core of skills and knowledge come in. That's where the Sector Skills Council which we are putting in place comes in.

The common assessment framework on which we launched a consultation just last week so that all professionals are using the same language when assessing a child's needs. The legislative and the technical support for information sharing and support for leadership at local level and support for the leaders of children's services of the future.

### **Children's Trust approach**

So outcomes, outputs, inputs – the contribution to a national framework. The change will be driven locally in a 150 different ways and we can see that this is being driven through. What we are increasingly talking to ourselves about and want to talk to a lot of people about this autumn is the Children's Trust approach. We want to think of Children's Trusts and promote their development from the bottom up in terms of the practice they promote or if you like, from the child outwards and not as top down organisational change and that means developing and driving forward integrated service provision through wraparound packages of services, the co-location of services including in children's centres and extended schools and multi-disciplinary teams working in those universal settings. Effective processes to support the workforce, local

workforce strategies, information sharing, a common assessment frame. If we are to put those things in place locally, it will entail a multi-agency commissioning strategy supported by the pooling of resources which responds to a local analysis of needs and priorities in the context of the five outcomes. That in turn must entail robust inter-agency partnership and government's arrangements based on a shared vision developed locally in a national context with the involvement of all partners, not only education and social care and health, the police, youth justice, wider services for young people and, critically, the voluntary and community sector and young people, children and families themselves. That's a very tall order for local authorities. One doesn't under-estimate for a moment the complexity of the change process I am talking about. Local leadership will be vital. The local authorities have a clear role as leaders of change for children in this vision of a change programme. But it does also entail changes for local authorities themselves, not organisational upheaval, certainly not great organisational change in advance of change for children so that change for children can take place until these deckchairs have been moved around but new cultures, new ways of working with and for children, a planned and managed process of change through which children's trusts will grow.

### **Change programmes**

How do we make this system develop dynamically over time? First a system of performance improvement starting from a single children and young people's plan which describes the approach of the local area to improving outcomes for children and in effect sets out the local change programme. This is supported by a single conversation between DfES and the authority and is reinforced by an annual assessment process and by an inspection process that focuses on outcomes and incomes in children's lives. We are planning this autumn what we might call introductory conversations between the various people working with DfES and the CSCI with local authority chief executives, directors of social services, chief education officers and others to promote joint working between government advisers and the local area, to explore local change programmes as they develop and to share thinking amongst ourselves. That will be a first step in moving quite quickly towards single conversations about the change for children between government and local authorities.

Second, and vitally, building capacity at local level. We are absolutely committed to working with our partners across government and with our partners in the voluntary sector and in the statutory sector to developing the skills in leadership and the confidence in leadership which will be vital to the develop of children's services over the next years as we are committed to what I think is probably one of the most important next steps we can take and that is the under-

standing and communication of sharing of good practice of innovation of collaborative techniques in developing ways of working with children. It is absolutely vital that we put those networks in place and that we work with all concerned to establish that form of lateral communication about change for children. We have recently appointed ten new regional change advisers, these are joint appointments with the Department of Health and the modernisation agency and DfES as key agents is driving those supporting those process of change at a local level and there is much on which they will build and which they can take already because it is not as if launching this process of change that we are starting at year zero. There is no year zero in any place across the country. People are working together on this programme of change for children already. In many places here and abroad, communities and local authorities and others are using an outcomes approach to driving change for children. Most local authorities are beginning to put in place change programmes but we want to allow 150 different processes of change which seems right that we do, we must all work together to join up those processes and to show what is working and to help people work with each other the better to promote their own change programme.

### **Listening to children**

One other crucial feature in making this change is listening. Listening on the part of government to all our partners. I hope we have been doing some of that over the last year but there is clearly more we could and should do and we will do our best to do so. Listening to people in the front line because many of those people see the potential for radical change for children perhaps better than many managers do and can drive change effectively in localities and listening to children and young people themselves. We know from Quality Protects what an important influence for change the voices of children and young people can be. We are seeking to build those voices into the system. We have a new Children and Youth Board working with us in government. The children's commissioner, parliament being willing, will be appointed next year and in place and working next year and we are building in a contribution from children and young people to the inspection process so that there are institutionalised means of their voices being heard at national and local level. We do need, in all of this, to prioritise what we will do to deliver these changes. Nationally, we are using this outcomes framework to ask ourselves very rigorously what are the priority things that will drive these outcomes for children. If there are things which we are doing which we cannot see drive those outcomes directly, then we need to stop and we need to focus on those key things which will make a difference. We need to consult children and young people ourselves more and we will be doing this through the Children and Youth Board. We are

engaging increasingly with partners across government in taking this forward and we need to think about how we rationalise funding streams both to the statutory and to the voluntary sector to make these changes happen. Of course, we are dealing with a whole range of tensions in all of this and we are very well aware of them. Tensions between changes in universal services and changes in targeted services. We all know that we are dealing, day to day, with issues around the role of schools or the role of youth justice. There are tensions between a clear statement which I hope I have just made about the role of local authorities and the very much more diverse children's economy which we are seeking to promote to deliver all these changes, but I think those tensions are productive. You need people to be together before you can have tensions between them. There is a great difference between tensions and a great gulf of silence or misunderstanding between services. We have the opportunity now of a whole system of children's services and people working together towards those outcomes. There are bound to be tensions within that but they can be productive tensions and the potential for real advance is there.

### **Communication**

We recognise that we face a huge communications challenge over the next few months if we are to make this change process work. We recognise that we are dealing with something that is hugely ambitious in terms of government, in terms of local government, of local services, in terms of children's lives. In government we are trying to make those arrangements that will ensure a quite new degree of coherence amongst all those concerned. We have a Cabinet Committee chaired by Charles Clarke that brings all the key ministers together. We have now a regular meeting of all permanent secretaries concerned with delivery of change for children where we can thrash out issues. That is an unprecedented development in government, bringing all of these key parties together to think about change for children's services. We have inter-departmental protocols and an agreement as to how we are going to take this forward and we have a Change for Children Programme Board which I chair and which brings together all the relevant parties across government including the inspectorates to say how can this programme be taken forward, how can it be coherently, positively and clearly communicated. That's what we are going to seek to do over these next few months and we would welcome feedback about how we can get these messages across powerfully to all the key audiences concerned and to promote really

effective dialogue and engagement with those audiences. We will be seeking over the next few months to find out how all the components fit coherently together. In the next couple of weeks there will be published an important milestone in Change for Children, the National Framework for Children and Maternity Services. The Change for Children Programme which I am describing will be the main delivery mechanism for the NSF which is a joint DoH/DFES product going across government and it is very important that we work together to communicate that. We will be talking about the voluntary community sector which we have been consulting and our pay and workforce strategy and, importantly, in the context of the NSF, how that strategy goes together with the outstanding report from the just retired Chief Nursing Officer on midwifery, health visiting and children's nursing in the context of Every Child Matters. A really inspiring attempt to bring the health service together in taking forward children's services. We will be working on the youth green paper I have mentioned and we will be working on a ten year child-care strategy to be published with the pre-budget report later in the autumn, developing ideas about children's centres. We will be working on the comprehensive performance assessment and we will be consulting on the integrated inspection framework and we will be talking about how resources secured through the SR 2004 spending review which are not huge amounts of money but there is some additional money, how that can be effectively deployed to help this programme.

Later in the autumn, if parliament is willing, we hope that royal assent to the Children Bill will bring all this together in an update and we will involve as many of you as we can in formulating that update and these other communications I am talking about and work with you in developing the ideas and putting them into practice so that I hope, by Christmas, we can across the country have a shared understanding of the components of the Every Child Matters Change for Children programme. We can put in place a supportive, facilitative, national framework in which 150 local change programmes can flourish, those programmes being delivered in partnership, organised around the needs of children, delivering whole system change and finishing where I started, delivering better opportunities and better outcomes for the children.

That's our ambition for this autumn and we very much look forward to working with all of you in making it a reality.

### 3. From where we are: the local authority view

*Penny Thompson, Executive Director, Sheffield City Council*

I'm Penny Thompson, I'm Executive Director of Social Services in Sheffield where I've been for more than six and a half years now, amazingly, I think its the longest job I've ever had. And I'm also co-chair of the Children and Family Committee of the ADSS and I'm glad to be back here. Like Tom, I was here a year ago. This is slightly tremble-making because there are one or two people who have said they have come for part two of what I said last year which is – Have we done any of what we said we'd do? So for those that have heard me speak before I hope I'll give something of an update on last year, an update on progress. I will be speaking for Sheffield, that was what I was asked to do and actually in doing so I'm confident that what I'm going to be saying, whilst its from a local authority perspective, goes well beyond the local authority, I hope. Echoing what Tom's expecting of us, and truthfully you could have up here, giving what I'm going to say, either my Chief Executive Bob Kerslake, the Executive Director of Education, the PCT Chief Executive – one of the four PCT's who has the lead for children's services – or indeed the Chief Executive of the Children's Hospital Trust in Sheffield. Between us we make up the Sponsor's Group and I'll try not to bore you too much with process and charts, but I'll show you where that group sits, because we are the key leadership body, I guess, who are taking this agenda forward.

I am going to spin through something about outcomes, strategy, process, touch on work streams and vision, and finish up saying a bit about early wins and measurement of success.

This is an illustration of an approach, it's not a template and that's absolutely critical I think. Delivery of secure, sustained support for children and young people attending to what they want locally. Research and the evidence of what they need is only going to be achieved locally through leadership, in partnership, with trust, and over time. In answer to the question earlier, I think what was probably going to translate is down to local endeavour. The government can't do it for us. They can give us the work. But we are going to have to lead locally. We are nearly two – good toddlers – and we've been at it for quite a while.

#### Outcomes

The government gave us five outcomes for children and young people. In Sheffield we'd articulated those as three things that we wanted to attend to:

To improve the health, well being and attainment of children and young people in Sheffield, and in truth I think we are doing that already.

The key is the ownership of the agenda and responsi-

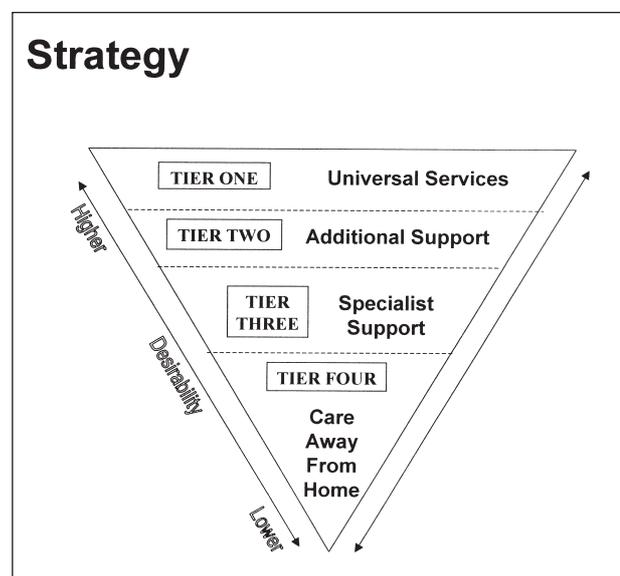
bility to deliver and the local authority role, which is what I was asked to talk about, is one of leadership in partnership. It starts with working on shared view and commitment to outcomes. As I say, we are almost two, we're toddlers, and we started on this journey well before Every Child Matters. We have a wide partnership and a commitment to these outcomes. The police, from all parts of the health sector, voluntary sector, all playing an important part. The new Safeguarding Board will be part of the partnership. The partnership includes Connections, the Children's Fund, Sure Start, children's centres, you can imagine it's a big room! Everybody is in there and that was the key to getting off on the right foot. We have all got to own these outcomes as ours and we've all got to respect each other's contribution – not just for the leaders at the top. For real delivery we have to secure the commitment of all and we've got to support practice and service experience. What was being asked about – this is not just about strategic outcomes, it is about the experience of receiving a service – 'Do I feel respected? 'Do I feel listened to?' 'Is the response relevant to me?'

Education has always run a nine-to-five service, certainly in Sheffield, and the idea of this huge demarcation between day and night is a huge challenge, it has to be said.

#### Strategy

Our strategy is not new or unique, but it is owned and understood in Sheffield and so the government's agenda of children's service, of universal services at their heart rang true for us right from the start.

Children's services, children's centres at Tier One

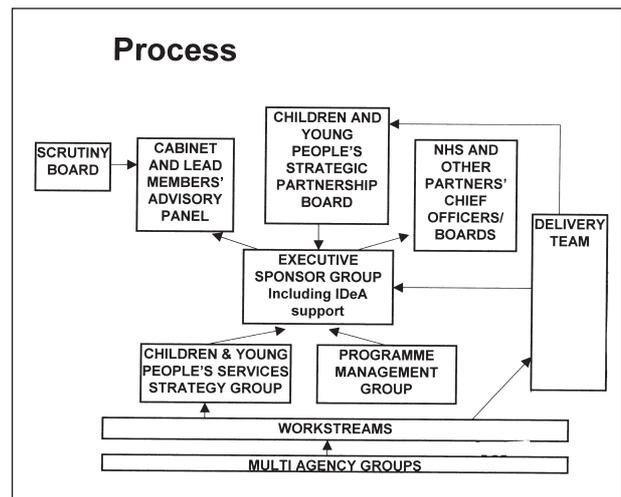


are a key to the success of our strategy and we've got to make them as inclusive, aware, affective and supported as possible, which then will mean minimising the need for additional and specialist support or care. Young people told us, just as they told government, and what they said was they wanted were respectful, accessible, confidential, listening services and that's what we're trying to put in place.

For us the critical issues to deliver on our outcomes to a high standard, holding to our strategy of seeking to have as many children as possible having access to universal services. But also some very key principles and values, which of course, we've thrashed out across the partnership over time, and because of time I'm not going to go through all of those. But, for example, valuing children and childhood, this notion of entitlement to service, this notion of supporting families and individuals to be responsible for their children. In Sheffield as I said last year our focus is for the whole population, 0 to 19, with universal services at their heart, supporting families, parents and carers with very effective Tier Four services with permanence absolutely critical there. I was speaking to someone over lunch and saying we're just putting in place our third adoption panel because of the weight of the work so we're still committed, absolutely, to those children who can't remain at home. Last year we certainly have sustained our relatively low and stable number of children looked after and I think it is because of this approach, because of having family support services twenty four hours, seven days a week and having all the agencies signed up to our one partnership, one plan. I have to say I was so delighted that the government have moved now to see that we need one plan for children's services and dropping the education plan.

## Process

In terms of process, I talked a bit last year and spoke mainly about the strategy partnership board. I think what has happened since last year and particularly over the last 6 months, has been a lot of progress on process and ownership. Those are key to change for improvement. Locally we've agreed to a top level joint approach to delivering the services so that it delivers our local aspirations and we're going to use the time to have the consultation to facilitate a bottom up owned change, which builds on the tremendous local progress we've made over the last six years. Over these last six years we have seen improved health, improved attainment, improved well being of our most vulnerable children and we're not going to compromise that. Certainly in Sheffield we are not going for an instant reorganisation at the top. We will be taking a cabinet report at the end of September that will say that the aspiration is to appoint a cabinet member next year, a Director of Children Services in 2006, as long as we've made the progress to get there, but it's not going to be our starting point.



So the map on the slide shows the decision-making accountability and delivery structure for a programme of fundamental accelerated improvement through integration, and the key to that map is the role of the local authorities chief executive. He chairs the sponsor's group there. The role of members and non-executive members and boards in the NHS and the role of the strategic partnership are absolutely critical. And what we have put in place now is a comprehensive programme management delivery structure, which will attend to both culture and practice change, and I could go into more detail but haven't really got the time.

## Workstreams

The work streams that we've got in place speak for themselves:

- Service delivery – tiers 1, 2, 3, 4: Safeguarding and prevention: access and information
- Integrated practice
- Strategic Planning and Performance Management
- Workforce & HR Strategy
- Information Systems
- Pooled Budget, Finance and Commissioning
- Accommodation
- Culture change and communications

They take integrated service delivery as their starting point which is broken into four elements, all critically linked, and then supported by a number of work streams for infra-structure. That work stream on culture change and communications is important. Each of the five sponsors who I said could have given this talk, are involved with the Chief Executive taking the culture and communications personally.

## Vision

So our vision ultimately is to have universal services, as I said, supporting as many children as we possibly can. Schools, GPs, health services, health centres clearest to the role, their responsibility with good access to support, all informed and linked. We expect the individual common assessment framework to

work right through the tier. Our Tier Two and Three will be based on clusters of schools and children centres and our city-wide Tier Four services will be citywide as you might expect.

We are very conscious of our responsibility to our staff and as we speak are planning meetings in October and November for frontline staff, they will be held in the theatre in Sheffield. These are buildings that will take 500 people. We are expecting to have a number of meetings. This is a very big communication exercise in the autumn so all of this is shared very widely.

### Early wins

Our early wins over the next year. One is going to be a safeguarding advisory service. With the joining up of what used to be separate child protection advisory services across education it will be the safeguarding of advisory services. And we think we've got a child protection concern, it can be about any level of concern, we're not asking people to pre-define their need.

Good progress is already being made with the children with disability service. An early win, and in a way that gives something to those dedicated staff who have a particular commitment to working with children with disabilities.

Similarly early wins for our looked after children – support together; support services to include education and health colleagues in supporting our 700 or so children who are looked after in the city.

And how will we know that things are improving?

- Decrease in low birth weight & poor health
- Increasing levels of attainment
- Increased 16 – 19 year olds in FT education
- Reduced repeat offending
- Improved school attendance
- Reduced teenage pregnancies

- Reduced substance misuse
- Better outcomes for looked after children

As last year, and they are still in place. We are looking to increase them from eight to ten with a proxy indicator for children with disabilities progress and something around poverty and economic well-being. We're not quite there yet. But these are the indicators that are moving in the right direction. Just to give a couple of examples, in terms of school attendance I think people heard me say last year that children and young people who aren't in school are not safe, they're not necessarily getting decent meals, their social well-being is not being attended to. We've made inner-city school attendance in the last year a priority. I think in part it is the fact that this is a programme of change that it is no longer seen as the business just of education. It is as much the business of retailers and police officers. We are seeing progress there. I think it will be fair to say in concert with much of the rest of the country we still continue to have significant difficulties with the education of looked after children. Some of our young people are at University and that is in itself a triumph which we don't think we make enough noise about. We of course have significant numbers of young people who aren't achieving anything like as well. But equally, as we all know, 30% of them start off with special needs statements, most of them weren't in school before they were looked after.

This is the way that we will be judging our success over the next years.

As I said right at the outset, our aspirations are very genuine and whilst Tom and his colleagues can provide direction, the key message is one of leadership through partnership and in trust and we are a Children's Trust. We are not separate organizations; our mantra is one service for all children.

## 4. The health perspective

*Robert Creighton, Chair, Ealing PCT*

I am delighted to be here. It seems to me you are all talking about integrated systems that might be the set up to meet the needs of all children. Now, in the NHS we have services that are very different. The NHS is not unified or integrated and the complexity sometimes leads to cracks through which people can fall. A view from the centre will be very different from a view from one of the service areas. The PCT's role and position is very much in the centre. We also have a commissioning role that will be influential in the changes you expect. People in the NHS see themselves as committed to children but, on the whole, they still see that in terms of health visitors and GPs.

I will be talking about leadership, championship and really having a dedicated focus at the appropriate level in all the necessary organisations which may at the time lead to something. It starts from the local reality but the key reality must be to put money into the commissioning of services, money from all sources so that you really resource actively the work that can be done jointly and that you line up the incentives of all the different partner organisations so that they are pointing in the same direction. At the moment, they are nowhere near it in my view.

The one thing we want to do is to stop children being ill and yet where do we find the most resources

spent? The emphasis is on adults rather than on children, children tend to get lost – get very poorly resourced generally speaking.

The funding and priorities in the NHS are:

- All funding for services direct from DoH to PCTs
- Equity through weighted capitation, but ...
- Huge funding increases: 8% p.a. 02/03–07/08
- But huge cost increases: staff, capacity (and deficits)
- Expectations exceed capacity
- Priorities largely determined centrally – NHS Plan, NSFs
- Performance assessment still acute focused
- But new policies of decentralisation

As you can see quite a lot of money has been thrown at it recently. That is hugely welcomed but in some respects, some services are poorly resourced, they have low status and getting access to them can be really hard. It is one of my deepest regrets, I feel ashamed that children in particular and mental health services have a low priority. The money is always being sucked into other things on the basis of government priorities. So when we start to look at the kind of things that are going to help us achieve those good outcomes that we yearn for, there seems to be certain themes that it is worth picking out to begin with. One of the really interesting things is when we start to think what it is that is going to make children most healthy. We all know that we have to have a holistic approach. So if I am sitting as a PCT Chief Executive and thinking what is the most important priority to improve the health of children in my patch it will be to work in partnership with others. We want to move from being a National Illness Service (that is what we have now) from the National Health Service to a National Well Being Service.

Services of Primary Care include independent contractors: GPs, dentists, opticians, and pharmacists. It provides child health surveillance, immunisations and other general medical services. In this regard they:

- See children frequently and at key milestones
- Often have whole family perspective
- Very busy – (children are not often or necessarily a priority)
- Conflict between family confidentiality and the child's needs

On the whole they are general services with no specific focus on children and are unlikely to see themselves as members of whole-system services for children.

The new GMS contract for doctors and GPs is a very good contract, but I don't think children are mentioned once, I don't think there are any incentives for improving the GP contribution of children's services, anywhere in that package and I am afraid that is an illustration of the way in which children services are seen.

Community Services include midwifery, health visitors, school nurses, community paediatrics,

designated doctor and nurse, paediatric therapists. They provide child health surveillance, targeted support, assessment, treatment and advice for child protection, vulnerable families and children with special needs. There are:

- No common assessment of vulnerability
- Too many hand offs
- Workforce shortages
- Co-ordination of input

Those are separate from GP services and there are many professional silos within. All see themselves as serving children and families.

The District General Hospitals include paediatrics, A&E and maternity. They provide acute healthcare, front line assessment of suspected abuse, support of vulnerable mothers. The issues arising from their services are similar to those of community services. There is also a rise in the number of pre birth child protection registrations; workforce issues especially around the Working Time directive; about their future model of care – inpatient/ambulatory. The District General Hospitals are not well linked to GPs and community services and are, on the whole, inwardly focussed

Non-Acute services include CAHMS, mental health, learning disability and substance misuse. Usually based in specialist trusts, or Health and Social Care Partnerships, children's needs are often lost in adult services. They focus on parental illness and disability; on individual rather than family and there is a threshold of accessing services. Although poorly resourced there has been recent investment in CAHMS. They are also often difficult to access and little understood by commissioners.

The priorities in achieving good outcomes are prevention and early intervention – addressing causes of ill-health; parenting, diet, housing, literacy, environment; partnership and joint working e.g. Sure Start; working with families and communities, not just treating individuals; resourcing services in primary/community sectors; strengthening and developing strategic roles of PCTs – commissioning, providing services in the community. PCT targets for children reflect these priorities e.g. breastfeeding, MMR/vaccinations, smoking in pregnancy. But clinical status is still vested in hospital work while the real aim is to avoid getting there!

What are the tools for achieving good outcomes? People are the most important. People with good attitudes – respect for children and needs teams working across the sector. For instance, GPs and child protection conferences. We need advanced skills for specialist staff but generalists also need specific skills.

Information must be shared between sectors and within the NHS. Technology, confidentiality and datasets, all need to be worked through to achieve the common assessment.

And finally, accountability. Well we all know about the National Frameworks that are being built-up here,

you all know much more than I do, there is the new planning guidance for the NHS. Greatly to our relief it is a little bit more locally focused than previous planning guidance has been but we will see what happens from the real experience of trying to convert that into local plans and given and I'm afraid I come back to this. Given the scarcity of real resources I suspect that even with the best intentions, and I believe the department has the best intentions, it is uphill task

I think we all have to work pretty hard to help them achieve the outcomes but the single most important thing seems to me is to get the assessment framework aligned to what it is we are trying to achieve, to get the objectives and measurement lined up and my experience, with the current system in the NHS with star ratings that that is not currently the case. It doesn't feel remotely like star ratings are related to the important things at all.

We have to address through the partnership and we are a pathfinder, we have the little pathfinder Children's Trust for children with disabilities and my observation about that is that it has been working now for 18 months for so, and it's had a project manager and a lot of very keen people have invested a great deal of time in it. It is proving really hard to move forward. This is just an illustration of the difficulties that we face and the kind of mud that we have to churn through.

The way forward is towards an Integrated Children's Trust locally with a common assessment framework and possible Joint Planning and Commissioning Unit. Now I was immensely impressed by Sheffield, I have admiration of Sheffield as a city, it seems to me light years ahead of us but it does show what we can aspire to.

## 5. A voluntary sector view

*Bob Reitmeier, Chief Executive, Children's Society*

I'm the Chief Executive from the Children's Society and I've been asked to give a presentation today on voluntary sector perspectives. The way in which I would like to do that is go through five sections. Just to take you through the structure of the presentation.

First of all an introduction and a kind of study of the context and then a brief word on the role of the voluntary sector.

To look then at the subject of the conference, the outcomes framework and the programme of change. To do that I would like to work through the framework of the three P's – *protection, provision, participation* with which you are all familiar from the Children Act and beyond.

In coming here today I found it very difficult not to talk about child poverty, it is not the subject but poverty has such an amazing influence on children in our society that I felt I had to say just a few words and then finally wrap up on some comments on values, culture and how we perceive children and young people.

The Children Bill – we are in the midst of the greatest reform of children services in at least the last 30 years. But before we get into the scrutiny of the challenge and children's services. Actually, this may sound like a contradiction on what's already been said by the previous speakers, but I think that we need to remind ourselves that only a small portion of children's lives are actually affected by children's services. Much of their life sits outside children's services. What I'm really referring to here is the relationships that affect children, and that's what affects their lives. So much of the experiences and relationships that they have with adults and with other children, are outside children's services. It is helpful for us to remind our-

selves of that. What that takes us to then is the point that we cannot equate what is happening to children's lives on the whole with what is being addressed by children's services. Wider, deeper cultural change will not be driven solely by what we are addressing in children's services. We need to look at the whole of children's lives, their experiences and can't lose sight in this of the United Nations Convention in the Rights of the Child. (UNCRC) And here is a small point where there is tension between the voluntary sector and the government. As long as the voluntary sector keeps talking about, keeps harping on about the importance of the Convention and the government is resisting some of that dialogue there is a problem. Maybe just a personal viewpoint on why it is so important to the voluntary sector. Very simply what the UNCRC presents us with is an international framework that can cover long periods of time, it covers time, it also covers administration, it gives us that benchmark, it gives us that frame to which we can actually respond and work toward and that is why it is so important. So in this context we need to understand the danger of labels, we need to free children up from these labels.

Now the emphasis on the five outcomes. What's happening from Every Child Matters and the Children Bill, is hopefully a step in that direction, but I just wanted to highlight how important this is for the voluntary sector and that we don't continue to label children. We talked about the silent approach; Robert just mentioned that in the health area. Take, for example, youth justice, we have gone through a period of time where if a child is labelled 'that's a potential

criminal' then it is the Youth Justice Board. It's the criminal system that has to deal with that child, and we all know that is not how a child experiences life. It is the holistic approach that is so important. That is what's being said and being promoted with the outcomes, what we have to do is to make it real.

Now bringing us to the outcomes. From our point of view, the key question is how will these outcomes actually be made meaningful as a means to monitor and account for activity? Optional selective use of outcomes will undermine this process. It will put at risk the overall aim and potential value of the outcomes framework. By this I am really talking about how binding will these outcomes be? The framework, the outcomes framework must be binding across all government structures. We feel the Children's Commissioner should explicitly be given the authority to review legislation and guidance against the outcomes. If they are going to hold together there has to be some teeth – there has to be some power to it.

### **The voluntary sector**

Moving into the second part, the role of the voluntary sector, the government's already acknowledged and continues to acknowledge and Tom has already mentioned this afternoon the importance of the sector. This unique role we have in reaching the hardest to reach children. I think that's where the Children's Society is placing itself. Now that role and the learning from that experience, if we have that contact and the ability to reach, to touch those hardest to reach, we need to take that learning and apply it across all phases of the planning cycle to the planning implementation and the reviewing. That is a real responsibility we have, so the call from the voluntary sector to the government is, give us a seat at the table, allow us in to actually be able to share that learning. This change in relationship, as a part of this reform that we are going through, significant reform between the government and the voluntary sector could actually undermine this potential. The potential of sharing that learning from the voluntary sector across the planning cycle. What do I mean by that? Well, there's emphasis on contracting. Delivery of public services could actually transform the whole delivery model of the voluntary sector. Going further, what I'm referring to here is actually the new people that are entering the landscape and I'm really primarily talking about organisations who are working for profit, organisations which we call the private sector, that we are not competing against for these contracts. There is a lot of emphasis from the government on the importance of the voluntary sector but most of that emphasis is on actually delivering public services. Many organisations in the voluntary sector will continue to do that. We are not competing against the different brand of organisation that is coming in with a different business model, a pure profit model. The good side is it should increase efficiency, it should increase effectiveness and let's face

it an increase in costs is no bad thing when those costs are those that can be flexible.

The risk from our point of view is what is this going to do to that unique role, which has already been acknowledged, as the importance of the voluntary sector in reaching the hardest to reach children? If the model of the voluntary sector shifts significantly in that direction what's going to happen to our independence, what's going to happen to that trust that we have been able to develop over time with the community, with those individual children? An organisation like the Children's Society is extremely concerned about that. So carrying that point forward, a question I would ask is 'What space is going to be available for the voluntary sector outside of the state system?' An example of that would be if we don't have a contract with the Youth Justice Board, if we don't have a formal contractual relationship with the prison system, are we going to be able to have any inroads into that population of young people that are in trouble with the law or is it going to be dependent upon that contractual relationship? A lot of the preventive work, a lot of the innovation, a lot of the creativity that the voluntary sector is so well known for, is outside of that contractual relationship. In the promotion now, it is in the preventive work, it is in that work that is actually pushing the boundaries and we have a real concern about where is that space going to be in the future. We have to bring our unique contribution reaching the hardest to reach to a strategic level. We need those inroads to be able to discuss this with government at local and at central level, at all the stages of plan, do and review – planning, implementation and reviewing.

### **The outcomes framework – protection**

Now moving straight into the outcomes framework. Again, how will these outcomes be made meaningful as a means of monitoring and accounting for activity and we will use the three P's to work through this. In the first P, protection; I am going to consciously use examples of older children from the teenage group and it is really just to make a point and to focus in on a short presentation. So under Protection I think the question for us is, as children get older, as we develop this framework focused on the outcomes, will we consider all children deserving of protection? What I mean by that is the protection systems as they are currently designed are geared towards younger children and against risk by third parties but, in fact, in the older children, the teenage population, it can often be their own behaviour that puts them at most immediate risk. It is not the risk of a third party but, this is a generalisation which I know you can criticise, with younger children sometimes it is more self evident what the risk is, with an older child in individual cases you can have a much more complex situation. It is often their own behaviour, which actually has to be addressed, and the systems have difficulty dealing

with that. Just to make the point, criminal age responsibility is ten, anti-social behaviour orders place children with problems, and there is a real fear in some communities. Again what I am trying to say is we are in a situation now where we are perpetuating the image of the teenager as a problem and the language we use – jobs, thugs, depressed is very importantly involved in this. There isn't a counter balance to that. There isn't sufficient positive part in all the children in the roles that they can play in society. We just heard last week about the government coming out with anti-social order ambassadors who are actually going to be tasked to go around and champion the use of ASBOs. Well, this is championing of a particular view of children or of teenagers and I think we need a counter balance to that.

Carrying on with protection. To summarise those risks, and again I'm focusing for practicality sake on older children, those risks inherent to running away, unsafe sex, self-harm, drug use, misuse, should be addressed by a comprehensive system for safeguarding children and young people. As we go through this outcomes framework, as we consult around it, we need to actually revisit that old Safeguarding Framework so that older children's needs are included. I am not saying that Every Child Matters, the Children's Bill or existing protection exclusively ignore older children. They don't, but the practice shows that the statutory response is often poorly thought out.

## Provision

Moving into provision now, repeating what I said earlier, the question really for us is, 'How much teeth is there going to be in this framework?' and the focus on outcomes. What is interesting about previous speakers, there is a tension between national standardization and local flexibility and all the speakers today have talked about the importance on the Government's position on promoting 150 different systems. Well, I can understand that, building on the strengths of the local community. Local solutions for local needs, absolutely. You would expect all those sectors to promote and to support a grounds up approach anyway because that's where we work. But I think we have to look at that and the warning flag that I want to raise needs to be looked at through the eyes of a child, needs to be looked at through the eyes of the family, and what I'm really referring to here is mobility. So if you have 150 different systems, and people move, which they do. How they experience the system where they are now, they experience a different system very differently, you can get lost in that, and actually those people in greatest need, and they often get their needs or they don't get what they need, because there's too much flexibility, too much difference. We're talking about some people having difficulty working with the services in the first place. They're resistant to working with the services, so it's a call to – yes – work on this

flexibility but make sure you're looking through the eyes of a child as you do it. Again, a specific point on the justice system, the youth teams, they have to be part of the local partnerships, they just have to be. The emphasizing of crime and their social behaviour so strong in this country we feel they should be managed by the Director of Children's Services.

There are some particular points on the provision, the second P, Again, the national assessment very much has been mentioned already today, and again we welcome the bottom up approach, that is closest to the source of activity, but again, the same point, the same warning flag is there – without any binding mechanisms, standards or thresholds we could end up with that lottery that we've all experienced. So it's a warning flag as we develop the framework and how we apply it. There must be some continuity or common access across the country. There are still a lot of unclear messages about Children's Trusts. The point the voluntary sector continually wants to make is that: How they have developed to include the participation of children and young people including, from our point of view, the hardest to reach – we have to make sure that their voices, their experiences, are included in the development of the Trusts.

We're talking about tension in that context, there's another tension out there that we have to confront and that's leadership. We've talked about the importance of leadership, but there is a tension between education and social services on who is going to lead. The voluntary sector, amongst others, is still feeling the effects of that tension and we need to put that on the table and actually talk about it.

Children's Commissioner. Well, you wouldn't want the voluntary sector representative not to talk about the Children's Commissioner! Having a Children's Commissioner in England who doesn't have the same level of authority of Children's Commissioners in our neighbouring countries just isn't on! We need a strong Children's Commissioner that clearly can fight the right space for us.

## Participation

Moving to Participation, the third P, again the government has acknowledged, and it has been said several times, the importance of consulting children. They are consulting the children; this needs to be applauded. We're getting better at participation, all of us, and in that process children are pushing us, which is important, what you'd expect. What we need to be ready for in that pushing is a real decision about power. And I'm talking here about decisions that affect the children's lives. When it gets to the point when we have to give up power, are we going to do that? And are we going to do it in a way that is somewhat uniform across the country? I would say yes! We need to be prepared for that, we need to do it, we need to raise our game. Interesting point about participation, it is proposed from the children's point that the Commissioner has

the duty to pro-actively go out and seek the views of children, and young people. Of course, we applaud that, and think that's very good. What's interesting is that there is no corresponding obligation on government or indeed on non-government voluntary sector bodies to consider or respond to those views. It's again about being pro-active, about raising the game, let's push it even further and say we have a duty, the government has a duty, to respond to those views expressed by children – it would strengthen participation much more.

## Poverty

And I said I had to say something about poverty. I think we need to acknowledge how impressive, how important the pledge the government has made to eliminate child poverty. It is a fantastic pledge, which we should all be proud of and engage in. And I think we all know as well that the bottom million, approximately 3 million children who are still under the poverty line, they are going to be the hardest to move up, so to speak. It's going to cost more. The intervention they need has to be much more targeted. I do think that this is important, and it's a personal view. I'm not representing the voluntary sector when I say this, but my own views: I don't think the voluntary sector is doing its bit. I think we have to raise our game, engage much more with the government on how to address that bottom million especially. And if our unique role is largely about those hardest to reach, we need to actually engage better with government on how to address elimination of child poverty.

If at this point I could just give a couple of case examples very briefly. It's not because it's in the poverty sector necessarily, but this is where it fits to me. It's about how we can report on outcomes. One is on a traveller child and we know that the community of travellers often are on the edges of society. Fourteen year old boy, mother has been absent for years, completely out of the picture – father comes in and out of the picture, he has a substance misuse problem, and so what happens to this fourteen year old is that another adult in the travel community essentially cares for this young boy, this fourteen year old. No family relations, no legal responsibility, a friend essentially looking out for the boy. The father as I say comes in and out and when he comes back in and the feeling as we come into more contact with him is that he is coming in basically for the benefits – that's how he accesses the benefits. The fear everyone has is what's going to happen to the boy. But social services doesn't get involved because we can't identify concretely what the risk is for the boy, because we don't have any evidence, the actions haven't taken place, it's a perceived risk. And also it's the transient nature of the traveller population, they move across SS. So the one SS that gets involved, you never know how long it's going to be. Well it happened, the father comes in, takes the boy and goes. The boy is lost, gone, there's no trace, not known to SS, we

can't keep up with him because we don't know where he goes. These are examples, as we look at outcomes, as we look at those hardest to reach, we actually have to work much better together, the voluntary sector and the government in actually identifying those needs which a lot of them ignore, and which need to be addressed.

Another case is in the rural areas, and I'm using the rural area as an example because we so often focus on the urban situations. Sixteen-year-old boy lives in a caravan on a pub site, where he's employed, where he works. He's run away from home, problems with the parents, the parents themselves are moving. They're in a farm cottage, but they had to move because their employment as part of the farm community has ended. The boy has left school. Really the only thing left for him in this very rural isolated community is the pub. Now, what the pub does is it pays the boy in cash, and in drink. And what that's doing is basically drawing that boy into that world where he's not going to be able to leave because of the dependency that's being created and the lack of options. One of the issues about the rural areas is just simple access, transport – and that boy is stuck in that very small locality with no options. That's something we see a lot of in rural communities especially. He's left childhood abruptly and entered into an adult world very prematurely and it's hard to see where we're going to go with that young boy.

Now to conclude: I am worried about values. It's very interesting, isn't it, that as a society we agonise over smacking. We don't agonise a bit about sending children to prison. We deem a child unable to vote until the age of eighteen, but criminally responsible from the age of ten. What does this say about our underlying values? We're confused, and the messages we're giving to children are very confused. We require a vision of childhood. We need to be clear and develop a common understanding of what constitutes a good childhood. Without this, many of the conflicting ways in which the children are seen and treated by the various agencies and professionals will simply continue. I think the fundamental question is: do the five outcomes represent a vision of childhood? I would argue, 'No, they don't, they're a good step, but we need to go further, we need to have a more overarching decision'. But it is a good step. We talked about cultural change, it's acknowledged, a need for that, what I'm talking about from my perspective is the wider and the deeper cultural change. We can break the cycle of poverty, of criminal activity through our benefit system and our justice scheme as much as we want. We can try do that, but as long as we keep calling a ten year old a criminal, as long as that ten year old has that experience from us, deep cultural change will not happen. So what is required is an attitudinal shift in society where children are looked upon as our great assets, where we focus on the capabilities and indeed we celebrate childhood. That's a view from the voluntary sector.

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## 6. The perspective from education

*David Hawker, Director of Children's Services, Brighton and Hove*

It's a great privilege to be here. I think what I represent is not just a perspective from education, but actually a perspective on education. I'm an educationalist, I've spent five years being Director of Education and for the last two and a half years I've been Director of Children's Services. We are also a Children's Trust, so the vision for me is to have a fully integrated children's service covering education, health and social care with a large voluntary sector participation covering the whole city and I personally am not going to stop until we get that, I just don't believe that we're going to fail. Having said that, there is not a single organisation. Nevertheless, there's a very clear capability through the children's services and through our policy to secure children's well being until the age of 19. So, there are fifty thousand children in the city and my responsibility is for all of them and I'm very clear that it's not just about the children at risk; it's about universal services. It's about locating the targeted specialist services within the framework of universal provision. A lot of what Bob said before tea rang a lot of bells for me – yes, we too need, in our very small neck of the woods, to have a much more positive vision of children and young people than we currently have. So the typical stereotype of the youngsters hanging around street corners terrorizing all people walking past can be challenged. That is the view of so many in society due to the fact that we don't actually see young people for what they are.

We have a long way to go. One of the steps forward we have taken in the past year has been to establish four new core priorities for the Council. One of those is Thriving Fourteen Year olds and has been a very important development. (not only to give me a place in the sun!) But, actually, as a way of encouraging sign up, not only from the Council, from politicians and the services that make up the Council, but from the NHS, the police, the commercial sector and the citizens of Brighton and Hove, to viewing children and young people as being very important. That has been crucial. We need to do a lot to get education to see itself as part of the wider integrated service. It tends to have its own ideas; its own rules and can get hostile in all sorts of ways. All sorts of forces pull it away from the integration of children's services and a lot of the work we are trying to do is to push that back. So I think that education is a battlefield and will continue to be one.

A major part is to have schools engagement with, involvement in, and commitment to, all children, and not just the ones that they teach. And schools are, by and large, culturally and historically, not very humane places to be. They tend to be rather regimented factory-like buildings, where if you step out of line, you are in

trouble. They are not very personalised and it is encouraging to see the government's commitment to personalisation and learning. It gives a huge amount of work to do at the local level in terms of school's culture; in terms of how they organise themselves; in terms of how teachers behave; in terms of the interaction with parents; in terms of the way of how the curriculum and timetable are covered, and the way their pastoral care is set up. Actually, this is all so fundamental. Schools should be starting to rethink now how they should deal with all this. Once schools start that and we engage with them too, it will lead to better collaboration and integration. In case you think this is a case of me knocking schools, I must tell you that all this was said to me by a school so it is not just me saying it.

More than half of our schools wanted to become extended schools after we had the pilots about two years ago but, within a year, three governing bodies actually declined the offer of entering into partnership with voluntary organisations to run child care. So there is a kind of contradiction. On the one hand, there's a willingness to do it. 'Yes, we want to do it. We get the vision and want to play our part in it' but when it comes down to it in terms of practical organisation and governance, and the way in which money is sorted out, the way that people's contracts are sorted out, there are blockages. Often these blockages are cultural blockages based on people's understanding. It is not just teachers. Governing bodies are a problem too. And we have to tackle that. We also have to tackle the teacher's unions. I don't know if you have read the latest from the NUT in response, amongst various other things, to the suggestion that schools should be named in the Bill. 'How preposterous! How awful to be singling out schools. Don't they know we do a brilliant job already?' Well, actually, yes, you have misunderstood us. We are saying that schools should not be singled out. We are actually saying that schools should be there amongst all the rest of us being named in the Bill as having a duty to co-operate and to work for children's well being. And if anything was needed to point out why that has to happen, it was that response from the NUT. Because until we actually say it and mean it we are not going to enter into any meaningful dialogue with the big beasts of education, the trade unions, and don't forget, they are in competition with one another. We do have to, consciously, provide the forum that draws them into the discussion.

All schools are autonomous, so it's not a question of command control, we cannot operate on that basis. We actually have to regulate a system of duty to co-operate and then provide a means for them to do so.

When we talk about, in an ideal world, how we make it happen like this, it won't happen, because the political priorities are different. As in the health service the priority is the waiting list, in education the most dominant voice is about parent power, curriculum, school admissions and the independent schools agenda and that threatens to undermine the entire children's services. We do have some battles ahead. Whether it is possible to negotiate so that we can make it work? I certainly hope it can. Certainly, what we do need is a much stronger duty to co-operate than we have seen so far.

Six issues that I want to touch on now briefly that I think is relevant to education.

First of all, that of universal versus targeted services. We do need a new model. The upside-down triangle of Sheffield we have the other way up, but that's fine I like the upside-down. Putting the target of service into the universal context. Basically, the fact of putting extended schools forms the basis of some of the targeted services is really very important and that leads them into putting them in the right perspective. A school that is working well is a school that looks after the needs of all its children. Not just meeting those needs themselves, but making sure those needs are met. So the extended schools agenda is very important. The new service model is good and it is brilliant that we have declarations from Charles Clarke and others that all our schools will be extended schools. What we need to make sure is that that is properly in context, an extended school cannot be a school in a vacuum. It has to have a organisational framework around it in terms of having a local strategic partnership, the leadership of the service overall and the school needs to know its place in that. What contribution it is making in the greater scheme of things.

SEN and mainstream, we have to see children in context, making sure that the issues of poverty and local deprivation are there. Children don't come individually packaged; they come with all their baggage. One of the things I was looking at recently was the OECD Pisa survey where the strongest correlation between the socio-economic indices and achievement, in Britain, was that of single parenthood. I didn't realise that. It was exactly double the OEC average. I have not worked out what that means but it something we need to tackle.

Children in context are what schools really need to be about. Increasingly they are getting good at it. Increasingly we also need to tackle the issues of workforce reform in that light because there are again opposing forces.

What can the rest of the services learn from schools? I think an awful lot. I think the rest of the services can learn from the confidence and buoyancy, the optimism, the way in which children's potential is developed or can be developed. I think our social workers have benefited a huge amount from being

part of the same service because it has given them a new outlook and I think that was needed.

Most schools that do their job really well do both inclusion and achievement. I think that debate is finished. It was a debate – you can't have one thing without the other. If you have league tables then you get rid of all the children who won't get results. No. Wrong answer. Inclusion and achievement go hand in hand. Our top performing school is one of the best on inclusion, it is one of the best ones when it comes to looked after children, it is one of the best with disability, it is one of the best on seeing that no children gets excluded. And that is our top performing school for GCSEs. We need to follow those examples and then promote them.

We need to have local protocols that say that no looked after child will be excluded from school without a proper review conducted on a multi-agency basis about that child because schools are so often trigger happy. Unacceptable behaviour and you will be out! They are looking to their own rules and they cannot do that. What happens is that the child is excluded, the placement breaks down, the child then goes to an expensive residential accommodation that can cost up to a couple of hundred thousand pounds a year. That then reflects back directly on to the council's budget and it means we can't passport more than a minimum to schools. So they suffer financially. I don't think there are limits to inclusion provided the schools are set up in partnership with the local community.

Do schools have too much money, or is it too little, or is it about right? Or are we not using it as we should be? The whole school funding debate is about passporting. We need to actually be creative in the way we look at how it is used. How can schools be preventative in the use of their money and how can they be convinced that using it in that way is beneficial for them and how do they make their decisions on school funding.

Accountability and autonomy. As I have said before, the need for schools to be included in the Children Bill.

Admissions is a very big issue. With the postcode lottery there are lots of tensions around school admissions. The last thing we need to do at the moment is to deregulate schools admissions until we have a much firmer basis for ensuring that schools are local to their community and that all children have a good local school place.

There is an issue between relationships of the Director of Children's Services and the school governing bodies and the head teachers. Who is answerable to whom? And there is also an issue about who commissions whom. In one sense, we are commissioning schools to provide education for our children. In another sense, they are commissioning us to provide support services. When we start to devolve local commissioning arrangements where schools are in partnership with our local area teams, they are then

part of a commissioning body commissioning services from other providers to support children in their schools. We do need to look at that commissioning relationship. It needs to be set within the strategic partnership that actually takes us a long way from where we are at the moment with purchasing and providing.

And to whom do schools belong? Schools belong to the community. Schools sometimes see the community as something that belongs to them. We have to re-emphasise the need for schools to be at the heart of the new service.

We are missing a trick if, in our school workforce reform, we do not link those with the children's services workforce reforms and also the workforce reforms in the health service. We need to have a complete round of workforce reforms and professional roles and concentrate, in particular, on building respect around those across the service, and at least understand the constraints of others work. I like the common core that is about to appear. The six modules might be rather basic but actually it is a good starting point. We need to make sure that the initial teachers training courses takes it seriously and integrate it. We also have to make sure that it is built into professional development throughout the system.

The barriers you know all about. We do speak different languages, we do work with different systems, we do have different priorities and different ways of working. All that needs to be worked through.

The real answer, in my view, is the fact that schools' role in their community is more than just doing the nine-to-three education; it is about the 24/7 care for children. Schools have a role as supporters of children within their community. They have an important role beyond their teaching one – that is their core role and will continue to be – but the management implications of being concerned about children in the wider sense is all about building up a local team. How do we get

head teachers to be part of that local team? What is their role in that team? Are they going to be team leader? Are they going to be players? What about the GP? If you look at a local neighbourhood who are the key players? Who are the community leaders who are going to ensure that children get the best deal out of their local community? So all of that needs to be worked through in the terms of school's role in the community. It is not just about building extra services around the schools; it is actually a more fundamental rethink about what they are doing within their community.

The last question of all is, is this just about what schools in deprived neighbourhoods do? Clearly there is an impact there, and that is obviously family centres and so on. But is it just in deprived neighbourhoods that we need extended schools and beyond the nine-to-four education? What happens in middle class areas? Do we not bother or are they part of the whole thing? That is a question we are struggling with locally because I am not sure of the answer.

So I would just like to suggest four key principles that we certainly want the Brighton and Hove service to have:

- First of all, schools must be integrated into the Children's Trust partnerships.
- We need to build them into the government's arrangements and we need to have them sitting round the table and understanding what we are trying to achieve in terms of integration.
- Yes, they have to be written into the Bill and we should not have de-regulate admissions.
- And, schools role in the community is the key.

If we can get those four principles established we will be starting to make more progress in an area that really has hardly been developed, as yet, in the whole education spectrum.

## 7. Common ground and key differences

*Professor Sarah Stewart-Brown*

Thank you very much for the invitation to speak at this important conference. As I heard Tom speaking and various other people earlier I thought was that I am coming from the wrong place as they are all talking about well being. Then when I heard Penny talking about well being and positive outcomes, she came to her list of what was going to be measured There they were, about crime and violence, poor health, educational failure, unhealthy lifestyles, teenage pregnancy, low birth rate. And that has been my experience. That we talk in grand terms of how we want to achieve positive things and then focus on the negative. And we

all focus on slightly different negatives that suit our services. And there is a big overlap, we all recognise that there is a place in the middle where children hit all the targets. We are all pulled in slightly different directions because of what we actually do.

I want to do a quick aside on the poor health angle. This is a survey that was done quite a long time ago, in the eighties. It was a very innovative approach. OPCS tried to collect data on the prevalence of different types of disability in childhood and they got a whole panel of experts including people with disabilities and parents together to try and rate the severity of different

kinds of disability – the equivalence of deaf loss, mobility loss, vision loss, behaviour problems etc. It is a really sound survey. And, of course, children were not always in just one category, many children have multiple disabilities. I am only telling this to you because behaviour came out as overwhelmingly the most important cause of disability in childhood. So this takes the whole of health, and chronic health, and pinpoints behaviour, and anyone working in the child psychiatry services will know that this is the key cause of mental problems in childhood. If you go into adulthood, and someone like me wants to know what happens to those children when they grow up. If you look at the common causes of disability, that here is measured as reporting problems at work or other regular daily activity in the last four weeks, you will see that emotional health is actually reported by more people as a cause of disability than all the physical health problems put together. I am putting this here to say that when we are talking about health can we please have mental health very high on the agenda because it is the key to what we are talking about, not just for children, but for adults too.

The outcomes that children have said they want are very positive and encompass many of the things we want to talk about. So can we marry the two? The negatives and the positives. They do map on to each other quite nicely. Of course you have to change the language a bit but broadly speaking they do show both ends of the spectrum. The next question ‘what is that bit in the middle?’ Is there anything that can draw all this together? From my perspective there is very clear common ground. It is called emotional and social development and it is this that underpins all the good and poor outcomes that children want and we are concerned about. That is an area that we can and should all be working on together and a lot of the problems about being pulled in different directions, because of the focus, will disappear. The problems of different cultures, different ways of working, won’t magically disappear overnight but here is an answer that is clearly very important for everyone.

The determinants of social and emotional development – we do know an awful lot more than we used to, and there has been burgeoning research in this area in the last ten years that is very exciting to keep up with because it is coming from a lot of different disciplines. It divides into nature and nurture, as all things do, and although the pharmaceutical industry would have us believe that they are going to be able to work miracles with new gene work in the not too distant future, I don’t really think that is an option. And I think we can pretty much discount nature as a potential for intervention. It is going to go on being there as a risk factor but I don’t think we are going to do serious intervention in that area. But on the nurture side there is huge potential for intervention. We need to work jointly on together. There are the two areas. There are the close intimate relationships with parents and family

members, with early years workers and with teachers. And then the broader community and society relationships that underpin those intimate relationships and are really very important. I am going to focus on the first one but that is not to say that I think the second is not a hugely important basis on which you can deal with the first. So I agree with Bob that poverty should clearly be on the agenda, and not just that, but the redistribution of wealth as well as absolute poverty.

The relationships with parents, teachers, other family members, other adults, is absolutely critical because what we now know is that it is in the context of those relationships that the social and emotional brain develops. It is entirely about the quality of those relationships that determines how the baby’s brain gets wired up and then what happens in later childhood and for the rest of life. It is also clear that these relationships are amenable to intervention. Not with a magic wand, but you can make changes. In making changes what you are doing is helping the parents’ emotional and social development, helping the teachers’ emotional and social development so they can relate to the child in a more helpful way. In helping the parent to move you need to have someone with very good emotional and social development themselves to support that parent. So, what we are looking at is a system in which everyone can play their part and you need quite a lot of people at the positive end of the spectrum with robust emotional and social health in order to help the parents move, in order to let teachers move, in order that they can relate to the children in a way that supports their development

What I think we do have is a fairly extensive evidence base now of interventions that can make a difference, both with parents and in schools. The key thing that we know about these interventions is that it is the quality of the relationship that the practitioner makes with the parent or the child that is absolutely critical to their effectiveness. Within that there are a number of different approaches that people have tried and used. What history would also tell us, and the evidence makes this absolutely clear, is that we can also do an awful lot of harm. It is a very humbling experience to read Christina Hardiman’s book *Perfect Parents* which is a history of health and social advice to parents and what parents have been encouraged to do going back to the sixteenth century. We know we can change parenting and we know we can change it for the worse but we can also change it for the better. We need to be very careful that what we are doing is for the better and we are not falling into some of those traps that people have fallen into in the past. There again, we could get into some common ground and some differences between the services in terms how we can gather that evidence base and what we might want to do collectively together.

Within that evidence base there are things about measuring. Working out whether we’ve done better, are we hitting the targets, so we are near perhaps to

developing some system of measuring. I've just completed a report on a review of measures of emotional social confidence, I brought some copies of the summary but also the report with the web-site address on it if people want to download it. We've reviewed the literature and we talked about them, we've talked to practitioners, at early years and primary school settings and also had involvement of secondary schools. We identified a very high level of interest in measurement and lots of people trying to do it and improve what we've got at the moment. A wide spread agreement that this was very important. There is a mass of instruments around a much longer history of measuring social competence than of tackling emotional competence with its components of emotional awareness, emotional well being. Being able to use emotional information in relationships is actually much of a new boy on the block.

One of the things that was clear though was the focus on instruments has changed hugely in the last decade. Originally the early measures were all measures of social incompetence. A whole list of ghastly things about children, and they were the validating measures we were required to use, made on the whole by experts' opinions of children. And just a brief aside on those, very often their aim was to identify the children with problems so that you could take away the children with problems and do something to them.

What I'm going to say is applicable to every single measure that has ever been used in mental health in any population at any time, in any age – what you get is what we call a continuous distribution, it's a continuous curve, now the middle shifts around a bit depending on the questions – the height shifts, the tail shifts, but it is always a curve, it never looks like you've got two humps. Now if you've got something looking like that you can pretty much decide where your cut-off point should be between normal and abnormal and you will probably be right, but when you've got this distribution you can't. So a lot of work went in, a lot of psychiatrists worked terribly hard on deciding that 13 would be the cut-off. But they could easily have decided it would be 14 or 12 and you know in another century it might be 15 or 10. It is very socially determined that cut-off and it is never going to be terribly robust. When you have a distribution of these sorts of problems like that, if you were a public health person you always think I am very likely to need some sort of universal approach to tackle this problem even though you might want to target the severe end of the spectrum. You are going to need to incorporate some universal programmes to accompany it and it seems to be clear that a lot of people have accepted that that is where we should go. So we have quite a lot of instruments covering the quality of relationships and now increasingly they are including positive attributes and there are some lovely measures that are entirely strength based. There is a well-validated and developed base. They cover most of the

aspects of social competence and emotional competence one would be interested in. The number of instruments that cover emotional competence and emotional well being is really quite small. There are many more instruments for school age children over pre-school and none of the instruments we found which incorporated emotional competence have been validated in a UK setting but one of the other things that really came out of this was valid assessment. Valid assessment requires very skilled observers and again we are back to people with quite a high level of emotional and social competence and development being necessary to really assess children's competence and if you haven't got it yourself you will miss the fact that children have got problems so back to the quality of the workforce. So from that piece of work we concluded that measuring emotional and social development is not simple but it can be done and with a little bit more research we could probably get quite a long way to having something we could all agree was a good idea. It requires skilled observers and valid instruments but we have made great strides towards that.

So I think there is a level of optimism that it can be done. If we look just briefly now at approaches to evaluation I think we do come from slightly different cultures and in the health service if you haven't a randomised controlled trial to show that it works you might as well just forget it. This is a real problem for us, I think, when working in this area and one that we are going to have to tackle. The Health Promotion Group of The World Health Organisation whose work is really much more akin to what we are talking about than are the trials of the drug companies have made the announcement that randomised controlled trials are inappropriate, misleading and unnecessarily expensive in the field of health promotion. That is a fairly radical statement and some colleagues in health go ugh! but they have done it for very good reasons. They have done it because randomised controlled trials really are very difficult to put in place in a lot of the situations that we might want to use but they are still the best way of avoiding investigator bias which is a problem, has always been a problem and will continue to be a problem. Randomised controlled trials are where you randomise a child to have one treatment. If you are doing an intervention in schools you have to randomise the school to one intervention or not and you will then need about 20 or 30 schools to get differences in the significance in your findings. So you start having a hugely expensive experiment that takes a vast amount of funding and is really very difficult to put into place. In most school-based studies, if they are controlled at all, somebody will do something in one school or two schools and find another couple of schools that look a bit like them to act as control and that's a lower quality of evidence. At least you can get there! Then observational studies, where you simply put someone in the school and watch what happens.

Do the teachers teach the new curriculum? Do parents come to the parenting group? Really important as part of an evaluation. Finally qualitative methods, where you talk to people and you listen to a whole lot of people and look for the commonalities. We've just completed a randomised controlled trial of a parenting programme in a general practice setting and I thought I would just quickly show you some of the results on this because they are important in this context. I did this with colleagues from the Health Services Research Unit in Oxford when I was there working and we had funding from the NHS, What we did was we surveyed all the parents of three general practices with one of these negative child behaviour measures, the ones that were well validated and every psychiatrist believed was an acceptable measure. So we got over 1000 children. We asked them about whether they would be interested in coming to a parenting programme or not. We had a 70% response rate and then we took the parents whose children scored in the worst part of the behaviour survey and randomised them to go to a programme for primarily behavioural but with relationship building in it for 10 weeks with specially trained health visitors. They had to go every week and we measured the child behaviour inventory as the outcome and there were very similar results in the two groups in the beginning, immediately after the programme we had some difference but it didn't reach statistical significance. At six months we did get a difference between the two groups and the intervention group were doing much better than their control, but by twelve months the scores had come very close to the average scores. Whilst we did have a difference it actually isn't significant so I have just proved that this parenting programme doesn't work. I am very worried about that because actually we did a lot of talking to these parents, we went and interviewed them and the parents told us things that really made us feel that they had, they were all enthusiastic about the programme with the exception of two. They thought it had been extremely helpful to them and they told us very specific things that they had taken away from the programme and put into place and that their lives had changed. So on the one hand using quantitative measures showing this programme was good, on the other hand using these qualitative techniques we are clearly showing that for a lot of parents it is really not working. It wasn't unmitigated success, some parents had real trouble with no smacking policies, some would have liked more on sibling rivalry. It wasn't like a whitewash, when you get this sort of stuff you have more confidence when they are talking about the positive things. Then the other things that happen in randomised controlled trials is that there is something called the Hawthorn affect so simply filling in our questionnaires about child behaviour problems every four months or the control group parents don't want

us thinking about their children's behaviour and they realise 'oh look, they are not bad, they are doing quite well' compared to where they might be. Relationships with child improves, so a whole lot of things are going on. A whole lot of things go on just simply because they are in the trial and four of the control group parents have gone and found a parenting programme of their own! Contamination! That is the reality of a really tightly constructed randomised controlled trial in this sort of field and the evidence base is not the difference between the quality of the evidence you can get from this sort of a trial and its capacity to miss an affect is much bigger than it is for a drug trial and so there is a problem with what we regard as gold standard evidence. Randomised controlled trials may be both impractical and inappropriate in social interventions, they may miss important changes because the outcome measures aren't appropriately sensitive and other methods may be more likely to be subject of investigator bias so they are not perfect either and with qualitative methods you never speak to everybody so you have got a partial picture. There isn't a magic answer and I think we need to embrace a whole range of different methodologies in trying to work out whether what we are going to do, is going to do any good.

I was going to speak briefly about approaches to delivery but I think I will wrap up because we are getting towards the end. I was going to talk about the fact that we needed universal programmes and universal programmes cover information that is in Every Child Matters but I think they need to go beyond that. There is plenty of research in health promotion showing that information doesn't change behaviour. So I am quite clear that we need to have universal open access parenting programmes as a bottom line and the health service is the only place that you could really base that without any form of stigma. I am also absolutely clear that we need legislation on smacking and, as a bottom line, parenting, I am also clear we will get it, it is just a matter of when and does this government want to take credit for this major social change, or would it like to leave it to its successor. There are also good evidence based universal programmes for schools. Reviewing the evidence on those, they clearly do work and the ones that work improves staff well being as well as children's well-being. Then of course there is a whole range of targeted programmes that we will need to have as well.

Emotional social development is I think the key to improving outcomes for children; it's amenable to intervention and its potentially measurable. We need to have interventions that are evidence based and developing robust evidence based interventions does take both time and money, and I think we need a range of different evaluation designs leading into that evidence base.

## 8. The Ministerial view

*Margaret Hodge MP, Minister for Children, Young People and Families*

Congratulations to the Sieff Foundation for organising the conference – a year on from publishing the Green Paper. We did not realise how big the story was a year ago – I feel a bit like Christopher Columbus! Excellent officials and others in this room have supported the development and we recognise their dedication and drive.

We are on schedule for the Children Bill to be given Royal Assent, hopefully, in November. The Bill, which has been said to be ‘A small Bill with a very big heart’, has been a very big achievement. It has led to much structural change including a Ministerial Committee, Inter-governmental Board, and the Board of Stakeholders – a powerful driver for multi-agency working – plus the Youth Board, about to be established, to consult young people

There has been a great change on the early year’s front. The biggest change since the Second World War. All three and four-year-olds are now guaranteed a free, part-time early education place if their parents want it. More than a million new childcare places, benefiting 1.8 million children, have been created since 1997. Over 1,200 Neighbourhood Nurseries are now open, providing over 45,000 new daycare places. A total of 524 Sure Start local programmes are now up and running, offering a wide range of services to 400,000 children in poverty. Up to 2,500 Sure Start Children’s Centres will be established by March 2008, offering access to all young children and families in the 20% most disadvantaged wards.

CAFCASS, after all its difficulties, has been re-established on a much stronger base. A paper on ‘Contact and Access’ has been produced and a Family Resolution pilot set up. We are about to publish the National Service Framework for Children and Maternity Services and I see that you have someone talking about that tomorrow. There are all sorts of government programmes on improving outcomes for children. For example, the Teenage Pregnancy Project.

An Integrated Inspection Framework has been set up. Huge progress is being made on this issue but we still have a long way to go

Extended schools, providing a range of children, family and community services are being set up. Schools will no longer just be open from 9.00 to 4.00 but will be accessible in the evenings, at weekends and during the school holidays.

Other work taking place as a result of the Bill includes:

- A reform of funding streams is taking place
- The Children’s Commissioner
- Training programme on core skills
- Working on better stability for looked after children,

and

- Work on adoption

Movement in the right direction is shown by the cross-governmental work taking place. For example, work on reducing child poverty. Statistics in the DfES indicate the effectiveness of Sure Start and the impact of multi-agency working on improving children’s circumstances, e.g. Westminster, Pen Green and Cumbria. But we are aware that huge challenges remain.

What indicators matter? We score low on drop out rates from schools and training compared with other European countries and we have, by far, the highest teenage pregnancy rates. Social class and wealth are very much linked to educational achievement and we still have 2.5 million children living in poverty. Outcomes for looked after children continue to be poor.

The principles, that underpin all our discussions, are about a whole system reform agenda around the needs of the child, aiming to prevent children falling through the net, recognising universal services are as important as specialist services.

### Some tensions

1. Raising standards for all in schools versus inclusion agenda. There is interdependence between the two; it is not a competing agenda. But we do have to convince many educationalists.
2. Demand from the community competing with the needs of the individual child. Constituents bring me weekly issues of havoc caused by young people. Children need boundaries to behaviour to enable everyone to prosper.
3. Tensions in parental versus children’s rights, vividly expressed in the contact area – equal access versus children’s best interests.
4. Tensions between decentralisation to local authorities versus standardisation. How to get equity of offer with decentralisation of power. This is difficult to grapple with at central government as the Directorate is so new.
5. Tensions between individual privacy and the protection of children – confidentiality, holding of information etc.
6. Tension between interventions to meet current need and redirecting resources to ensure early intervention, at a time when money is being decentralised (central control versus local diversity)
7. Tensions about political correctness and right to privacy for family life versus state intervention and responsibility. This is important when we know from evidence about the impact of parenting on

children. Where do we go from offering support to voluntary and compulsory intervention?

### And challenges

1. Cultural change. Getting sustained change over time is very tough, One key driver is training (core competencies); another one is leadership; another is inspection and another important one is outcomes.
2. Structural change. Some is required – children's centres and extended schools are probably essential – plus the spreading of good practice.
3. A level playing field is required across the statutory, voluntary and private sectors. Being treated as a partner brings new responsibilities to the voluntary

sector. We aim to build a strong voluntary sector capacity. For example, as in the housing sector.

4. Can we recruit and keep a high quality, skilled workforce? Insidious role of the media in putting off all those professionals from caring work with children e.g. paediatricians.
5. Final challenge of money! What happens when the public sector funding becomes more constrained? This is hugely important. The paper on Youth will be critical in this respect.

Thank you for asking me. I am now awaiting some answers from the conference!

## 8. The National Service Framework for Children

*Claire Phillips, NSF Manager, Department of Health*

The National Service Framework for Children, Young People and Maternity Services has been developed with all stakeholders over three years. It is a ten year strategy and has been a project lead by both the DfES and DoH. It is designed to tackle inequalities and drive up standards of care. The intention is that we move far more towards local targets and allowing local areas to actually develop their own targets based on an assessment of need of their population.

There are eleven standards or key themes:

- Early identification
- Effective intervention
- Prevention
- Multi-agency partnership
- Need for effective commissioning of services
- Listening to children and families
- Appropriately skilled staff

We are producing a database of good practice and a Delivery Strategy as part for Change for Children will be published later this year. The NSF has, as you will see, close links with Every Child Matters; the Children Bill; Public Health White Paper; and the Green Paper on Youth.

### Standards – health promotion

Our first standard is about promotion and preventing ill health in later life, looking at what happens to children and young people as they develop habits around eating, drinking and smoking and so on that are going to affect them as adults just as much as in their youth and links to physical and mental health promotion. It also introduces fairly significant changes to what we have always called child health surveillance in the NHS which is a programme generally led by GPs and health visitors for children who are under five. This actually develops using a far broader

approach to child health surveillance which we are calling the Child Health Promotion Programme and it looks at it as a continuing going from pre-conception going through to ante-natal care through to birth and right through to the school age child. It sees it as part of a continuum with fewer checks to see whether your baby can actually pile up bricks at 18 months, far more emphasis on identifying children who need targeted support and I think that is a very important change.

### Supporting parents and carers

There is a lot in the National Service Framework about early intervention for a number of reasons and a number of contexts and of course there is a huge emphasis on assessing needs and making sure that people locally know what it is they have to work towards. Margaret Hodge last night talked about supporting carers and parents – it is a key standard, it is our second standard and again it talks about the balance between universal and targeted services. We all know that the support that pre-school children need is very different from the needs of adolescents and so on and so the NFS says something about the support for children at different stages of their lives and how we actually tailor that and also it talks about supporting parents who have specific needs. There is quite a lot about helping to identify people who present at adult services and this is something that Margaret Lynch's group worked on, helping to identify adults who have needs that will impact on their parenting ability. It's quite subtle, the way it's presented in the NSF because it's quite a difficult issue but I think it is actually a fairly major area where we want to see change for the next few years and that covers a broad spectrum of parents, parents with disabilities, with drugs misuse problems or mental health problems but it is quite key.

### **Family centred services**

The next standard is about child centred services and those of you seeing the hospital standard will know the context in which we are dealing with that. There are some really key themes that will be familiar to all of you about children being listened to, respected, able to access services but also having the support that they need to use those services effectively so whether they need advocates, interpreters, or whatever. It is about presenting the services that are actually geared to the specific needs of the family.

### **Growing up into adulthood**

Standard four is about transition. We could have done a lot more about all the different transitions of a child's life but we have chosen to have a standard on this specific transition of growing up into adulthood and I think that's very important because it is something we do not do very well at the moment and where we have identified the need for real change. Again there is something about respecting and involving young people in their care as they grow to independence and so on but also about age-appropriate service and that means not saying that a service for a child ends at age 11, then they go to that service, then they go to that service. It's about looking at what the child needs and looking at which service is appropriate for that particular child and then about helping them to progress to adult health services which for children that have disabilities and long term health needs is obviously a very crucial and very difficult time. But it's also about promoting good health for 12–19 year olds. We have quite a lively version of the NSF that Aiden MacFarlane and Anne McPherson are working on today, in their language, about sex, drugs and those sorts of things. Looking at the need to put more investment into smoking cessation and stopping young people starting, preventing injury, looking at binge drinking, drink spiking. This matters very much to young people and again that will be covered in the white paper as well.

### **Safeguarding**

We then have a standard on safeguarding that is nothing like the one that we actually consulted on a year ago. We published it with our emerging findings report just to signal how important it was and the standard that we have ended up with is quite different but I think very well crafted and I hope you will agree when you see it. It picks up a lot of issues that are in the Laming Report and talks about the need for all services to deal with abuse and neglect very proactively.

### **Children and young people who are ill**

The second part of the NSF is about the needs of young people and particularly needs of groups of young people whereas part one applied to all children and the key theme in the first one, children and young

people who are ill – covers the whole spectrum of illness – everyone who has children will have had some experience of illness and minor illness. It is quite difficult for all the families because of the implications of keeping them off school and for adult's working lives and so on. It does look at minor illness and better ways of actually dealing with minor illness but also at chronic long term conditions and, of course, acute illness and we will be publishing a training video for medical and nursing staff on managing acute illness – about helping to diagnose illness better. The child who has earache or meningitis and you can't tell at that early stage – that's very frightening, particularly for parents but also for health care professionals. It's about looking at some of those issues. It's about providing comprehensive integrated local services in a far more imaginative way than we have done now and involving young people and their parents in their own care and it also talks about supporting self-care. Self-care is a growing theme across the department. There is a lot going on about self-care because something like 80–90% of illness is managed by the patient without recourse to the Health Service and we know that the more information patients have about their long-term condition, the more they become expert patients and the better they are at managing their own illness, coping with the symptoms and living a relatively normal life. We do want to see the expert patient programme extended to parents and indeed to young people themselves but perhaps not quite in the same way as we deliver the existing adult programmes and young people tell us they want something very different so we are wondering about a web based tool but whatever we do, we want something that is actually going to appeal to them and help them to come to terms with lifelong conditions such as diabetes, severe asthma and so on.

There is quite a lot in the NSF about easy access to a range of services in non-traditional settings and I know someone is coming to talk about extended schools and extended schools have huge potential in some of these areas – delivering primary care services for example. It also addresses the concerns in the Kennedy Report about the need for high quality treatment and talks about helping young people with long term conditions to participate fully in life. That will be picked up in the long term conditions NSF when that is published next year. Managing pain effectively is something that we have emphasised already in hospital standards and something that the Health Care Commission have picked up in the inspection tools they are delivering because it is something that we know isn't done very well and we know that children even at the youngest age do feel pain far more than we thought and even pre-natally.

There is also quite a lot about the system re-design, both in the form of managed clinical networks where you have a whole community to deliver 24-hour services but also in terms of tertiary clinical networks

for cancer services for neurological services and so on. So there is quite a lot about developing those sort of networks which we would like to see developed over the next ten years. Some of them are in place and work really well but I think we have a lot to learn from other services, particular cancer but also heart disease services, about developing a really well-integrated tertiary service without reaching to secondary care. I have just listed some of the issues, I won't go through them all. It is one of the most complex standards of the NSF I think and it does relate very much to the Department of Health's PSA targets which isn't surprising. The target I didn't mention earlier was the one on long-term conditions and that actually does address themes such as the expert patient programme and the self-care programme.

### **Children in Hospital**

Standard seven we published last year, so I hope that most of you will have seen it and we published that one early not because it was the most important one but because we fast-tracked it in response to the Kennedy Report. It also very importantly says quite a lot about safeguarding children in hospital and actually addressed very directly and explicitly some of the points that Lord Laming made about Victoria's care in hospital and if you haven't looked at that I do suggest that you do. We are not going to repeat that sort of material in the NSF now because it should be read as a well integrated whole but that was a very important part of that standard. It talks about care being integrated around the child and facilities being age-appropriate and so on and again asking children what it is they want in hospital and trying to treat them in services that are age-appropriate. The modernisation agency is leading with us on implementation and there is quite a lot happening out there. I think it has been quite slow and it will get a real boost when the NSF comes out but certainly if you look at neo-natal intensive care and cardiac services for young people there is actually a lot starting to happen.

### **Disabilities and complex health needs**

Standard eight is about the needs of children and young people with disabilities and obviously overlapped to some extent with the ill child standard but some of the key themes and certainly the first key theme is about promoting social inclusion and some very subtle messages buried in the text. We are not allowed to say 'You must reduce speech and language therapy waiting times' – we are not allowed to say things like that – shifting the balance of power as much as we would like to. So, it's much more subtle than that. You might like to address any long wait that you have in your system and use the extra capacity, the extra investment that we have so very generously given you to address those long waits over the next ten years. I hope that what that translates to is that when the Health Care Commission, OFSTED and

CSCI come round and do their inspections, they are not going to be too impressed in two or three years time by those areas that have two year waiting times for speech and language therapy – so that's a message for Angela. But it is very subtle because we have a gateway that all our documents have to go through and we are not allowed to use language that is quite so prescriptive any more so there is quite a lot in there about access and about early identification, picking up some of the earlier themes and, of course, about support for parents. It also says a little bit about the good palliative care services and the death of children and young people and how we would meet the needs of those families who have lost a child under whatever circumstances.

We have to make co-ordination of care a reality over and over again. Disabled children themselves and their parents have told us how it is one of the greatest problems telling their stories over and over and we really have to address that issue. It does link to one or two of the other NSFs including the one that is going to come out next year. It picks up some of the themes from the committee on palliative care which had some very interesting things to say. There will be an example on Autism describing the life of a child with Autism and what we hope the NSF will mean for him and again there is something about tackling waiting times.

### **Mental health and psychological well-being**

There is a lot in the whole of the NSF about mental health, emotional well-being. This is also, of course, a standard in its own right and it's a very important standard. We gave some important messages in emerging findings about CAMHS that are reiterated here but in far more detail. What is it we mean by a comprehensive CAMHS service? There has been a huge investment in this area as you know and that money was actually given out at last year's earlier part of the spending review so there isn't new money, we have already announced the new money but that should facilitate a huge expansion over the next two, three, four years to enable people to improve access to child and adolescent mental health services and very explicitly in those areas where they don't offer it now. To extend those services to 16 and 17 year-olds, up to the 18th birthday and also for those with learning disabilities who currently are excluded from access to those services in a number of areas, not all areas, but probably at least 50%. So this is a huge change and will require a huge culture change and training initiatives at local level and its not going to be achieved overnight.

### **Medicine management**

There is a whole standard on medicine management. NSF has a whole standard on medicines and we are very proud of this. It is quite a detailed, fairly clinical

piece of work in a way but with the emphasis on children improving their own access to medicines. Children not being kept from school because they require some awful treatment that needs to be delivered during the day. How we can work with staff in schools, with parents to address some of these quite knotty issues about the use of Ritalin in schools, for example, where there have been all sorts of problems and other controlled drugs. Although it is quite clinical, there is very much an emphasis on improving access to medicines for young people, including in youth justice settings where quite often children don't get the treatment that they need. Quite often they would benefit from orthodontic treatment or treatment for their acne just as much as other young people do and they don't get it now. We hope that the inspectors will apply the standards in those settings just as much as they will in middle-class areas where we are not so worried about the young people anyway but those young people are entitled to have their needs met as well. There is a lot about providing information in a form that people can understand and there is lot about what we now call concordance which is about partnership, we used to call it compliance but the move to concordance suggests that the whole relationship between clinician and patient is a sort of dialogue in which the patient is an equal partner.

### **Maternity services**

Finally we have a very important standard on maternity services where everything starts although we had quite a debate about that and the themes are around woman centred care, about high quality services. There is a lot about choice, choice being very much an

issue across the whole of the departments and NFS's agenda and so that is very important but also about reaching those parts of the population that are traditionally hard to reach, where they don't have the same access to ante-natal care. Also improved identification of domestic violence since a very high proportion of domestic violence starts during pregnancy. There needs to be an opportunity for women to disclose that and there is something very specific in the NSF about disclosure of domestic violence, always having confidential conversation with a woman at some point during her pregnancy and there is a lot about options such as midwife-led care and so on.

### **Delivery strategy**

The delivery strategy as I said earlier will be published later this year as part of the overall Change for Children Programme but we are going to publish the information later this month as well. It's a fairly detailed piece of work linking all the various things that are going out about information so a little bit about information sharing but also quite a lot about how the agenda fits with the NHS programme for IT which is the most ambitious IT project ever attempted anywhere in the world. It is a hugely important project and that's as we move to the electronic health record or the care record services for individual patients and obviously that needs to link with whatever is going on information sharing. The system is not going to sit in isolation, so there is a huge agenda here and that is why we are publishing, but we will also be investing in the development of data sets for maternal and child health which is actually for the first time.

## **10. Information sharing**

*Professor Hedy Cleaver*

I am rather nervous about talking about information sharing in children's services because I haven't talked about it before. There is a team of us working on this so I'm just presenting it for us.

The context for improving information sharing is, as we know from Green Paper, the government's response and the National Service Framework and I don't need to say anything about that. The government's objective is to provide effective services to all children with a strong focus on early intervention and prevention and the idea is that this is dependent very much on improving information sharing at an early stage to prevent problems escalating, whether they are problems in the school, at home or in the health service. Unless you actually share the information, you won't be able to prevent them from escalating.

### **The target group**

The target group is really the three million or so children who have additional needs. These are what I used to call vulnerable children, they are now children with additional needs and the idea is that these needs have to be addressed if they are going to achieve the five outcomes that we've been hearing about throughout yesterday. The aim of information sharing and assessment is to ensure that all the children with additional needs, those vulnerable children, are identified early, referred to appropriate services and monitored through improved information sharing between the agencies. What the government has done is that they gave ten trail blazers and involved fifteen local authorities, some were pairs of authorities or groups of authorities and some were single authorities They

gave each of these ten trailblazers £1 million, which is a great deal of money, to develop and test out new ways for information sharing and multi-agency working and the idea was that they would trailblaze and the other 135 local authorities who weren't given the million would be able to benefit from the work that these fifteen trailblazers had done before them. The other non trailblazers were allocated up to £100,000 each to do preparatory work and this was to work on meeting the targets in the green paper.

We had a one-year study that looks at the trailblazers. They are the IRT group. It is a one year study – we have nearly finished it. We have interviewed all the trailblazer managers. We have looked at all the material they have produced. We have sent questionnaires out to all the practitioners to try and find out what was going on. The interim report is available on the DfES website. There is an interim report which we produced in December and there is a summary of it on the back. The second part of the work that we are doing is to look at the non-trailblazers to see how well they met their March requirements and that also will be published on the website. ([www.dfes.gov.uk/research](http://www.dfes.gov.uk/research)) What are the findings?

I am going to give you a brief little run through of some of the findings. This is from the trailblazers study – they consulted widely and I am going to give you a few quotes. One of the trailblazers said 'We have talked to 600–800 practitioners and the feedback has been that they wanted an holistic picture of what a child should be like'. Education was worried that health issues may show before educational failure and if they had an holistic image then they could identify vulnerable children earlier. With this holistic view of assessing, they would be able to look beyond their own sphere.

### Common assessment framework

There was a general agreement to adopt the assessment framework and I can't really speak strongly enough that. I personally think and the findings from the trailblazers and many of the other local authorities is that they are already using the assessment framework as their blueprint for common assessment, either they call them earlier assessments, multi-agency assessments or common assessments but the assessments that are used from agencies other than social services have tended to adopt the assessment framework. It will be very difficult if the common assessment framework now known by the word CAF, if CAF is different because it is going to be really confusing for all those who are out there who are already using the assessment framework. We have had a lot of feedback from another piece of research that the health visitors particularly find it a really useful way of looking at children's needs, they've accepted it, they've adopted it, they are out there. If we adopt a different framework from the assessment framework

and we are looking to an electronic system and the information doesn't come in that framework, then you cannot transfer it into, for example, social services, because it won't be able to transfer in, because you are going to have it in different formats. So the idea is to have a free flow of information, my argument is that you must have the assessment framework as the framework which is used for CAF. As I say there is huge support, and I think it would be very confusing to go a different route.

Practitioners acknowledged that a common assessment framework would definitely reduce unnecessary assessments and they think that it's going to save them time and be really very helpful and the findings from the trail blazers has in fact informed the government on the development and the ongoing consultation to the CAF.

### Confidentiality and information sharing.

Now on confidentiality and information sharing, this was a major issue for the trail blazers – there was a lot of ignorance on what information people could actually share. They were concerned that when they talked to people, at what time they can talk to people? about what they can talk to people? They were worried that if a lot of practitioners were worried about sharing information because if they shared it would they be taken to court. This is one of the project managers telling us 'we've tried to get over to practitioners that they are just as likely to be pulled into court for not sharing this information as for sharing information and the consequences are much worse for not sharing.' So that they've had to do a lot of work on it – the practitioners are very, very anxious about sharing information, they don't quite know what to do and they've done a lot of work to reassure them, they've produced protocols and they've run training courses, they've sought legal guidance and I have to say the legal guidance that they have gained has not been consistent. There has been a major plea to central government for overall government guidance; they want government guidance on this. We've developed a toolkit to help with this which is very much based on the documents because for the non-trailblazers. We interviewed all the non-trail blazing project managers and they had to send evidence to substantiate what they told us. As they might have said, they were doing really well on 'that' but they had to show evidence for it, the evidence was actually very good a lot of it. It was excellent and we have used that to develop a toolkit and we've put it on our own web site so you can easily get it. I thought there is no way you'll find this on the DfES web site. This is a toolkit that covers these issues but we also wanted legal advice from central government on this, because, for example, on the multi-agency consent (these are consent forms for young people to write) there was a lot of lack of clarity, for example. if the young person agreed for information to be shared but their parents didn't –

who to go with. If the young person doesn't agree for the information sharing but the parent does – is that any different? It is when you get to the little nitty gritty bits where the local authorities are concerned, they are concerned in the detail and there is no clarity over that so that all we've been able to say is you've got to consult your legal advisors, which is always a let out for us, because we don't know.

### **Establishing a lead professional**

Now the government is committed to improving case managers and proposes that when a child is known to more than one agency that they have a lead professional that co-ordinates the services, and the trailblazers have also been exploring how actually do you decide who actually that lead professional is. They've taken different routes, quite interesting different routes, one of them has the young person decide who their professional is going to be. Young people want to choose their own lead professionals, they've got the sense of who they know best, this should be taken on board, unless there is a good reason that the lead professional must be somebody that they don't choose and then it should be discussed with the young person. So that you can see where they are coming from, the young person chooses who they want as their lead professional and that's fine. Another route is that it is the first person who actually registers the child with additional needs. How do we allocate a lead person? This is still being thought through. If the first person who logs on is the lead professional then it might stop them from registering a case, as they don't want to be a lead professional. I thought this was very interesting because you would think logically it would be the first person, but of course nobody will register anybody. They may therefore be reluctant to call a meeting as they have to organise and they're in charge, they can't pass the case on to anyone else and they are left holding the parcel. So there are all sorts of difficulties. There is another route, which is that the multi-agency appoints the lead professional. Multi-agency teams will meet and any new referrals are discussed at these meetings and the strategy decided, the lead agency and the lead professional are identified at that multi-agency meeting. So that's just another route that they are taking.

### **Children and young people's views**

We've done quite a lot of consultation on information sharing. Young people were consulted and the majority of young people generally accept that sometimes agencies need to share information about them to ensure that they get the services that they need. And the very key to that is they want to be asked, they don't want this to be done behind their back, they want to be kept informed, they want to know who its being shared with, with whom and when. So they want to be involved in all this and they definitely want the information to be accurate, and they cannot

understand why information isn't routinely shared about them. We talked to young people about information sharing and they gave positive feedback, they thought it was occurring already, the main concerns on information sharing have come from the practitioners. Young people want information to be truthful and appropriate and for practitioners to only share the information they need to share. They want to know what is recorded on them and don't want it to be all negative. They want the positive bits recorded as well – and don't we all want that for ourselves. Its not rocket science, you don't want a dossier of everything bad that you have done.

### **Computer systems**

Now the dreaded computer systems! Just to give you a flavour of these, what seems to be happening, there is the main thrust that there will be a child index where all children's very basic information is kept, but very basic. The identity of the agencies and the professionals working with the child, that seems to be generally accepted, and you can think, 'well, that's OK'. Except as soon as you start identifying agencies there are difficulties for certain types of agencies. If, for example, you have an agency working with teenage pregnancy and that's on your index, then it tells everybody else that you have a teenage pregnancy and you may not want that to be known. So although it sounds quite easy to begin with when you actually look at it a bit more carefully its not quite so straight forward, some practitioners express concerns, the YOT social workers and youth workers, they are worried that if teachers know that YOT is involved with a child who is on the borderline of being expelled then it may lead to them being expelled. But our response is that we must change how schools respond, not stop sharing information. But it is an issue that I think they are really struggling with. The less common features are these alert flags, markers and this is where really there is a lot of controversy and there is some very mixed feelings about this. Need markers and flags are acceptable. We are not sharing the details, only the level of need – one local authority is going for need markers, and some of them are and some of them have very sophisticated models of systems where more and more lead markers – the more that are there it then triggers something to be done and all sort of flags and bells ringing, you have to do something. Others are saying no alert flags appear on our computer systems, as they don't do anything, we want people to do something not just push on an alert button, so you can see the sort of different views on that and most of you probably know my views on it. Then there is the whole difficulty for the whole system of do you gain consent before you put children's information on this from the child, even the name of the child, from the parent of the child, or do you put it on without asking them? There are two routes they've gone down and we've got somewhere a leaflet or information brochure is going

to be sent to every household, telling them that we are putting an index of children together but not giving them the option to opt out. Otherwise you would have to run two systems, a computer system and manual records one. We think its acceptable to do this, i.e. do it without parental consent as just minimal data will be put on the system, people may be able to opt out of more information than just the basic detail being kept. Another authority is saying that we will allow an opt out for families who do not want their children's details to be shared on the database. A campaign next year will publicise this and let people know what information is on the database, so they'll have an opt out. How they manage that I don't know. The trail blazers are struggling with all these different issues to try and think through the problems.

### **Training to support change**

The training to support change, what the trailblazers are finding is that they have a huge programme of training that they have to roll out and they cannot do it in simple injection forms. We've found this from the integrated children's system and all other major changes, that it's got to be an inter-active approach, it has to be well planned, you have to use all sorts of different methods, champions, develop training, pool support staff in the workplace, design and produce materials, training manuals, practice guides, toolkits like the ones that we've produced so you have to approach it from all different angles, otherwise it just will not go and you've got to keep on training.

### **Key elements**

The key elements – I think from yesterday we had a lot of information about getting strategic sign ups and senior people, key leadership roles, it came through in everything that we looked at. 'There has to be a clear vision' the trailblazers said. One of the messages they gave out to the non trailblazers is that if you are leading this you have to have a very clear vision of what you are doing, you have to know where you are going, what your purpose is and what your end products are going to be. Because if you don't know and try to talk in woolly terminology about information sharing, you learn the hard way by not being clear. They had to really tighten up what they were doing. The project teams for driving it through have to include representatives from the key agencies and they were really important because they acted as conduits to the agencies so that if the medics were on there, then the medics on the project team can talk medic language to the medics and bring them on board. They could also bring into the project teams the concerns of the medics, so they worked as a conduit both in terms of overcoming the language difficulties and the different concepts. That was really extremely important and the project manager, I have to say, has to have sufficient senior level authority, otherwise it doesn't actually get off the ground, and again that's

not a finding from this particularly, it's a finding from any new project that you are putting through.

### **Winning hearts and minds**

Key elements for winning hearts and minds, and there was a real issue about winning hearts and minds, one of the trail blazers felt that one of the messages they want to give is that you've got to win the hearts and minds, you've got to have sufficient funding and, of course, the trailblazers did have sufficient funding and the non trailblazers want to know why one lot were given a million and they were not given a million and they'd like the million because they could do all sorts of things with a million pounds. But they haven't got the million pounds and things have to be more realistic.

They have used numerous methods for communicating, information sharing and assessment to the wide professional audience and I was interested in the ways that they did this, like holding multi-agency conferences, having single agency conferences. Then they went the next stage down and into team meetings of all the different agencies: go to the schools: go to team meetings of social workers and they would talk about it all the time. Then they produced newsletters, they used the newsletters that were already out there, but I thought it was interesting when they used the teacher's newsletters so they got information to the teachers. They did what they don't normally do; they'd asked if anybody had read the newsletter and they found, of course, teachers don't read the newsletter, they put them straight in the bin. So they produced a much smaller glossy 'in your face' news thing which was sent out. They ran stalls at market fairs, instead of selling jam they gave information out, they had information leaflets in the GPs surgeries, everywhere, every playgroup had information about it, so they got it out and I was impressed with the range of ways of propagating the information. They had champions who went round and championed on about it. They made use of specialist groups like the Bangladeshi community groups and the disabled groups so that they had those to help them to understand what it meant for those groups to bring them on board and to make sure that those communities knew about it as well.

### **Key messages**

These are the key messages that the trailblazers wanted to tell the other local authorities. They said you have to remember you have to stay child focussed, if you get off the child you are lost, you have got to keep them as the centre and if you ever see this publication, they did some lovely drawings, and there is a drawing of what they meant by staying child focussed, and they have the baby with the bar code, but it has a nasty turn to this because the baby has got a bar code! But the key issue was 'stay child focussed', talk to families and young people, don't work without them

and the journey is as important as the destination. The journey itself has to bring the agencies together because unless you do that work you won't actually get to your end product – which is improved

information sharing and collaborative work, and acknowledge, celebrate and build on what you already do well.

## II. Inspection and standards

*Dame Denise Platt DBE, Chair, Commission for Social Care Inspection*

Good to be here, on this agenda, really good to hear about the National Service Framework. I'm struck listening to this morning that every element of the agenda that we are now bringing in is a full time job in itself, and actually it isn't a 10 year agenda, it's a 10 year wide agenda, not a 10 year long agenda. And that does concern me. You've asked me to give a perspective from the Commission on Inspection and Standards contributing to achieving good outcomes for children. Actually, in short, what we will be contributing is the focus on improvement. What we'll be looking at in the Commission and together with OFSTED is what works, promoting best practice by identifying what isn't working, analysing why it isn't working, then recommending or taking action to try and turn it round. As we do that, our focus is going to be on the needs of children and are the needs of children being met. Actually the government's improvement agenda which is here has quite a clear vision of revitalised and improved public services and their vision is actually about focusing on people first. We see it in health, where allegedly the focus is on putting the patient first and tracking the patient through the system and giving primary care trusts most of the resources to see that through. We see it in education with the emphasising of personalised learning, pupils coming first, parents having more choice, diversity of provision. We see it in social care in the context of seeing people coming first in safe sound community services. And in many respects the improvement agenda which the government has outlined isn't voluntary, because the government has put lots of public money – in social care from £12.5 billion rising to £15.6 billion of public money – and it is actually looking for change and reform linked to that money and that's the other role of inspectorates. It is actually to see what reform is being delivered as a result of the cash that's being provided to the service.

So this is us, anybody who calls this CSCY will get a star removed, CSKI is not going to visit anybody. I don't know of any organisation called CSCI, it's a television company as far as I'm concerned. I've just come back from holiday and I was sitting in a restaurant at the end of the festival and an assistant director from an unnamed authority came up and said 'Is CSCI a friend you met at the end of the Edinburgh Festival this year!'. I said 'Right you can go back and

tell your director you've had a star removed' The public do not understand it, we are not an acronym, the public hasn't the faintest idea what it means. We are the Commission for Social Care Inspection, you can call it the Social Care Commission, the Commission for Social Care but if you call us CSKI I won't hear, and if you are wondering about that I usually give people two strikes and they're out before I rise, and people are learning!

### **The improvement agenda**

However, we have been created for a clear purpose, which is about a single overall picture of the quality and efficiency of the social care services for adults and children and that includes the performance of local councils in meeting the social care needs of local people. We are a modern inspectorate, we combine regulation, performance and inspection and review and that actually gives the opportunity to deliver for the first time a nationally integrated approach to the overall assessment to the entire social care industry from commissioning to provision. It also means that with other inspectorates we can see how services fit together working for particular groups. Our prime function in our legislation is promoting improvement, we also have a specific duty to promote and safeguard the welfare and rights of children. The legislation that created us and the Health Care Commission is the first piece of legislation for England to mention children's rights, and I've started to say first, because I hope it won't be the last piece of legislation and we haven't finished the Children's Bill yet but there you go. We have a duty and we take that duty very seriously, we've agreed to take a rights based approach to our work and we have adopted the UN Convention of the Rights of the Child. This is the government's current policy for children, quite rightly I think it is taking a broad look at children's lives, quite rightly looking at education, leisure, youth service, social care and criminal justice services. I think the messages of prevention and bringing together planning of universal services and then looking at targeted services and its message about the need for cohesion are the right messages, and we have reforms now trying to ensure that children get better and timelier services. Actually, inspectorates had started to point out quite a lot of this agenda before and during the Victoria Climbié case,

because we had been producing information on poor multi-disciplinary working, fragmented, competitive, low status services working to different priorities for children. Too much reliance on social services, other agencies, health and police thinking they've discharged their responsibilities by just making a referral to social services, not accepting their own responsibilities. Well intentioned organisations working together but not giving equal priority to the same groups of children and not allocating resources to the same groups of children. Is inspection effective? Well, we've been pointing out for a long time it was the death of a child that actually made the messages heard, probably because simultaneously we produced the Safeguards Review. So, now we have a children's policy and as I've said each one of those elements to me is a 10 year programme in itself.

### Children's policy

Okay – being healthy; staying safe; enjoying and achieving the most out of life; making a positive contribution; achieving economic well-being – this is what children have said are important outcomes for them and we are able to form judgements about progress and improvement in social care from our inspection activity, self assessment and the minimum standards for the regulated services, and what we are going to do is shortly make available the spring 2004 delivery and improvement statements which local council's who are responsible for social services complete for us. This is an important piece of evidence that we use in the star ratings, we are currently checking individual figures around the performance indicators but the trends are firm. I want to share some of that with you in general terms and also some of the things that we know about children's residential care. What we have noticed over the past year, is that Every Child Matters and the Victoria Climbié Report have been key drivers for development in changes in social services over the past year – a lot of emphasis on interagency communication and joint working, a lot of emphasis on enabling the voice of a child and their families and carers to be heard, very evident in all our activity. There is a new focus on safeguarding children and looking at the development of integrated structures, a lot of collaborative working with education and with health partners, all coming through in our analysis. And both of those aspects of interagency working are also evident through a full range of service development, in particular, the use of family case conferencing, An increasingly widespread use of family case conferencing across most local councils is being used very effectively. In child protection services there are general levels of improvement.

An increasingly high proportion of reviews are actually taking place at the right time, and that was an indicator that we were using as a key indicator and there has been some improvement in that. Good progress towards all child protection cases having an

allocated social worker and most councils are meeting most of the criteria that we developed in the Victoria Climbié self audit. Local councils have also made improvement in increased use of family placement with better stability of placement and more children placed for adoption, but the targets, which they have set for themselves locally, have been very over-ambitious and most local authorities have missed their own targets. An exception for that is the placement of younger children under the age of 10, where the rates of fostering and children placed for adoption are high and continue to be at a high level. However, the need to reduce the level of final warnings and convictions of looked after children is showing very little progress and is flat lining so there hasn't been much improvement in that at all. Contrary to your perception, Inner London Council's are performing among the best on achieving placement stability and reducing warning and convictions. I think that is the impact of Victoria Climbié and the work that London Councils have done across London. They are also, contrary to assumptions, on average performing well regarding the level of qualified caseworkers allocated to looked after children and in the direct engagement of looked after children in their statutory reviews.

### Outcomes for children

I want to look at the bit about enjoying, achieving and making the most out of life, the education of looked after children and the opportunities for training and employment of children leaving care. Absolutely crucial, the third outcome for children that they have identified. Educational attainment is falling well short of national targets, not a cat in hell's chance of meeting them. Engagement in education, training and employment of young people leaving care is improving but it is still falling well short of the rate of the population of young people as a whole. The education attainment of looked-after children; only 16% of looked-after children get five good GCSE's compared with over 53% of children overall. And only 53% of looked-after children get at least one GCSE compared with 95% of all children. And that's based on the exam results in 2003. When analysing, this year's results may have improved slightly but actually still lagging very far behind. That is a real issue in the context of that implementation of agenda and it's a ten year programme in itself.

Being safe, feeling safe and being protected from harm and having their rights safeguarded is very important for looked after children. Its important for all children, but very particularly for looked after children, and I've said some stuff about child protection systems. We know from our recent report, *Safe from Harm*, which no doubt Roger Morgan will talk about more tomorrow, that safety is very high on children's agenda, and children have said to us that the most important way to keep them safe is making sure that police checks are carried out properly on all people

who work with them and around them. They also want better communication between professionals, especially their teachers and their carers. They want more unannounced inspections by us and they want more monitoring by social services of where they are placed. Many of them feel that they are actually left adrift. More consultation with them about where they are placed. If there's more consultation it is more likely to be a stable placement, and stable placements are a key indicator in better educational attainment. So listening to children can improve your performance indicators if you are a local council.

I want to touch on individual case files, because it is linked with the previous presentation and having an individual case file for looked after children. I personally think that is an important duty of care. I don't think it's a bureaucratic burden. I think it's a duty of care and a responsibility towards children. I think it gives transparency to staff and I think good case recording and access to files can contribute to children's protection. They are part of a child's history and I always remember one young woman, Melissa, who tells me that her local council lost her life storybook and she just felt as if her previous history had gone. She'd spent a lot of time putting her life storybook together and the council had insisted it remain part of her case file. They had then lost her case file. So she lost her past. If a file is incomplete, to whom can they turn to, to know who they are and what's happened to them.

More residential care homes are meeting the standard for developing placement plans, the objectives of that placement and how the staff is contributing. They are required to have for each child a permanent, private and secure record of their history and progress. 25% of residential care homes are failing to meet this standard. A substantial number of residential care homes are also failing to meet the standard on medication management of children in their care, and many residential care homes for children with disabilities are using medicine for control. There is a bit of a dilemma for residential care homes, because part of it is helping young people manage their own medicine and young people can mismanage their own medicines, so there is a bit of a dilemma around risks and responsibility and there are some real concerns in the provision of services around some of these key issues.

While I'm looking at what currently exists before I move on to the challenges, I want to say something about consultation with children. It is improving, we listen more to children than we ever did. There are lots of significant improvement in the ways that children are consulted. Consulting children has been an element of the two presentations that preceded me this morning, but we still have to make progress in involving children in decision making about themselves. How do we translate participation of children in groups to participation of children in their own plans? I still hear too many children say to me that they are

not involved in important decisions about themselves. I shouldn't be hearing that now, this is about current children in the system, not children remembering what might have happened to them. Children are very worried indeed about the tracking system. Yes, they think that information ought to be shared about them, but why are they going to be a number, they have asked. What is wrong with their name, and can they be asked about going onto a tracking register. They have also asked when do they come off? And will they know when information about them is shared? Not just what information is held about them, but when it was shared with others and decisions are taken as a result –will they know? I'm not sure in all the consultation that people are listening to that. We will start all our work listening to the people who use our services and listening to children and listening to what they say and what their concerns are. Trying to get their voices heard, we see our role as amplifying their voices, not interpreting and translating.

On achieving the most out of life and having fun, Roger Morgan will no doubt talk tomorrow about listening to children, about sleepover's and feeding back into DfES their concerns and having the guidance changed as a result of amplifying their voices and getting their voices heard.

There is a clear sense of direction for children's services, but actually there are other five year improvement plans in health, education and criminal justice services and I am not clear, although I've heard the script, what the interrelationship of these policies are. I've heard that they are compatible and I've heard that they're in line with the improvement agenda that I outlined previously and I also said that it is all about personalised learning, personalised health care and whatever. What is the relationship with the children's agenda? How will foundation schools and specialist schools participate in the development of a coherent strategy for children? Where do they sit in the development of extended schools? How does the duty placed on councils to promote and pay attention to the education of looked after children fit with foundation and specialist schools? Will children in need and in specialist care have a choice of the best schools and who is going to advocate their choice, who is going to act on their behalf? We have heard a lot about a middle class charter of choice, who is going to get kids that we have interest in, into the best schools? How will the development of choice in health be played out in children's services? I've seen the general targets which Clare has talked about earlier. I've been in the Department of Health. You have to continually remind people that those general targets include children because the emphasis is always on adults. We heard a lot about women's choice in maternity services, where is children's choice in mental health services. How will children actually be listened to? Children have said to us, 'Okay, happy to have our extended school, happy to get some of your help in schools, but we want

choice about where we get our help. We don't only want to get our help through our school, we don't want to be stigmatised by only getting our help through one route. Where is our choice?'

### Future challenges

So where do these five year plans fit? Where does the focus on anti-social behaviour orders fit with those outcomes that children said were important? We've just had discussions with Rod Morgan at the Youth Justice Board because he and we are very concerned about the number of children who are ending up in custody as a result of an anti-social behaviour order. Anti-social behaviour orders – I was reading about a child not being allowed to mention the word 'grass' because of its drugs connotations for the next five years. Who is going to police that? And anti-social behaviour orders precipitating children into custody prematurely. How does that link with those outcomes that I have just outlined?

I want to say something about integration. Sometimes I think that this government sees integration as an end in itself, as a radical policy where the end point is integration. It is clearly sensible to integrate services. It is desirable and it is necessary and common sense tells you that integrating service should help those who need the services. Children tell us that they really want a better linking of their services and they want professionals to negotiate the systems on their behalf. So it clearly makes sense, but making it happen is another matter. In my experience and in our inspection experience it too often means new boundaries around old behaviours, and I think that delivering improved services depends on how the policies are implemented, not how they are structured. For achieving truly integrated services, you need a shared vision, a mutual willingness to learn, an ability to compromise and a clear focus on outcomes. On what people using this service require, rather than what the service currently provides, I am very concerned that people are rushing to structures without thinking through how their structure is going to deliver better services. Children disappear very quickly in the debate about structures. Our inspection experience shows that putting poorly performing organisations together or bolting a poorly performing service to a high performing service in the hope that improvement will follow is a pious hope. It does not work. Integration works when strong services come together and you have to solve your problems before you integrate, or as part of integrating rather than hoping that integration is your solution. I really think that you have to have a proper implementation and risk management strategy about this. Integration of systems will not of themselves deliver improvement.

The service has to be very clear what the integrated arrangements are trying to deliver and how, because what is the point of a new structure if all you do is deliver the same old outcomes that actually aren't

delivering the agenda. I visited a council recently that is probably being used as an example of integration and the Director of Children's Services said to me, 'I have a leading edge structure and below average outcomes'. The service needs to ask 'are we creating a bigger monolithic inaccessible service, a bigger bottleneck or are we truly facilitating better access?' The point that I'm trying to make is that new reformed structures can't achieve everything that's desirable in this agenda in isolation. New boundaries are created which have to be managed, there has to be new relationships between integrated services for children and other newly integrated services. Our safeguards inspection of youth justice services identified wonderful, multi-disciplinary teams working in complete isolation and not making the links, so in concentrating on one part of the system we have to be aware of the consequences elsewhere, and good services rely on the same level of commitment. We are then in between services where people are in transition. Continuity and consistency between services is really very important, and everybody here will know the increase in the numbers on child protection registers because of the increase in mental health and drug problems. Unless adult services develop at the same rate as children's services, then the children's services agenda will not be achieved. Unless there are good mental health services for younger adults, there will not be good protection of children. Unless there are good services for younger people with disabilities there will not be good transition of 19 year olds into education and employment if they have a disability. And the agenda in the Department of Health is frail, older people and for me, the analogy is, if I look at children's services and I look at adult services and I look at the focus on delayed discharge it is as if in adult services we are only concentrating on those leaving care. We are concentrating adult services on the last 3 years of life not 19–80 and unless adult services improve at the same rate we don't stand a chance of achieving the children's agenda effectively.

Using resources well. Directors of Social Services have said their big problems are recruitment and retention, demand versus capacity, market management, commissioning, and pressures on health and education budget, which have a knock on effect on them. Good services don't happen by accident, they need a proper analysis of need, a strategy with other services, a pooling of resources, a clear sense of direction and political commitment, and they require better leadership and better commissioning. We know that good commissioning in children's services is a scarce commodity. Not very well developed, our inspections show that commissioning in children's services is rudimentary. Until we get better commissioning, we won't know that we're using resources well. It needs to be linked not simply to children in need but also looking at what the demand is and what the market is, and I know that market is a dirty word in children's

services, but actually it is there. It needs a good understanding of changing local circumstances, a capacity to evaluate the range and effectiveness of services and better performing councils having tight contracts and tight specifications for delivery.

Effective budgets – also really important in children’s services, a challenge for most councils. What the challenge is – is not the lack of resources but moving to budget management and budget setting that’s related to strategic objectives, not historically what you’ve always done, and that is a real issue.

I just want to finish on staff. I think the real improvement in children’s services is going to come from our investment in staff, and proper leadership of staff, at all parts of the organisation not just at the top. The only effective way of delivering the service reform that’s identified here is involving the people who are going to deliver it. I think staff need to be involved in this agenda, thinking through from their experience how they are going to do it, I don’t think bombarding them with guidance and toolkits is going to help. I think there were 56 volumes of guidance came out in the wake of the Children Act. I think involving people in thinking through what they do, and how they’re going to do it differently, focussing on the outcomes is how you are going to make the change, and poorer organisations that have improved have actually done it by engaging front line staff and involving them in the change and thinking it through.

### **Safeguards review**

Angela is going to talk about the integrated framework, I just wanted to tell you that we are going to do another Safeguards Review, and this is another integrated activity. The Government White Paper in 1998 required all inspectorates with an involvement in children to do a three yearly review on children and safeguards and we did the first one in October 2002 and we are putting the second one together now. The

steering group of the review, chaired by CSCI, is made up of representatives of all the participating inspectorates working with Angela on the integrated framework. We are particularly going to pay attention to children’s views and we have a children’s report on safeguards for them. We are going to look at the areas that the earlier review identified needed more attention and we are going to publish our report in the summer of next year, it is going to be extremely thorough. We are going to look at current arrangements and are going to draw on a wide body of evidence. This time we are going to call for evidence from particular organisations that we will invite, we are also going to look at the literature and research. We are looking at all our inspection evidence that we have and we are going to do some specific field work later on this year. We are going to pay particular attention to disabled children, children in long stay settings, children placed out of area, children seeking asylum and children in custody, and we will focus on those particular children. That is also in the pipeline, separate from, but alongside integrated arrangements.

As I hand over to Angela – this is what children say that inspectors should do – they are very keen that we should give up on announced inspections, that we should arrive unannounced everywhere, we should not go during the day because where are they during the day, we should arrive in the evenings and we should certainly be there at weekends and indeed, if we are in residential care and foster care, in holidays. We should be very suspicious of new plants, especially if they are flowering and have been watered and if we’re inspecting boarding schools we should put all the showers on at once, if we put them on one at a time, they will all work, but if we put them on all at once, it’ll just come out as a little drip. And we should be extremely suspicious of any smell of paint and any improvements that are made prior to any inspection that we make!

## **12. OFSTED Inspection**

*Angela Mukhopadhyay, OFSTED*

Looking at developments into the future, many of you will have seen the discussion document that we put out in May looking at the new arrangements for inspections and some of our early proposals. We go out to formal consultation on those arrangements in November, timed to coincide with the Children Bill receiving royal assent or second reading in the House of Commons, depending on progress. We have a duty to consult on the framework for the inspection of Children’s services. It will also consult on the arrangements for joint area reviews, and we are anticipating – and this is causing us to put out as much

of the guidance or inspection kit as we can so that people have a view of the whole process and hopefully that will also encourage people to understand some of the expectations of the changes that are proposed within the Children Bill. I should say that there are three parts for the new arrangements for inspection review and assessment. One is the framework for the inspection of all services affecting young people, that is a strategic document which sets out a range of principles and enables services and settings, to report systematically on outcomes for children. There are also arrangements for joint area reviews where all that

evidence in the inspection of services and settings as well as new field work will produce a report for each local children's services authority on the contribution of all settings and services to outcomes for children. The third is the unified annual performance assessment of local authority services for children and young people. Clearly each is interrelated but each document has a different audience and intention.

Now the purpose of the changes are directed at helping outcomes for children and young people. None of the inspection arrangements, review arrangements or assessment arrangements are predicated on any structural changes on services at all. They are predicated on the outcomes that children achieve, and it is an open question as to what structural arrangement services will deliver the highest outcomes. What we are supporting is that culturally we need to have a holistic approach to children's development and their performance and in that sense our inspection developments are all about developing an understanding of cross services of each others priorities and the way in which each service interrelates. We do expect that services will work together well and we think we are developing methodologies where we are going to be able to judge the levels of cooperation, certainly in the joint area review that will be conducted by a multi-disciplinary team. The last point is an important one, in those processes towards developing coherence and integration in inspection processes we don't want to lose any of the rigour and challenge of the existing approaches but we do recognise that the inspection arrangements that currently exist are duplicated, they are unsystematic and they do need some rationalisation, so we welcome that opportunity. We did want to develop a very broad face of participation on the new arrangements. Clearly in all the things that I'm going to be talking about it would have been very easy for a small group of inspectors to draft the necessary frameworks and requirements and tools but that wouldn't have done the job, in terms of trying to encourage a shared and owned agenda for children's services within the new developments.

We have a planning group looking at the more coherent inspection of residential schools and settings that are often inspected twice and sometimes thrice to develop a coherent agenda. We have a group set up to look at area inspection; we have one looking at the co-ordination of data to inform inspection: one that looks at the involvement of children and seeking the views of children within the inspection process; and we have one set up looking at the unified performance assessment. On all those working groups is a varied representation from a different inspectorates. We have worked hard to develop the partnership and that has involved recognising different organisational values and working arrangements. When we started, we all had a very different view of what integration meant, it took some considerable time to work out what the new arrangements would look like. In many cases joint

working between inspectorates is in no way new. What is new about this is its coherence, its system and its regularity and in fact it is worked out on the basis of the shared priorities about what is important to children. We recognise that each organisation has its different organisational values and I hope we work through those and we haven't intended to change those. Some of those very important principles about joint working and mutual respect I hope we've shown and our ability to be flexible and not to believe that you have the right way of doing things.

What we welcome, when I say we, I'm talking about the planning group that I chair which has representation on it from CSCI, the Health Care Commission, from HMI, probation, the Audit Commission and OFSTED. We have recognised and valued the holistic approach to children's issues and learnt a lot from that. We often think that our meetings are head hurting, because they do involve us in having to think completely newly about situations and events. We welcome the focus on outcomes, although there is still more to do about what the inspection of outcomes really means. One of the things that I value is an opportunity to try to develop coherence between all the different initiatives and requirements and the plethora of different standards and documents that come into the system. Indeed trying to see how the arrangements for inspection will be compatible with Clare's work in the NSF. We have all been enriched by a detailed knowledge of our own working arrangements, and we have all recognised when we put all that we do together that we need to review and rationalise our inspection requirements.

What have we achieved? Well, we have achieved a good working relationship; we have the basis of a good new system of inspection. We have involved stakeholders in developing the new arrangements and we felt that this was very important from the start given the magnitude of the changes, that we did get early views on our embryonic developments. We had about four major national events that senior officers from all services came to, and it was only when I stood up and gave the first presentation in London, in front of 150 CE's of local authorities that I found inspection wasn't a deeply inspiring thing to talk about!

We have set up arrangements to trial, and again this is a very early stage for trialing, but four willing local areas have helped us to set up limited and focused trials of the new methodology, and their willingness has given us great encouragement.

What have we got to do? It is largely about the detail, about finalising arrangements and moving forward in terms of consulting on the framework. We have done quite a lot of work on confirming the data to be used. Groups of statisticians from the inspectorates have got together and we have a coherent dataset on children's services. We have gone quite far in ironing out that data in so far as how outcomes for children can be measured. From that we have a clear

view of where the gaps in the data exist. We are putting together a development plan of how we can look at the evolving new indicators. We also are at the beginning of agreeing a training programme for inspectors and administrative staff and are beginning to put together an interim inspectorate training team to take forward the training implications.

A bit now about our proposals. The framework for the inspection of children's service covers all inspections of children's services no matter what service and it puts together some principles which could be applied to any review or assessment. Things like the need to start from children's experience and consult children. It also sets some principles about proportionality and inspecting in line with need and in line with identified weaknesses. It also talks about reducing the burden. The second thing that the framework does is provide a coherent way of evaluating contributions to outcomes of services and settings. It defines what local services and contributions can be to outcomes for children. We have done some mapping using that of current reviews and assessments taking place. So we do know where the different inspections are and the different inspectorates can actually give us evidence on improving outcomes. The notion is that all that evidence and findings will be brought together to contribute to the joint area review.

Improving outcomes start from the experience of children and young people and the methodology for the joint area review does that in three ways. A big investment of the field work is in tracking the experience of children, both through case tracking, a well developed methodology, but also neighbourhood studies, looking at a neighbourhood in depth and seeing how provision is developed in that neighbourhood and how it's impacting on children's lives. Providing a balancing coverage between universal, preventive and targeted services. And enabling us to say that far too many children are getting into specialist services because the work of universally preventive services isn't of high enough quality. An aim to join up services better and to develop one set of expectation standard and criteria for children's services, so that people in the field recognise that whoever judges them on a particular component, it is being judged according to the same standards and expectations.

Very important for the local services – that inspection is so geared to driving improvement that inspection becomes a barrier to improvement as too many people have to be managing the inspection process and putting together the documents, so we are very concerned about manageability. It could be potentially a monster and we don't intend to let that happen, so we are only going to conduct fieldwork where judgements can't be made in any other way. So the use of existing findings and inspection evidence is the key one, that mapping about service contributions to judgement, but also using data and self assessment,

so that when the data and self assessment all point in the right direction and reports of consultation with children all point to the same conclusion, we don't feel that we need to look at that again by fieldwork. Focussing fieldwork on areas of weakness, unsurprisingly our excellent services are saying that they want us to look at our good practice and we have to find a way to do that because a role of the inspectorates is about disseminating good practice. Making use of local services, self assessment, rationalising the number of coverage inspections, that's an evolving picture, but it is happening. As we go through the process we have greater clarity of what we can cover within the joint area review.

What's new about joint area reviews is their comprehensiveness. This is a local children's services authority, greater than local authority services for children and it will be able to report using existing evidence and new field work on outcomes for children in that area, so you get a real picture of what its like to be a child in that area and how well children are doing in that area. Being able to report on the contribution of all services and settings and Denise has highlighted the role of schools in all that. Clearly we will be using the Schools Inspection evidence in order to report on the role of schools within the local area in a variety of their functions. Also new for all of us, is that we should be using each other findings in that process and we should be working routinely in multi-disciplinary teams. We have good experience of working with each other, but it has tended to be on a more ad hoc basis. This will be a routine multi-disciplinary team and I think it is within those teams that we will be able to get to the bottom of why children are slipping through the system.

The issues that are coming out of that development work – increasingly we've realised that multi-disciplinary inspection is not going to depend on strapping representatives together from the different inspectorates, that's not going to work. What it requires is that shared agenda for children so that we recognise the priorities in the services and can work on them together. Clearly the issue of attainment in looked after children is one that will have a high priority within that. We have to ensure that the process is manageable, that's quite a tricky thing to do, as clearly we each feel that pieces of evidence are vital. We have to build the credibility of the process. It is potentially so powerful that we require all of you to help us get it right – when we go out to consultation we need your comments to get it right – your views on what our proposals are. We don't say that they are in any way finished. We also need your support in helping us to develop a really credible, rigorous, robust system which is as much about improving child protection as it is about improving child health as it is about improving educational standards. We also are conscious that it is no good unless we really make a difference. Devising ways in which we cannot only

quality assure the process but we can look at the impact more clearly are important development works in the future. We also want to contribute to the understanding of the required changes, which in some areas are at quite a low level. Just putting services together in the same way as just putting inspectors together

isn't going to improve anything. As we are talking to people about this inspection, as we are saying that in September 2005 we will be starting. As we are doing our trials, our conferences, we hope that we are giving that consistent message about the developments in children's services about to take place.

## 13. Good outcomes for children

*Rob Hutchinson, Director of Social Services, Portsmouth*

In 2002 149,000 children were affected by divorce. Twice as many as in 1971. The teenage pregnancy rate in 2002 was the worst in Europe, 2/5ths higher than Portugal which was the next figure. 8% of boys and 11% of girls suffer from a mental disorder. 20% of children don't have breakfast before they go to school in the morning. The question is who is responsible for this? – More important, who can do anything about it?

I thought I would tell you a little more about what Portsmouth is doing in relation to the whole issue of the scale of our ambition about all of this. It seems to be about ends, and as what often happens the focus is on the means rather than the ends. I want to talk about the good, the bad and the different. Some of the things we have done in Portsmouth are really exciting. We are very proud of them. Some were done very badly and some we are finding too difficult to correct.

The main thing to be summed up is the focus on the ends, and the engagement of communities to achieve sustainability. Children's Trusts are a little bit imprecise but we don't care about that, that's a means. I think inspection is going to be a huge part of all this, Mike Raleigh and Angela have hold of this agenda in a way that almost no-one else has. It's a paradigm shift, it's a whole system having to change to focus on a particular issue. If everybody can contribute a little bit then things will start to happen. Leaving problems for one agency to sort out just simply will not work. Two weeks ago, one of my sons and my daughter-in-law presented us with our first grandchildren, twins, a boy and a girl. When I'm holding William and telling him how beautiful he is I've got this huge urge to go over to Ella and tell her she's beautiful as well, because I'm afraid she will be pissed off with me if I don't. I feel exactly the same when I'm talking about the value of education – that I feel I've got to say and health and leisure and police and the voluntary sector, to remind myself that the whole system has got to change. This is the question of what kind of ambition have we? Is this a deal about education and social services and local authorities or is this something rather bigger?

I am absolutely in support of the need for accountability. I think just about everybody has said that the way it is being implemented is going to be

very serious – there will be plenty of time to repent on the way it is being done.

The outcomes. By putting things this way if you categorise keeping children safe as child protection statistics, that's the thing that you've got to deal with. Then that's the social service's responsibility. If its about some specific on education SATs tests, that's there's. But if you put things in a very broad way, then that tends to say 'I'm prepared to contribute to this – even if its in a small way. I'm prepared to contribute to making children healthy because that's what I want for my children.' As a neighbour, as a parent, as an official and so on. The idea is to capture the imagination so people say, 'Yes, we want to contribute to that'.

### Definitions

There are lots of different interpretations, there are results, outcomes, benchmarkings, performance indicators – all the jargon. This is what I mean by this – the outcomes is about the well-being of whole populations, we want all our children to grow up healthy. The performance measures are about specific client populations. So these are some of the definitions. When you are having your Children's Trust Board, what is on your agenda? Those three key questions are what we have to focus on.

- How much did we do?
- How did we do it?
- Is anyone better off?

### The Portsmouth Eight

I really want to talk about the front end, rather than the clever things that happen at the top of the organisations, local authorities, government and so on. This is what we have been working on for about four and a half years in Portsmouth, we call the outcomes the Portsmouth 8, and it has a kind of disreputable ring about it! We have consulted 2500 people, the majority children and young people, about what they want for themselves or their children.

Children and young people should grow up:

- Having an active say in any development

- Healthy
- Emotionally secure and confident
- Having succeeded as far as they can at school
- Having facilities and opportunities to play safely
- Having stayed out of trouble
- Living in a safe place
- Having the opportunity to succeed in their 'dreams'

In all of these there has only been disagreement about two of them, the first one and last. Interestingly the first one was children having an equal say, again interestingly the people who objected to that were the head teachers. Which I was surprised about because the head teachers through their school councils do probably a better job than most of us. Their concern was that if it was an equal say, that if they were voting for school uniform or against it, they would win. But it wasn't about that, it was about involvement and engagement and we changed it. The last one was put in at the specific request of the young people and it was objected to by the bureaucrats – because how are you going to measure that. It was about children's aspirations – how do you measure soft outcomes? How do you measure the value of a child living half a mile from the sea who has never been there? In the performance world we don't value what we don't have to measure. So we need these kind of things in, when we're stuck we go back to this.

### Performance measures

Now this very senior person who was in a learning set when I put some of this forward – he was from Number 10, he said these are just frothy – motherhood and apple pie and, of course, without all the stuff that goes behind them, they are. That's why the chart – the accountability spine – that Tom told you about is so important. What we have here is 10 indicators against the health outcome.

Progress indicators:

- Number of teenage conceptions
- Rate of infant mortality
- Breastfeeding rate at x months
- Percentage of children whose immunisations and vaccinations are not up-to-date
- Percentage of children whose weight is outside normal limits for their age and height at age 5
- Percentage of children reporting eating and drinking healthily (to be defined)
- Number of young people reporting that they smoke (to be defined)
- Percentage of children and young people will spend two hours or more a week in PE or physical activity at school
- Number of 5 year olds with no dental decay
- Percentage of schools reaching level 3 National Healthy School Standard

Tom felt that four or five were about right – if you have too many things you get totally lost. The theory is that

if you have 4 or 5 for each outcome and they are going all right – then probably the rest are going alright. That argument doesn't entirely hold up – because what about Bob's travellers where do they fit in? – or refugee children?. So what we're going to do is take the four or five outcomes which the DfES suggests in consultation with people here and we are going to decide which of these we are going to add on – so its going to be responsive to the local need as well. There are some here which are particularly important. Then what we've done is map it, someone has said that data is the unblinking eye of reform. So if you take teenage conceptions these figures are a bit out of date. Portsmouth figures 47.7 conceptions per 1000 under 18. That's improved slightly and the minister said yesterday that 42.3 the national data has also improved. If this is going to work you have to have this information available at different levels. Its no good just Portsmouth knowing what's happening. You can see that if you break down to wards, Charles Dickens has a massive 121.7 conceptions per 1000, that's huge and the other two are serious as well. Being able to look at the information in this kind of depth has enabled our teenage pregnancy co-ordinator who has been working very successfully on information and discussion at schools and so on. Respect, your bodies your own, learning to say no, all of these things, has felt that there may be something a bit more to it than all of this in say the Charles Dickens community, so she's not only talking to the 100 women who she's helping and supporting, but she's also working with their mothers and grandmothers to say – 'Well, what is this about?' What has emerged is that it isn't that these children, 14-year-old parents, aren't loved – it isn't that they are not cared for – its about aspirations and about what those young women wanted from educational opportunities and occupational opportunities and leisure opportunities and so on. So she started looking at that and the way in which the community can influence. What we have tried to do, with all of these things is to try and decide where we focus. How do you move from talk into action – and having the measures of success is the place you have to start to say how are we doing, at state level, ward level, maybe at school level and then aggregating up to whole authorities. I would say that it is much easier in unitary authorities. We are much more confined, I can talk about five estates, the deprivation statistics are horrendous, they compare with anywhere that is the worst in the country. Rural areas are more difficult to get at but they are very good examples of how to build the same kind of processes to support this whole process. (In Vermont, which is a rural community, 1.5 million population, 75 secondary schools and they build their boards round their secondary schools. Interestingly chaired by business people who are seen as the honest broker between the provider and the commissioners, and they have this whole community kind of approach.) The data has to be what drives us at

local level. We've talked about the vision, we've talked about the measures of success and we've talked about the data. Now the order of the rest is variable.

## Commissioning

Commissioning – this is the area where we've found terrific difficulty. The history is let's protect our own performance indicators and we are asking people to share resources in a different way. What we have tried to do is to try and get people to understand that their problem is my problem. So we have a Commissioning Group that has the big three on it, it has providers on it, it has Connections on it, the police and so forth. Part of that process is a two weekly meeting.

We have tried to stress that the commissioning group isn't just about money, one of the things that ministers always say is that there £500 million or trillion being spent on children's services – of course there is lots of capacity. In one estate we broke it down to £27 million being spent on that estate by the public services. That did include five schools, health service, social services and so on. We couldn't immediately see if there was any prospect of closing a school to open up some of the huge resources that we all said we needed. So we are looking at low-cost, no-cost things, secondment of staff, buildings and ideas, we are looking at those kinds of things just as much as money. As David challenged the minister yesterday – saying with all those things – what are you going to focus on? We've decided to focus on non-attendance, because the schools are huge players on this and they are not all 100% with the agenda for good and ill. If we concentrate on something that will be positive to them, where they can see the payback, we'll get the other side of it coming back from the school. That has been very productive. But a long way to go.

## Community

On the community side, we have five community boards. When the Minister came down to see what we were doing in Portsmouth we had the team and we had a woman who was the chair of one of our community boards. The woman who was the chair, said we have got two kinds of experts, the theory experts and the reality experts and she pointed to herself and the parents. What Portsmouth have done is to raise the expectations among the reality experts that we are at least going to ask them what we are going to do to sort some of these problems out. They haven't got there yet and we are not certain if they are going to continue to do this.

Do any of you remember the film MASH? That film was about a medical unit in the Korean war, there to fix the casualties of the war, like we're trying to fix ... but no one would have ever suggested that if they had the best MASH unit in the whole world it would have fixed the Korean war. What we've got to do is a two handed process – we might be able to fix services by looking at the integration, but if we don't fix the

bigger issues and address that as part of the whole plan then we will not do it. Then it is about the poverty of aspiration. The statistics of one particular estate 30 years ago showed high crime, poor health, and low educational achievement, I looked at it again in 2002, 30 years on, and it showed high crime, poor health, and low educational achievement, despite millions and millions of pounds going into it. You have to ask why?

Probably three reasons: 1. the money has gone down silos; 2. short term nature of funding, but the real problem I think is that the people being 'done unto' haven't been engaged in a way that they want to be done unto. Because they haven't been honoured, they haven't been respected, the communities have been seen as places with problems rather than places of strength. If you to ask people, the residents and the young people, they will come up with low-cost, no-cost solutions. At a meeting about these kind of things, someone said 'I think that what young people would want to happen first is the integration of services'. Well, we were talking to some young people on the Paulsgrove estate and what they said they wanted was a skate park – they never mentioned integration of services. It is this paradigm shift about thinking, and we've started trying to engage community people in engaging problems. We went to one board to say that we were very worried about young parents leaving their babies while they went out clubbing and pubbing, and the women on this sub-group said would it help to set up a baby-sitting circle. Who would have asked this particular estate for any ideas, yet here was a group of women prepared to do this which has since developed into a kind of mentoring scheme.

Children and young people? Well we've done this pretty badly really – we've set up a youth council four and half years ago which folded after 18 months because they got fed up with being asked to be consulted about our issues, they wanted to tell us their issues and wanted to be able to be involved. We didn't think that was part of their agenda. They wanted to deal with life; they have transport issues, just as they have leisure issues.

Integrated services – yes. I have this view that if you think about Climbie, every single service let that child down, except for education. So the solution has been to put education together with social services, which isn't exactly what I thought Herbert Laming was talking about. He was talking about strategic stuff. Assessment seems to be a huge area to integrate people and we've all got examples of where that's happened.

Leadership – it isn't at the bottom of all this, it all depends on leadership. What we've tried to do is to say if it's a paradigm shift and all these agencies in the voluntary sector have to take ownership of what they have to deliver as their part of the whole thing then we've all got to be in charge. Rather than saying one

person is in charge and we can get on with something else.

### **Making a difference**

Our Children's Trust application was based on two things, one was integrating services around a community (15,000 people). That's where children live, where the contacts are, their major contacts are their carer, their siblings, their peers, possibly their grandparents and so on. Our fact and figures are all pretty small scale, we use the expression, 'eating the elephant', and if the expectations are that there is going to be massive change in a year or two it just isn't going to work. If we are being told there aren't the new resources to put in huge new things, we are going to be looking at low cost, no cost solutions, looking at things around the edge, build up preventive services, work together, cohesed on specific things, but it's not going to be major things. So family group conferences, social services people that were managing that budget said 'Well, it's only for looked after children, but now we'll look at it for health issues and non-attendance issues'.

We are employing a lot of people from the local estates for reasons of credibility and that is one good reason why the voluntary sector has a huge new opportunity here. Our services are very often stigmatised, the voluntary sector isn't stigmatised in the same way.

Housing has offered a house; the healthy eating and exercise initiative is an interesting project of trying to get everybody in a particular area to focus on the same issue. So we have an inspired secondary head who has done away with the coca cola machine – it cost her £500 – she came at it not from a health point of view but from an educational point of view. She has breakfast clubs in because children were very tired in the morning, she's negotiated chips down to two days a week and she's determined to get to five days. Then because I didn't understand the healthy schools initiative I assumed that everybody else would be doing the same thing, but people could pick and choose so the four other schools, the feeder schools, had a different objective. The children from 4–12 were getting one set of messages and then this inspired woman who was the head was giving a whole lot of other messages. So we talked to the primary heads and they were prepared to do the same thing. Then there was the 0–4's what sort of message were they getting?. Sure Start have picked this up and are driving with it. Then the parents – we talked to fifteen sessional parents – teaching them about healthy eating and exercise and their job is to recruit 10 other parents. So we're aiming to get 100–150 parents signed up with their families to healthy eating in the first year. It's a fruit and food desert, this particular estate. One of my staff had this crazy idea about getting a milk float and getting the market traders to take fruit and vegetables round – which I thought would never work. Now the deputy manager from the co-op is on the group – we have a milk float and we're off. The point of all this is that if

we get everybody to focus on a single issue and engage the families then we're more likely to make sustainable change than just having a single pilot for a couple of years.

### **Integrated commissioning**

Joint commissioning, this is what we've done poorly – hearts and minds at the front end. I gave a presentation a year ago about all this and I was really on fire with it. I asked the social workers what they thought and there was silence, I asked Dorothy what do you think of the vision, she said 'I'm too busy to have a vision' a week later I spoke to one of the Governors who said 'I'm not interested in this one, I'm making school teachers redundant'. So the hearts and minds! We just try and work with people who will go with it rather than having an overall plan but it is at the whole core. Has it made any difference at all? Here is some of the findings – the offending has gone down; criminal damage is down by 13% and burglaries of dwellings are down by 18% (37% of non-dwellings) We have had three or four initiatives happening in Paulsgrove where we had all that paedophile stuff four or five years ago. We've had community wardens going round and tidying things up quickly, extra police officers through the targeted police initiative, we're on track and so we're really pleased. Interesting comment from Margaret that Sure Start has reduced the referrals, our experience is completely the opposite. It has increased them dramatically but they are absolutely spot on referrals, they are appropriate. It is now us that cannot deal with them.

On accountability – we've got these separate groups, everybody who is involved with children knows about the Portsmouth 8, they are on fire about that.

Those are the measures of success.

- Improving outcomes – turning the curve
- Availability of Performance Measures
- Availability of relevant data
- Evidence of Joint Commissioning
  - money
  - staff
  - buildings
- Protocol/Compact between agencies
  - single strategy
  - specific agreed priorities/input
- Integration of front-line services
- Management of services – hearts and minds
- Evidence of sustainable involvement of children, young people and communities in
  - priority setting
  - strategic planning
  - monitoring and evaluation
- Accountability and Governance – members and officers

What is the aspiration? – is it about integrating a couple of services or is it about a real radical change in the way work over a period of time? We have big aspirations. Whether we'll get there is another matter.

## 14. Extended schools services

*Steven Stanton, Sure Start Unit, DfES*

I work with the extended school section in the Sure Start Unit in the Department for Education and Skills. I've been asked to talk about extended schools and how they can provide a range of services for the community, children and family, and make sure that they are safe, supported and stimulated throughout the year.

What is an extended school? An extended school provides a range of children, family and community services, such as child care, study support, sports and art facilities, adult and lifelong learning and working with other partners services such as health and social care. Services can be provided on one school site or across a cluster of schools and that is becoming a sort of model. Extended schools can also include children's centres on the same site, thus providing continuous support right through the age range. They are about making better use of school facilities. Considering there are 24,000 schools that's a tremendous potential with a tremendous resource. Schools no longer will be open just from 9–3.30, they are very much about services being available during the school holiday, evening, weekends and even before and after school. Services within the extended schools will very much be in response to local need, and I think that's a very important point. It is a requirement that schools go out and consult their local communities and work with partners to decide what services are required. So working closely with other services will be a key factor of success.

The idea of schools opening their doors to the community is not a new one, it's been around for some considerable time. I think a prime example is the village college in Cambridge which has been operating since the 1930s. There are also the new community schools in Scotland and further afield there are the full service schools in New York.

Extended schools are all about a new way of working to better support pupils, families and communities. This has been supported by recent legislation and has given schools greater flexibility in how they provide community services and facilities. More and more schools are now adopting this approach and realising the benefits. Schools recognise that they cannot work alone in supporting children and young people. They often realise that they need to work to support parents and families in order to support children and young people. So it's about looking at the whole child, not just about the educational side. It's not about schools doing this all themselves, it's very much about partnerships and multi-agency working. Using the schools to help support the work and meet targets of other services. A good example of this was given in

a recently published evaluation of extended schools when we carried out a number of pathfinders. In one local authority area, a PCT representative's view was that schools as a universal service offered other agencies better access to local populations than they could achieve in isolation. Locating health services in this example in schools gave health workers ready access to children of families who might otherwise not have attended clinics or doctors surgeries. Neil Green High School in Manchester is another good example; a social worker has been based in the school there since January 2002 and is part of a multi-agency team, which includes a school nurse, an education welfare officer and an educational psychologist. The social worker has developed a school base social work service and works with students as well as some parents and carers in the school and home settings. Feedback from the students has been positive, having a positive affect on their lives. Teachers also tell us that they spend a large chunk of their time speaking with agencies dealing with non-educational problems that children, young people and parents face and bring in to school. Where they have easier access to multi-agency support then they can get on with their job of teaching. So extended schools have many roles, including improving attainment, attendance and behaviour which will always remain a key focus for the school, increasing parental involvement, building links with communities and supporting community cohesion, improving multi-agency working and contributing to neighbourhood renewal. Indeed we are getting funding both from the Home Office and the Neighbourhood Renewal Units to use extended schools to tackle those things.

Why should schools do this? Well there are a number of ways in which extended schools can contribute to better attainment, including attendance and motivation. Behind that, having integrated health, social care and family support on site means that wider problems that get in the way of children's learning can be more easily dealt with. Teachers can refer problems to appropriate on site professionals leaving them with more time to concentrate on teaching. Adult and community learning on school sites helps create a learning culture and children see adults learning because they want to, which helps them value learning more themselves. Parents using school based services, particularly family learning, are more likely to get involved in the school and in their children's learning. This is supported by some recent research, in 2002–2003 we ran a number of school pathfinders to test out this approach. These were evaluated and the report was published this April, the

report found that extended schools can generate a range of positive outcomes, not only for pupils, but also for families and the wider community. It is not only schools that benefit, clearly there are wider benefits to families who have better access to services and a closer relationship with the school. Local communities have better and easier access to services leading not only to a greater take up of services but also reducing the instances of missed appointments. Communities will also benefit from access to sports and other similar facilities and a place where they can meet. This will particularly benefit young people, especially in communities where the school is the only public building. Extended schools can also provide career development opportunities as well as adults being helped into work through adult education and wrap around child care. Often the schools extended services themselves will provide additional career opportunities, such as childcare, IT, youth work.

What is the Government's vision for extended schools? Well, 'Every Child Matters' sees the schools as the most likely base, along with children's centres as well, for the co-location of services to be the hub of services for children, their families and other members of the community. It makes sense to locate services where children and young people spend much of their time. 'Every Child Matters' next steps sets out how the government is taking forward the work on children's centres, changes around establishing Children's Trusts and Directors of children's services and information sharing, all of which will create an infrastructure which can help support the development of extended schools.

Building on that is the recently published five year strategy and prior to this document, the department stance on extended schools was to encourage more schools to develop some extended services. The five year strategy clearly sets out our expectation that all schools will over time offer some extended services, and for primary schools this means they will offer a wide range of study support activities, parenting activities including family learning and have a swift referral systems to a wider range of specialised support for pupils by working in partnership with Children's Trusts. Beyond this, an increasing number of primary schools will develop an 8am–6pm 48-week-year wrap-around child care offer. In some cases schools will often join up with children's centres to make an offer of integrated support including child care further down the age range. For secondary schools, the five year strategy means they will offer a core of study support activities and this is given a wider range of things to do for pupils before and after school and lunchtimes. It might include sports clubs, access to libraries, computer suites and supervised breakfast and homework clubs. Also wide spread community use of school facilities, including hiring out premises to voluntary or community groups and with specialist facilities like sports halls, art studios,

school theatres or drama studios and science and technology labs. Family learning as well provided through the school including parenting classes if they are wanted. Secondary schools will also have a key role to play in delivering a youth offer, a safe place to be and things to do for young people in the term time, but also in school holidays, and many schools we expect will go beyond this core offer and host multi-disciplinary teams from health, social care and new services and all will have access to a swift referral system to multi-disciplinary support. Furthermore part of the Department's vision is to rebuild or refurbish every secondary school to a modern standard building schools of the future. Plans for new schools will also show how schools intend to provide children, young people and family services and that will be a criteria.

This illustrates our vision for how we see extended schools developing in the future, and the bottom is the minimum offer with classroom referral, in the middle we have what we hope the majority of schools will go for, the 8am–6pm offer and some of you might also be aware of the next stage the full service extended schools. These are schools that provide a full range of services, health, social care, parenting, study support, ICT access etc. Either on their own, but usually in partnership now with other schools, and then at the top of the pyramid we expect to see over time a small number of multi-agency centres providing an integrated range of services to the community, commissioned by the children's trust. We recognise that there are issues to be resolved before we get to this level, such as government arrangements and clear accountability structures.

What are the elements so far that support this? There is the Education Act 2002 that gave school governing bodies the power to provide children, family and community services. A key part of this legislation is that schools are required to consult key stakeholders before they embark down the extended school path and have regard to that advice. As a result of this legislation we produced guidance in 2002 and this provides practical advice on a range of issues such as staffing, premises and partnership working. We have also recently set up the extended school support service, which is run by an organisation called Continue. The services provide support, mainly to schools and local authorities, but also to other stakeholders and partners to attend their events and the range of services they offer include awareness raising or know-how sessions. By providing general advice and guidance on setting up extended services in schools and by sharing good practice which we think is possibly a key part of that. We are also currently working with Continue on developing a Know-How pack that will provide more information on specific areas of extended schools development.

Funding – to date £43 million has been made available in the current spending review period by the DfES

to support the development of extended schools and the funding provides the support at school level and will enable all schools, hopefully, over time to offer extended services. This funding is to support schools to develop a sustainable extended schools model and to overcome barriers that they face and may prevent them from developing extended services. Schools are pretty free in how they spend this money. There is also the big lottery Young People's Fund and as a specific element £40 million will be available to schools to fund activities and facilities as well. They will have to directly benefit young people in connection with the five key outcomes set out in 'Every Child Matters' and the funding will complement our own extended schools funding so there should hopefully be no overlap. We will also involve young people in designing and delivering the activities funded under the programme and that will be a key criteria.

So what next? The challenge is to build on existing work and develop stronger, more effective and innovative partnerships for the future. We hope that all schools and their partners will think clearly about the role they can play. There are already a large number of schools that have developed along extended school services doing some great things. These offer a new chance to offer more to children in their communities and obviously believe very strongly that extended schools are very much part of the future.

I'll finish with a quote from the evaluation of the extended school pathfinders. 'Interagency collaboration was a fundamental element of the majority of pathfinder projects, it was seen as the only logical way to ensure strategic planning, effective delivery, increased resources including staffing, funding and equipment, sustainability and the regeneration of disadvantaged communities'.

## 15. NFS practice model

*Carole Bell, Hammersmith and Fulham*

Up until March this year I was working at the DfES leading the work on Children's Trusts. I decided, having done quite a lot of work in the Department of Health and the Department for Education and Skills on partnership, I ought to return to the field in order to make sure that I had the right ideas about how difficult this partnership work is.

Now I'm going to say something about what we are doing in Hammersmith and Fulham. I can fully support the idea that this is slow-going and hard work and I'll make some comments about keeping the partners together later on, because I think what happens is the issues around trying to keep everybody on board with the same sorts of ideas. So my return to the field has discovered 'yes', it has to be an evolutionary approach because no Big Bang would ever work across children's services, this is so complicated. I would like to say, that, when I was at both departments there was quite a lot of concern in discussion about how formal Children's Trusts needed to be. There are many who are still arguing, quite vociferously, that actually you don't need too formal a structure, people are actually working together. My own experience at Hammersmith and Fulham would say, 'yes' but when the difficult issues come, you do need the formal structure, whether it's a children and young people's strategic partnership board that has sub-committees of various kinds or whatever. It actually is quite important to have some formal structure that can really hold the ring in difficult conditions. That would be my view both theoretically and in practice.

I haven't been able to say what outcomes have been achieved, that's partly because a lot of the initial work

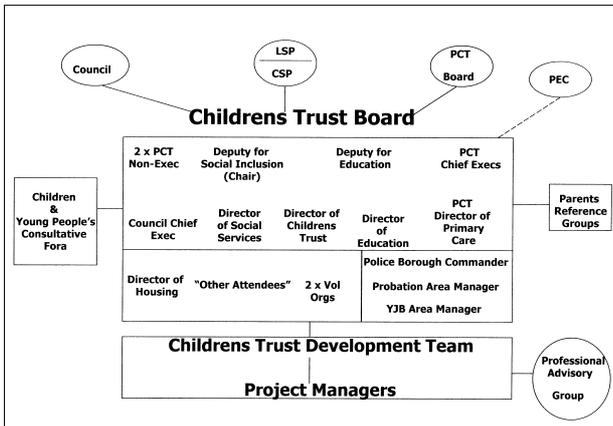
is around process and talking to people and getting people on board. Getting the schools to agree on an approach about integration is not something you can do in one meeting. The very ways that we have sought to integrate services has led to the re-emphasis that that is the right way to do things because we've got cases where putting the right professionals in the same place to talk about how they are going to deal with individual children has been successful and will I hope continue to build to provide successful approaches so that there are successful outcomes for children and their families.

Hammersmith, quite a small population in comparison with many other London Boroughs, has a large number of children who are looked after – 20% of those are unaccompanied asylum seekers. So our numbers are quite bloated. A fairly large number of children on the child protection register as well, although that has come down slightly. Eight hundred statemented children is quite high as well and relates to some historical ways that the LEA has treated the issue of statementing. One PCT, two acute hospitals, two mental health trusts providing our CAHMS services, pretty much a disaster, the cut off is 0–16 with one trust and 16–18 for the other trust and it really doesn't work. A very, very mobile population. I visited a school last month where the head teacher said that the children that start in year 1 are completely different to those in year 5. There is almost 100% turnover. So it's mobile in terms of families moving in and out and it's also mobile in terms of children seeking secondary schools in other boroughs. Clearly we have a lot of looked after children who potentially are the

focus for attention of integrated services who go out of borough – not far out of borough in many cases – but are out of borough and, therefore, often their education is also out of borough. Of course, we also have a large number of children coming into the borough for their education. Quite a difficult borough to deal with, it seems to me.

## Childrens Trust Board

The Board is there for three reasons.



Firstly we've decided that the Children's Trust Board should become the steering group, management group for the youth offending service. So we do have police and probation and we do have papers for the youth offending service coming to the Trust Board. This is an ideal opportunity to link properly the work of the youth offending service in with the rest of the integration agenda. So we are doing some particular work with the Home Office on the impact of on the youth offending service and on what it means in terms of the development of the other services within children's services. I suppose the second point I'd make is that we have tried to have a Children's Trust Development Team which has managers with responsibility across health, education and social services, supporting that Trust Board activity, with project managers in each of the three areas to support the work across the three main agencies. The third thing would be that that we have yet to deliver on, but we are working on, is a parents reference group. Rather than have some sort of token representation on the Trust Board, what we need to have is a broad range of parents, not just with a focus on vulnerable children but a broader range than that, and we've yet to determine how to put that together.

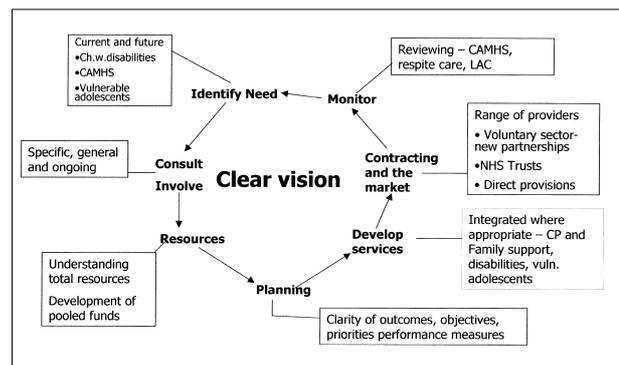
We are turning our Children's Fund Partnership Board into the Voluntary Sector Forum; we feel that we already have a lot of buy-in to the voluntary sector by that means, and we want to use that voluntary sector forum as a Commissioning Board for voluntary sector activity, including what was the old joint finance monies, so they have a real reason for being there in terms of commissioning and monitoring that activity, but they will also support the two voluntary sector

representatives who sit on the Trust Board. So they have a sounding board from which to bring issues and ideas to the Trust Board.

The other issue is across education and social services. We needed something around the professional governance that relates to all the sorts of issues around the common assessment process, information sharing and so on. We wanted a professional group to help us and advise the management team, we're choosing to develop that out of the original steering group that set out the proposal for the Children's Trust, so we've given them a second life, and have used them to get together as head teachers, medical consultants, paediatricians, nurses, midwives and social workers. It feels like the basis of something quite important.

## The commissioning cycle

Looking at the commissioning leverage, the aim is to ensure that when we do have to provide preventive and specialist services our aim is that children and families are able to get back into the use of universal services.



Which raises the whole issue of how you develop services for vulnerable children that link effectively into universal services. So that's about location, about specification, about linkages across, its all sorts of things that we have to be very careful about so that the specialist preventive services don't get isolated from the bulk of universal services. I suppose what we've tried to do is ensure that people know what the commissioning function is all about, within children's services there is still some great mystery about what it might be, and what are the activities. I, as The Head of Commissioning, Quality Assurance & Review develop the Commissioning Unit. We are trying to ensure that we link into all of those activities to create a proper commissioning framework that is really about quality improvement, service development, efficiency and effectiveness and using the outcomes to identify where we need to go next, alongside our analysis of need. That's where we really need the involvement of a wide range of stakeholders, be they users and carers, providers, other commissioners, other bodies.

## Focus on vulnerable children

I agree with Rob that this is such an enormous agenda

that we have to start in some focused places. Hammersmith & Fulham said from the outset that they would focus on three areas, these are children with disabilities, integration around child protection and family support, vulnerable adolescents – this is less well formed, we have a number of projects all going on, I'd say our coherence to really address our vulnerable adolescents agenda is not there yet.

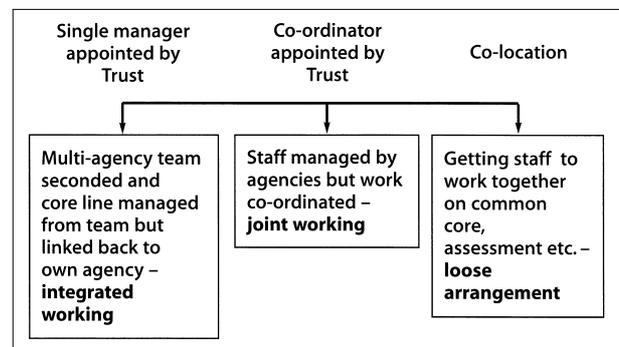
Clearly one of the major issues that we want to address is our CAHM service and we've had a review, and what it says is that the links between our integrated teams where a lot of our CAHM services are being provided are not well enough designed to work well with our tier 3 services. So there is a real disjuncture about the role and function of mental health nurses, psychologists at tier 2, whether they are working with the youth offending service, Assist (team set up to stop children coming into care), the children with disabilities team, the family placement unit. We have mental health workers in all of those places, the trouble is, it doesn't link well enough with our 2 tier three services. We need to decommission one of our tier 3 services and we need to develop an in borough tier 3 service which is coherent for 0–18 year olds.

If I could just focus on the sorts of activities that we are doing as a result of focussing on those three areas. We had a best value review of children with disabilities. We have also had a best value review of SEN services, so we have plenty of recommendations and actions to build on in terms of trying to work better together, trying to address the inclusion agenda.

We have some ideas on what should happen on integration, in terms of having at least one site where services for children with complex disabilities are integrated, the site of one of those places has already been identified and we are working on that with professionals, with users, and with the architect. We have to determine which service is going to that integrated site. It is lovely, its very central, its accessibility will be wonderful, it doesn't have a vast number of rooms, we've got to determine exactly which professionals and which activities should take place there. We have done a lot of process mapping to map the journey of children through the system, particularly those who have complex disabilities. What we've come up with is three key points at which integration is really significant in the life of that child with their family and trying to concentrate at least on one of those at the moment to think about that integrated site. We've looked at the number of children who have received dual or tripartite funding and there are currently about one hundred and forty-four in the age range 3–19 and they cost us in total £2.6 million and that's the basis of the work that we are doing to set up a pooled fund. Clearly we've got to do the work around the 0–3's and that will help us forecast demand and some of the needs that we have to identify in the upper age group.

## Evolving integrated provision

Our strategy is to try and devise services for those children that in borough can be provided long term. So we begin to use the pooled fund money to develop the very services where we want to gain better access and inclusion. It does seem to us we have a rapidly increasing number of parents applying for direct payments for those children with complex needs. This will have an impact on the way we address issues around the use of the pooled fund. In terms of understanding the evolution we have tried to say – we are going to build up the work programme around the integrated teams and what they can do – and I suppose what we have is a view that we can start with co-location, and our child protection family support team has started in that way. We've put school nurses, health visitors and some other health staff with the social services teams that deal with child protection and family support. We are in a sense getting them together to think of ways to work together better, they have network meetings once a fortnight to discuss particular cases where potentially there is a complexity of work going on that needs to happen more effectively. We are adding an educational liaison person and mental health worker. Our assumption is that we will gradually move a lot of our integrated teams to the left where there is a much clearer sense of integrated working.



You'll see by having an evolutionary development – what that means is we've been able to draw more and more players into the partnership.

## Issues for the Children's Trust

It does mean at some point we do have to define the scope of the Children's Trust, I'd say finance would always tear partnerships apart, the pressures and the different funding streams that we constantly play with do create some complexities around integrated working that make it very difficult to make it work in a coherent way. The partnership for three is difficult to manage, we often go at the pace of the slowest in order not to lose their engagement with the process, and sometimes we do go incredibly slowly.

The NHS does get pulled around a bit, the latest priorities guidance that has been published is very interesting but there aren't many more priorities in

terms of our agenda, in terms of children's services, but Nigel Crisp has very neatly written in the preface something quite important about pointing out that while the lead may be with the local authority, the NHS shouldn't take its eye off the ball on children's services. As we have tried to effect a coherent picture of children's services we have become more uncomfortable about some of the geographical inequities that are created by having Surestart local programme with a postcode lottery about who does and who doesn't get their services. Also our new deal for communities which gives a lot of money to one specific area and makes it difficult to see how we do the same things elsewhere. The human resources agenda is immensely important, fundamental, if we don't get that right we will not make it work and it is quite a huge agenda to make work effectively.

As I indicated from the outset the issue of mobility is really significant, we will work hard to get integration and better access, in the long run we may be frustrated by the mobility of choice, parental preference, by all sorts of issues, that make that integration very much more difficult. One of the

schools I visited recently had children from 13 boroughs, many of them providing at least one child who was looked after and placed out of borough in their sense but in borough for us.

Finally, just some of the drivers for success:

- Right thing to do
- Clear political and managerial vision
- Operational enthusiasm
- Finding champions for change
- Opportunity to fulfil public healthy agenda effectively
- Building on success
- Innovation through partnership

Some of the ways in which our integrated teams work are a result of that different way of pulling people together and innovation coming through that partnership, rather than social services constantly beating its head against a brick wall saying we can't make any difference to the work that we've currently been doing with this group of children. I do think that's the crucial bit about Children's Trusts and the benefit they might bring to children and families.

## 16. Children's Centres

*Mary Pooley, Children's Centres Project Manager, Sure Start Unit, DfES*

I'm the Children's Centres Project Manager from the Sure Start Unit at the Department for Education and Skills. I wasn't exactly sure of the needs of my audience so I apologise if I'm telling you things that you already know.

In 2001, in preparation for the 2002 spending review, the government decided to have an informal review on child care. Chaired by a Minister, with ministers from all over government, it was run by the Cabinet Office and I was seconded from the department to go and work on the team. The review was looking at all aspects of child care; it looked at national child care strategy and how that had done; and it went back to first principles and asked why should the government be involved in child care. The perspective of the review was about child poverty targets and lone parents into employment targets that are looming. The most interesting thing to come out of the review came out of the research review. They came up with all sorts of services that are provided for small children, it is very difficult to separate out services for small children. They found that there were very significant payoffs for good quality early interventions for disadvantaged children.

This is a summary of some areas that benefit from integrating education, care, family support and health for small children particularly in disadvantaged areas. This was research collected in 2001/2002 and now

there is new research. Even at that time the evidence was very powerful. It is common sense, early intervention, early identification, early in a child's physical life makes the big difference.

Children's Centres are the result of that research; it is basically the government's response. They needed something specific and major. Early Excellence Centres came about in 1997-1998 and they were early efforts at joined up working for pre-school children but from an educational perspective. They will have other services involved with them but they did come from an educational background. Sure Start local programmes came next, they came from a health and poverty focus, neighbourhood nurseries were looking at the needs of working parents. All of these initiatives were joined up in some way, but children's centres join up all the different things that these initiatives were trying to do.

In terms of what children's centres are going to be doing - there is a fairly specific core offer for children's centres. All of them will offer good quality child care integrated with early education. So the free education that 3- and 4-year-olds now get across the country will be integrated into childcare that is for the full day, the full year, can be used on a part time basis, but designed to think of the needs of the traditional full time working parent. This means that the child care will be of good quality because there will be a teacher

involved in the delivery of the early education who will oversee the delivery of the experience of the children in an integrated and coherent way. This is what research tells us brings the best outcomes for children. Family health and parenting support services will also be delivered through children's centres in the same way that happens now with Sure Start local programmes. Also training and employment advice, we'll have job centres plus advice in children's centres. There will be links with further education institutions or perhaps adult learning delivered on site.

There will be an actual physical centre delivering childcare in the majority of cases. Probably 99% of children's centres will have some sort of daycare provision rather than just deliver their child care through childminders.

Those childcare places will be open to people from all sorts of areas, they will not just be for the community in which the children's centre is placed, and that again is building on what evidence shows produces the best outcomes for disadvantaged children. The children's centre will also have a reach into the local community – reach is a Surestart local programme term, which is the constituent population which the health workers, midwives and family support workers will be delivering services to. Most children who use Children's Centres probably won't have a child care place. Our target number is reaching 650,000 children with children's centre services by March 2006. People think we mean 650,000 places, but we are talking about this reach. We'll probably be reaching those children with about 1000 children's centres.

Trying to illustrate that there are a whole set of services in place for children under the age of five and their families, everybody has access to ante-natal, post-natal support, healthcare, midwifery, parent support, parental leave.

Childcare services are available everywhere, it's more difficult to get hold of in some places and not affordable in other places, and then there were these 12.5 hours of free early education for 33 weeks a year which slots in. The idea of children's centres is to bring together these services in a coherent way, that suits families and children, rather than historical patterns of service delivery. Our children's centres are going to come from a whole set of different backgrounds which raises all these different issues of governance and where you think you are accountable.. They are all going to deliver this core offer because we want them all to deliver the same positive outcomes.

We are going to reach 65% of children in the poorest areas by March 2006, that is 650,000 children. We have a new target up 2,500 children's centres by March 2008. There is a much publicised, long term government ambition for a children's centre in every community.

It is quite a challenging thing, and we have been told that it would be much easier if the government had started with children's trusts and then moved onto children's centres and it may have been.

Delivering children's centres forces people to work together – we have not allowed local authorities to come to us with proposals without having first talked to their PCT partners. The first way in which children's centres characterises the whole message of 'Every Child Matters' is that you have to develop them through a partnership approach. They will make a significant contribution to the five outcomes and they are an ideal vehicle for multi-agency working, early identification and prevention.

We are not only wanting the Partnership Approach at the planning stage that includes debate with the community about how services are delivered, what services are a priority overall. You would expect all sorts of additional supporting services to go on, such as toy libraries for example, as in the Sure Start local programme approach, it is very much about galvanising the community support that's already out there, the voluntary groups that are already working in that area, looking at what's needed, looking at how collectively you can make more than the sum of the parts. There also needs to be a partnership approach on delivering the services. This is about an integrated approach and we know that this is going to be a journey for people to get from where they start to getting to full integration. This is not intended to be co-location, this is intended to be integration.

You have to look at what that would mean for the parent of a child, having an integrated approach. Why is it worth bothering to set one up? If you have a fully integrated approach and a children's centre where there is a child care worker who notices a child might not be developing their speech and language in the way that they have seen other children develop, because of the way that the services are coherent and coalescing, that child care worker will have the confidence to approach the speech and language therapist, and saying is there something I could do – or do you want to see the family? You get that cross fertilisation.

How is Sure Start contributing to the five outcomes? We have targets for four of the five outcomes, many of which you will have seen before. In terms of achieving economic well-being, children's centres and the overall child care strategy is one of the most important planks in the government's anti-poverty strategy and children's centres in particular because they are being rolled out first in the most disadvantaged areas. As you will know poverty is a great magnet for other risks, so providing childcare for parents who have been in generations of workless families is the best route for getting these children out of poverty, and getting these children out of poverty is the best way to give them access to better outcomes across the four other outcomes.

Making a positive contribution – we don't actually have a target, but I think if we hit those other targets we will be getting positive contribution from the children who enjoy the good quality services and from

the parents who are perhaps involved for the first time in setting up a children's centre. They start to see that they can have higher aspirations for themselves, they start to think that they can make a difference in their community, they may think about training and going into work. That happens all the time in Sure Start local programmes. The quiet local community revolution that we are looking for.

In terms of being a vehicle for multi-agency working, it's a bit of an arranged marriage. You have your PCT and your local authority engaged from the start – at least on paper, that has to be worth something. You have a system delivering key services for babies and pre-school children and their families as coherently as you can. You have key members of multi-agency teams, either on site or calling in, or nearby, or sign-posted. Children's centres should be a good venue for multi-agency teams to get together to work more closely together – to see the value of multi-agency

working especially for early identification of risk and we should see good things from children's centres.

There is money going to local authorities for children's centres but not the amount of money that you might expect was needed. That was deliberately the case because the government was determined that children's centres would be built from existing provision, and I think that's good in terms of valuing existing provision but also good in terms of ensuring there is a culture change. We don't just have an initiative that is bolted on to the other things, but we start to make a difference across the piece. What we call reshaping services and the DoH calls refocusing services has to go on, meaning money that is already in the system has to be put together with money that we provide, the local authority and the PCT, to deliver these services in a coherent way for children. Children's Centres drive some change, that's our perspective.

## 17. The Michael Sieff Memorial Lecture

*Dame Margaret Booth*

It is an honour to be invited to give the Michael Sieff Memorial Lecture at any time but for me it is a particular honour, coming as it does, at the end of my working life.

I've decided that I'd like to use this opportunity to reflect on the two strands of my career, the first and main one in the law, and the second where I was able to do work with a number of charities including charities working for the benefit of children, parents and families. Perhaps I can draw one or two threads which might be of interest. So I apologise at the outset for the fact that this talk will be regrettably self-centred and based upon my personal experiences and views. It will certainly not embody anything like the knowledge or expertise comparable with that which you all have on the conference theme of children's services.

My career started in earnest in the late 1950's when I embarked on a pupillage at the Bar and, after battling against some pretty blatant discrimination, was lucky enough to find a place in what was then 'divorce chambers'. At that time there was no concept of family law at all. We spent our time dealing with divorces, defended and undefended, with financial disputes under the Married Women's Property Act 1882 and with plenty of acrimonious custody cases, the outcomes of which depended entirely on the conduct of the adults and not upon the interests of the children. Other problems relating to children were within the jurisdiction of the Chancery Division or of the magistrates who had a jurisdiction in care cases. The first major change in this rather arid line of work came with the implementation, in 1971, of Divorce Reform

Act 1969 and the Matrimonial Proceedings and Property Act 1970. The irretrievable breakdown of marriage became the sole ground for divorce and the courts were vested with wide ranging powers to redistribute property and wealth among the spouses. Within a relatively short period of time, we were busily engaged in a variety of financial applications and we got to grips with reading balance sheets, valuing companies, land (farms in particular), hunting down hidden assets and detecting financial fraud – and I enjoyed it, I always did want to be a company lawyer! At the same time the old Probate Divorce and Admiralty Division was dismembered and we found ourselves in the Family Division of the High Court of Justice, vested not only with this extended financial jurisdiction but also with the wardship jurisdiction, formerly the reserves of the Courts of Chancery. Thus it was that the true family lawyer came into being.

Much further legislation followed as well as the events in Cleveland and all that flowed from them. But, for me, the momentous landmark was the passing of the Children Act 1989 and its implementation in 1991. It was, and remains, I believe, one of the great statutes of all time, I regard it as a privilege to have been involved with it both before and after it came into force. I was, by this time, on the High Court Bench and I was asked to chair the Children Act Proceedings Advisory Group which was the first real interdisciplinary body dealing with the legal process, and from which evolved the Children Act Advisory Committee, which I also chaired for three years. The

Act codified and reformed the substantive law related to children that had hitherto been scattered throughout a great number of statutes. (I think I once counted as many as 30) What it did was to create a new family justice system, linking the three tiers of courts, the magistrates, the county court and the High Court and it was heavy stuff.

I retired from the bench in January 1994 having completed 15 years as a judge. I had no intention then of retiring from work although I had no idea what if anything would come my way. I was fortunate. I found plenty to do. The first thing was an assignment from the Lord Chancellor to investigate what accounted for the increasing delay in the public law cases under the Children Act. This took me up and down the country talking to many people in all branches of this work. I afterwards moved into the charity world, and became involved with a variety of organisations including the Joseph Rowntree Foundation and the UK College of Family Mediators. Finally I came to the newly formed National Family and Parents Institute from the Chair of which I retired in April this year.

I have to confess that my time in the Charity sector has been a steep upward learning curve from start to finish. It has been a revelation to become aware of how many agencies and organisations there are on the ground, particularly the number concerned with children, how many people are committed to them and how much they achieve for relatively little money. It is a sad indictment that as a barrister and as a judge I was so ignorant in this regard. So that then is my background and the background of this talk.

Looking back now I feel that, in a broad sense, my work in the law embodied a substantial element of providing a service to children and trying to achieve good outcomes for them. That applies to everybody concerned in the legal process in family law. What I was trying to do, both when representing parties including, on occasions, the children themselves, and also in a judicial capacity was to work towards a result that would be in the 'best interests' of the child as Section 1 of the Children Act expresses it, the 'child's welfare should be the courts paramount consideration.' So many of the topics that are and have been the subject of this and other Sieff conferences are precisely those matters which the Act requires the Court to take into consideration in determining any questions with respect to the upbringing of a child. This laid the multi-disciplinary basis for the legal process in relation to children and, as Baroness Howarth said at the conference last year, multi-disciplinary work is something the Michael Sieff Foundation has always stood for.

Without doubt the most stimulating and innovative part of my legal career came in those days when we were working towards the implementation of the Act and then later in helping to develop some of the early case law. In 1989 the idea that lawyers should work

directly with people from other disciplines, apart perhaps from the medical profession, was quite novel – and either very frightening or very exciting depending on which way you looked at it. In some places it aroused great enthusiasm and one such place was Manchester. There in April 1990, an ambitious project by the name of Child Concern was launched. The occasion brought everyone together in the Council Chamber of the town hall, for a splendid inaugural meeting, Judges, Magistrates, Barristers, Solicitors, Officials from Courts and Local Authority, Social Workers, Guardians *ad litum*, Doctors, Paediatricians, Psychiatrists, Nurses, Midwives, Health visitors, police officers – everyone, the chamber was full to capacity and there was an enormous buzz of excitement, I can feel it even now. Everyone shared a vision of the partnership that lay ahead and the recognition that the Act heralded a new approach, hopefully destined to end much of the professional isolation that had hitherto been the norm.

Outside Manchester not everyone shared this optimism or, indeed, enthusiasm for the new regime. Some judges especially found the procedures to be a shade too radical and were uncomfortable with the notion of talking to those people whose voices up to this time, they had only heard giving evidence in court. Through the Family Courts Business Committees and the Family Courts Users Committees every effort was made to establish the multi-disciplinary approach on a firm basis.

Did it succeed? What happened when the initial momentum gave way to normality? What I learnt from my enquiry into delay between 1994 and 1996 was quite simply that the multi-disciplinary approach struggled in many places. Manchester's Child Concern survived to celebrate its 10th birthday but the story was very different elsewhere. The old tradition of working in isolation had quickly returned, if indeed it had ever gone away. Despite all that had been said and done there was a surprising dearth of communication between the various professions. People just did not get together to talk about the problems they were experiencing and this was one of the factors that accounted for the growing delay in dealing with children's public law cases. What I found particularly depressing was the fact that many social workers were by themselves out on a limb, with little if any contact even with their own local authority solicitors and frequently involved in icy relationships with guardians *ad litum*, their erstwhile colleagues.

My report was published in 1996 and that's a long time ago. There has been a further enquiry into the problem since then and I hope the situation has improved. I do not know. But I wonder whether outside the environs of the court, a multi-disciplinary approach has fared better on the ground than it has within the legal process, where the culture of working in isolation has had so strong a hold. Achieving good outcomes for children must surely depend on people

from different professions, agencies and organisations working together in partnership and being able to communicate freely and productively. I personally believe that the ability to bring about freedom of communication at all levels is a principle, if not the principle, way of achieving a real multi-disciplinary approach to work. And for good measure I would add that giving people the opportunity to eat and drink together is one of the surest means of breaking down barriers and establishing trust. I have for many years ensured that any group or committee that I chair has had plenty of opportunity to meet together in convivial circumstances and this I believe brings out the best in everyone. I would wish to be remembered for that piece of wisdom if for nothing else. How encouraging it would be if the current Children Bill, which, among other things, seeks to enhance local partnerships and accountability, were to make suitable provision for that.

I come back to the Children Act and specifically to the checklists in section 1 setting out the matters to which the court must have regard when determining any question with respect to the upbringing of a child – physical, emotional and educational needs, age, sex, background, characteristics, any harm he has suffered or may suffer, the capacity of his parents to care for him and, of course, the ascertainable wishes of the child himself to be considered in the light of his age and understanding. Above all the courts paramount consideration must be the child's welfare. It is a comprehensive list that has stood the test of time and has emerged so far unscathed, by which I mean un-amended.

As a judge I was not given to introspection and the bench is not the time or place for it. But since I moved into the wider world of the child and the family and have seen even greater social diversity as well as greater professional diversity, I have wondered whether being middle aged, middle class and with a fairly narrow, not to say Victorian, upbringing, I was adequately equipped to decide what was in the best interests of each child with whom I was concerned. The answer must be that I was probably not, but perhaps no one individual could be. It may well be the case of the present judicial training for the task is still in itself inadequate. One of the great disadvantages with judging the family court experiences is the lack of feedback as to the success or otherwise of the order she or he makes. Only in a few cases do you know if the decision worked out in the end. When the relatively few cases do come back to court it is, generally speaking, because things have gone wrong. It must never be assumed, however, that when no more is heard of a child or a family that everything must have been happy ever-after. In the case of contact orders alone we know that this cannot be the case, given that so many fathers, though armed with an order, still lose touch with their children. How often has a social worker, a doctor or a teacher without mentioning a parent, felt

that he would like to give the judge a piece of his mind for getting things so wrong? How can a judge learn about outcomes?. Please do not imagine that judges are not curious to know how things work out with families with whom they have been concerned – they most certainly are. In the old days when children were more frequently wards of court a judge could properly take a long term interest in a ward and ask for regular reports as to progress and welfare. Its even reputed that a Chancery Judge was accustomed to hold annual tea parties for all his wards, an occasion that was said to have been enjoyed by all. I doubt that all my wards and children would have got on together and enjoyed a party but there it is. That, alas, is a thing of the past and for the most part judges now remain in ignorance as to how the children and their families fare.

The Children Act demands that in the court process the child's interests are paramount and so for parents and other adults involved that is a fact of life. But complex questions can arise when two children are involved in the case and their respective interests conflict. I was reminded recently of the exceptional case of twins joined at the head where an operation to separate them would inevitably mean death for one; that was an extreme example. More common is the situation where a dispute arises, involving a teenage mother, herself a child, and her baby, in circumstances that produce a conflict between the two. Sometimes disputes relating to contact between siblings who are living apart can also produce conflict. Nevertheless issues that have this consequence, although always difficult are relatively rare. Whatever the nature of the case the judge must strive to keep a balance as far as possible between all the parties, while at the same time adhering to the requirements of the Act. It is tempting to say that the judge must strive to do justice between the parties but whether family law is concerned with justice opens an altogether different debate.

It is fair play that is so important. The judge must hear all sides, must maintain impartiality, must base her decision on sound reasons and must explain them clearly. One of the matters to which the court must have regard are the wishes and feelings of the child concerned and so it is requisite that the voice of the child be heard. The need for fair play can often make it difficult for the judge to see a child privately. A child with something to say will, not unreasonably, often ask for an assurance that the judge will not pass on the information. That is an impossible promise to make or keep. If what the child says is likely to affect the final outcome, it is a matter for the adult parties, in fairness, to know. In this respect the roles of the reporting officer and of the guardian ad litem as well as the part that CAFCASS has to play, are crucial. I do not think that the importance of fairness in the procedure can be overemphasised. A parent will frequently accept, albeit with reluctance, an adverse decision if he or she sees it to be fairly and impartially reached. By contrast,

decisions, which are not seen to be fair, whether reached within the court process or outside it, can cause lasting and bitter resentment. 'Its not fair' is a sentiment that outlasts childhood by a long way.

By the time the problem becomes an issue in litigation the view as to what is in the child's welfare is seldom a universal truth, acknowledged by all. But what is in the child's welfare or best interests in any particular case can be seen in many perfectly legitimate although very different ways. Take, for example, a disputed issue as to contact between a father and his child with whom he no longer lives. The father sees contact to be in the child's best interests, and he probably also sees it as a matter of justice that he should see his child, particularly if he is providing financial support. The mother, for what may be a variety of reasons, sees contact as detrimental and contrary to the child's welfare. The child may have views and experts may be consulted, at the end of the day the judge must decide and explain her decision. If contact is denied, an unhappy father who cannot be persuaded to accept the decision may end up perching on a crane, throwing flour at the Prime Minister, or disturbing the clergy in the sanctuary of York Minster. Now this is a problem which may be amenable to a different procedural approach. Certainly courts in some other jurisdictions have had greater success than we have had in dealing with such situations without detracting in any way from the well-being of the child and from them we have much to learn. In the past I think we have been slow to profit from the experience of others and perhaps on occasions we have had, unjustifiably to good an opinion of our own procedures to be willing to consider change. I think there is also much to be learned by offering appropriate early help to families that will help to diffuse an insipient problem before it is taken root and is on its way to becoming intractable. As a judge I never understood why little effort was apparently put into preventative work and why it was seldom seen to be cost effective, despite the massive outlay occasioned by protracted litigation which probably could have been avoided.

Nothing however should derogate from the fundamental principal that the child's welfare is paramount. I do not believe that tampering with the Act to introduce anything like a statutory presumption of shared parenting or some requirement meting out percentages of the child's time to be spent with the parent with whom he's not living would serve any useful purpose whatsoever, and I have not known a judge to start from a premise other than that a child has a right to know both his parents.

In family law then, the line is clearly drawn and understood between the interests of the child and those of other parties. But is there such clarity in the day to day setting of a family and its life outside the courts? I do not think there is. Time was when the father's word was all powerful within the family and recognised as such outside it. To reach the age of 21

and independence symbolised by possession of the key of the door, was a milestone for every child and something to be celebrated after a long wait. Things have moved a great deal further on since those days. Adulthood is achieved earlier, not just in terms of age, but also in what is permitted to and expected of a child, that is someone who is under the age of 18. The child is now accorded much greater recognition as a person and his personal rights are enshrined in the UN Convention on the Rights of the Child 1989 and in the European Convention on Human Rights 1956. They include the right (as far as possible) not to be separated from his parents and with them he enjoys the right to respect for his private and family life, his home and his correspondence, which undoubtedly is a term wide enough to include text messages! The focus on the child, upon his rights as well as upon his welfare, inevitably has opened the door to tensions within the family and uncertainty as to where the boundaries lie, and without doubt the margins of parental authority have become blurred.

As never before, parents now find themselves subject to media pressure and open to what they may well understand to be criticism of their parenting ability. During the last few months alone, newspaper headlines have raged about such topics as smacking (with the implication of parental over-chastisement), about children's anti-social behaviour (parents not exercising sufficient discipline), about truanting (parents failing to ensure school attendance), about child obesity (parents providing the wrong food), and about debt and overspending (implying over-indulgence). Only a few weeks ago banner headlines declaimed that a girl as young as 12 could have an abortion without the knowledge, let alone the consent, of her parents. What are parents able to make of all this? Each of these topics are a subject of serious consideration and debate, but this is not always the way in which it is presented by the media. Yet it is through the media that many, perhaps most, parents will learn about these things and be informed. They certainly cannot avoid the headlines. Nevertheless, people, and politicians in particular, are quick to voice fulsome praise for parents in the difficult job they do. 'Family life is the foundation on which our communities, our society and our country are built' wrote Jack Straw in 1997 in his foreword to the consultation paper 'Supporting Families'. Sentiments in similar vein are scattered throughout that document in which there also appears the unequivocal statement, 'Parents raise children and that is how it should remain'. So in 1997 there came the acknowledgement that parents need and should have support. But not too long afterwards came some pretty drastic penalties should parents fail in their duty to raise their offspring properly. Parenting orders have been introduced, prison can await the parents of a truanting child and they can be ordered to pay compensation for the misdeeds of their children. A mother was recently ordered to pay

compensation of £30 to the victim of an assault by her 13-year-old daughter. The court pointed out that this did not amount to a criminal conviction for the mother but, in the absence of evidence to the contrary the finances of the child must be assumed to be dependent upon those of the parent or the guardian, and it was in the public interest that the financial penalty should be recovered from the parent.

There is no doubt that parenthood brings with it many duties and responsibilities but I come back to the shock horror headline featuring the 12-year-old's ability to have an abortion without her parents knowledge. As a statement of fact that is perfectly true. In law it has been the case ever since 1985 when Mrs Victoria Gillick sought, and was denied, an assurance from her area health authority that contraceptive advice would not be given without her consent to her then young daughter under the age of 16. The House of Lords determined that if the child was of sufficient understanding and intelligence then, regardless of age, she should seek and receive confidential medical advice and treatment. So if a 12-year-old is 'Gillick competent', she can receive contraceptive advice and, indeed, have an abortion. This was a result far from the one that Mrs Gillick desired. Research has now shown that more than a quarter of young people are now sexually active before they reach the age of 16, and no doubt in the light of that and because we have the highest rate of teenage pregnancy in Europe, guidance on the Gillick ruling has been reissued by the Teenage Pregnancy Unit. The press just could not resist a good headline. Of course, there are safeguards for the young person and of course she must be encouraged to confide in her parents or other trusted adult, but no guidance is forthcoming as to how to deal with the family. Now this is a document specifically addressed to doctors and health professionals, so it may be that guidance is to be found elsewhere, perhaps in a more appropriate place. And any guidance would be difficult to frame in view of the duty of confidentiality owed to the girl herself. But who is there to support the parents of the family, if they discover, by chance, what is afoot. Or if the operation goes horribly wrong, or if the girl subsequently has an emotional breakdown (I use the term loosely) for reasons of which they have no inkling, suppose the parents guess that something is amiss, they do not want to put pressure on their daughter, but they do need some support and guidance, to whom do they turn? This is an extreme case, and extreme cases must be treated with caution, but surely some parents must be confused at the very least. No doubt it is very desirable that sexual matters should be discussed within the family and there is evidence to suggest that if they are, then there is less likelihood of young people getting themselves into difficulty, or indeed of being sexually active at a very young age. Is not the subject of sexual education now generally on the school curriculum, and if so, is it

likely that parents may see themselves relieved of this particular responsibility?

Other anxieties must assail parents in the field of both health and education. The controversy over multiple vaccinations is one example. Then there is the problem of which school to choose (if there is an available choice); the pressure for good exam results (nothing new); the accumulating debts of the university student and the possible stigma to be borne if their child does not go on into higher education of one sort or another. Of course parents cannot be shielded from every anxiety and surely they would not wish to be. But is the situation reaching a point where the joys of parenthood show diminishing returns? Do parents have any rights as such?

The Children Act suggests that they do as it defines the term 'parental responsibility' to mean 'all the rights, duties, paths, responsibility and authority which by law the parent of a child has in relation to the child and his property'. From time to time the courts have considered what those rights may be but have basically come to the conclusion that, generally speaking, any right is embodied in the prerogative of the parent to fulfil the duty of parental responsibility. The parent must protect and provide a home for the child, secure his education, determine his religious upbringing and secure medical assistance for the child (it is an offence to fail to obtain medical aid for a child). True, the parent has the right to name the child, to consent to his having a passport and consent to his marriage. But Lord Frazer in Gillick expressed the view that parental rights do not exist for the benefit of the parents, they exist for the benefit of the child and they are justified only in so far as they enable parents to perform their duties towards the child and other children of the family. The Law Commission too has recognised the impossibility of providing a list of rights and duties contained in the concept of parental responsibility, they change constantly to meet different needs and circumstances as the Gillick case itself demonstrates. That said, it is hardly a worthwhile exercise to pursue further the question of parental rights and there is certainly no mileage in thinking about whether a child has any duty towards his parents.

Is it more appropriate then to pose the question, whether there is now an imbalance between the interests of children on the one hand, and those of parents on the other? I have wondered about this for a little time and then only a few days ago Mr Michael Howard was reported to have asked precisely that question when he announced his intention to set up a review of the Children Act and how it is currently working. I can only hope that any such project will have a predominant degree of independence and will not become a party political issue. It was a great strength of the Children Act that it emanated from the Law Commission and not from a political think tank.

With my departure from the chair of the NFPI, I have to confess that I am far more confused generally

about the position of parents than I was when I retired from the bench. As a lawyer, I would see parents primarily as parties to legal disputes or in the throes of a real problem in the realm of family law. They would not, then, be at their best but at least I would have a fairly clear idea of where they stood in relation to the law. My days with the Institute have given me a greater insight into the position of parents in the wider setting of ordinary day-to-day life and have brought with it far less clarity.

There are, however, two things that concern me (and now I am conscious that I speak without your expertise and knowledge). The first is with regard to the general law relating to parents, or rather the laws, rules and regulations that dictate their duties and responsibilities. Can they always be identified and easily found? I'm bound to say that I doubt it. A few moments ago, I referred to an offence of failing to provide medical care for a child. This is to be found in Section 1 of the Children and Young Persons Act 1933 that makes it an offence for anyone over the age of 16 who has responsibility for a child to fail to obtain medical aid for that child. Clearly this will include a parent, as it could also include an older sibling charged with the care of a young brother or sister. I doubt that it is a widely known provision and I suspect that there are many other laws and regulations tucked away in the Statute book and elsewhere – out of sight and possibly out of mind. I wonder whether the position, now, with regard to parents is somewhat akin to that of children before the passing of the 1989 Act. I do not suggest that as many statutes are involved or that a codifying statute like the Children Act would be either desirable or necessary, but at least a thorough trawl through the relevant legislation would have the benefit of bringing about clarity on this front. It would answer any question as to whether current statutory provisions are, in their totality, unduly oppressive and it would identify any gaps requiring to be filled. It might also inform those who might wish to consider the desirability of further legislation in relation to parents and enable them to put their proposals into context. This would be a

practical step that I think would yield more useful results for weighing in the balance the interests of parents against those of offspring. If this task has already been undertaken or is presently underway then I am delighted and I apologise for my ignorance.

Again, I tread on thin ice when I come to the second matter that concerns me. I have a sense of a degree of separatism in the provision of support and services to children on the one hand, and to parents and the wider family on the other. Perhaps I'm mistaken, but I do wonder whether agencies and organisations providing these respective services are always as closely in touch with one another as they could be. Are they, as it were, speaking to their opposite numbers? As a general rule, services that operate for the well-being of children will be beneficial for parents, and equally, children will benefit from the support their parents receive. The focus and emphasis will be different but both will strengthen the family and, presumably, are intended to do so. That being so, it seems to me, that to be really effective such support and services cannot be delivered in isolation, one from another. There needs to be cross fertilisation and there also needs to be at least some degree of consistency. For example, it cannot be helpful if advice given to children, other than on a confidential issue, is markedly different from the advice given to parents on the same topic. But how closely do organisations work together to ensure that this does not happen? Good practice should surely be common to all and as far as possible everyone should sing from the same hymn sheet. This, of course, calls for very real multi-disciplinary work, consultation and communication across the range of support and services provided for children, parents and the wider family and at different levels within them. It's a tall order but families do not exist in isolation – but those who work with them, in whatever capacity, cannot afford to do so either.

So, I've come full circle and conclude as I began with the premise so important to the Sieff Foundation itself, that multi-disciplinary work is key where families are concerned.

## 18. Children's perspective

*Roger Morgan OBE, Children's Rights Director,  
Commission for Social Care Inspection*

What I most want to do is convey, not my thoughts, but those of children. These are children's view, children's issues, not mine. I ought to explain a little bit about what I am and where I come from: the Children's Rights Director hosted by the Commission for Social Care Inspection. It's a statutory function; it covers England, not Wales or Scotland, with debates

about the Isle of Man. I have my own set of statutory regulations which set out the powers and functions that I have. I have a team who support me in doing that, one of whom advises me and has learnt the trick of telling people, 'Roger can do this under his regulations' – usually I can't! Both I and the Commissioner for Social Care Inspection – you met Dame Denise

Platt, our Commission Chair earlier in the conference – share that statutory duty. We are very proud of that statutory duty – to safeguard and promote (the proactive bit) the rights as well as the welfare of children. That is the first time that word rights has appeared in England. The term that we've used to define my role is that of children's auditor, and auditor in terms of the two meanings of that word. Firstly; listening to children, reporting children's views. The second; carrying out children's audits of the effectiveness of the Commission for Social Care Inspection.

So on children's views, lots of consultations, I'm going to share some views and selected highlights with you today, but we also produce reports like *'Safe from Harm'* which I think is very readable and that's because it is children's views, it's raw statements from children about risks, about safeguarding. I know one of the groups here yesterday was talking about the need for universal training subjects for anyone who works with or cares for children. Page 25 onwards is the curriculum from children for that – what should staff who look after us be taught, so I very much commend that to you. You can get it off the website.

Children's audits, that is proving to be very popular in the Commission when I tell them that my team will go and visit shortly after an inspection by the Commission to ask 'What did you make of that inspection?' 'Did the inspectors consult you?' 'This is what they found about where you are, is that what you think its like?' 'How did the process go?' 'Does the outcome of the inspection look right?' Three or four months later we will go back and ask the same children again, what happened, what difference did it make, what changed? My colleagues on the management board of the Commission say – it's in line with our vision of being child centred, but there's something short of abject enthusiasm. The groups of children that I consult with, and this differentiates my role from that of a free roving commissioner, is that I am consulting and working with children in one way or another living away from home, supported in one way or another by English local authority social services. They have a social worker and its about the welfare services and services that they receive. Welfare drawn very broadly, bit worried that there are some groups of children that get left out of all these sort of things about standards, regulations and consultations. I don't see a huge amount of children attending language schools, children in the armed forces etc.

Firstly we try where ever possible to invite children to be consulted with, to talk to us, to put their ideas to us at random, not the kind of groups of young people who are already in an existing group, or already involved, almost sort of politicised sometimes. We invite at random. We have themed consultations on particular topics, we have cue cards of issues to raise, but we also say to young people you can raise any subject or issue you wish. One example of that was the issue that Dame Denise raised earlier about overnight

stays. Children raised the issue in the consultations I was having with them, it wasn't something we'd thought of or raised first, they said there's this issue about not being allowed to go and stay overnight. That was one of the wins. The problem with consulting young people is everybody is into that; what we are not so into is doing something with and feeding back what came from it, even if we said, 'We tried that but Margaret Hodge said no!' Plagiarist reporting, producing reports which are what the children said, they are not my comments, not my team's comments. One young lady summed it up. She said, 'I've read it, it took me a bloody long time because you don't like full stops much, do you, and you like writing a lot'. But she did say – 'It was what we said.' We visit services; we select them at random to visit. Sometimes the young people decide they don't want to see us, sometimes they do, so very much how they want to play it. We carry out surveys, we've just completed one on boarding schools, pupils and parents views. We are in the middle of a major survey at the moment of foster care, foster carers and the birth parents – trying to link across those views. We hold conferences. We are holding one at Legoland not far round the corner from here, a junior conference. A lot of people consult the older children, we are having a younger children's conference next. We are in the process of setting up at the moment a Consultants Panel of Children and Young People, a rolling panel of randomly invited young people. Again, not a standing group, there's a comment among young people about consulting the quiet children so we are trying to select the quiet ones, not the ones that are always the spokespersons. Partners project we are just beginning. We are just about to write out to a lot of organisations, some of them represented in the room today, who are also very much involved in consulting young people to try and look at what the whole picture looks like. What issues we are looking at, and seeing if it is worth producing on a regular or occasional basis, an edited journal, messages for consultations with children and young people, partners project.

Childmark – I was at a conference, where we got to talk about star rating, one question was 'Do the children get to vote on these stars?' There were various erudite civil servants who looked a bit concerned! But this is the response to this, Childmark basically saying to the children, 'Is there something that is so good about this that you think, the staff or the services doing so well for children and young people, they ought to get an award for it?' The answer may be no, if the answer is yes then we will provide some sort of award or recognition of what the children have identified as good alongside whatever stars come.

I've had some fun with a dictionary; we've thrown lots of words around and I just want to have a revisit to some of these words. What does Consult mean? Seeking information or advice – I'm doing loads of that. Seeking approval or permission – there are a lot

or requirements in services in regulations, in standards, in guidelines and criteria for consulting children and that doesn't just mean trailing the idea – leaking it to the press to see if there is going to be an almighty explosion. It means seeking approval or permission – you take it into account. What does that mean? You consider along with other factors before reaching a decision, not afterwards.

In the legislation, Children Act uses the term wishes and feelings; what are wishes? According to the Dictionary: desires, hopes, wanting to do something, wanting someone to do something, wanting something to be done. The Dictionary also says that: 'things that cannot or possibly will not happen'. Please can we make sure that the last definition isn't the one that the children major on when I ask them, 'Did your wishes get taken into account?', by whatever service it is.

Feelings is the other word – emotional state, emotional responses or reactions, tendency to emotional response, your belief, your opinion. Really important you don't have to justify your feelings, they just are, its how you react, what's inside you. I think that's very important and I've been trying to get that word used a bit more freely in the Children's Bill as well. The Statutory requirement on us is to take those into account, not just say why. I am fed up with people saying lets be adult about it. Characteristic of a person who is fully grown or developed – OK big deal, it doesn't say 'sensible'. Childish – appropriate to a young human being, below the age of full physical development. Maybe not quite the terminology but then it does on and spoils it with 'silly' and 'immature'. I do not find the views and the ideas and the assessments of children and young people silly and immature. I very often find the reviews and the assessments, and the reactions of adults silly and immature. For me that goes to the heart of the children's rights – we talk about understanding, intelligence. Children have expertise and understanding, if I'm talking about what its like living in a particular service or what its like being a foster child or what its like living in a prison. Those children have expertise, they have understanding, they have a perspective, they have feelings and they have wishes about it. That's not silly or immature, that's factoring in front line views. Duties to consult children are there, we know about the Children Act one, and that's where wishes and feelings are, but remember some of these – this is the children's homes regulations 'its an offence not to involve children in these things, specifying consultation in the statement of purpose, not consulting a child and preparing their placement plan or reviewing their placement plan, the provider visitor not interviewing a child who wanted to see them, not consulting children and monitoring the home, not consulting children on improving quality of care, those are offences' – you can be prosecuted for those. Consultation isn't just an optional extra.

OK Some key messages from children, quotes

typifying what children were saying. 'Ask what we think – listen to what we say' Please can everyone remember these when investigating complaints – take what a child says as seriously as what an adult says.

Children tell me that people investigating things tend to assume that if an adult, especially a professional adult, says 'No, no they've got it wrong – it was like this' Then that must be the case. The child's got it wrong, the child didn't understand. As one child said 'Are adults naturally not liars?' Don't always believe an adult over a child. In consulting and talking, whatever settings or circumstances or subjects, listen to the quiet children too, not just the spokespersons, the ones who are incipient politicians, listen to the quiet children, the ones who aren't very articulate, the ones who don't normally come forward to put their points of view. Treat their worries confidentially, don't chat and joke about them. One child talked about 'the horrors of the staff room talking about me and thinking its amusing'. If I ask children, 'why don't you make a complaint, raise a concern?' 'Because they'll talk about it in the staff room, the teachers will chat about it.' 'Don't patronise us, explain so that we can understand, don't talk copy wax.' Post-Soham, I've come across quite a few older young children who say Soham has established a kind of image that children vulnerable to abuse are little girls, and I've had quite a few comments from a couple of groups in residential FE colleges, older young people and older boys worry about abuse too but its hard for them to say so.

Supervise, don't watch, I wanted that to be in the standards for residential care, when children are changing, bathing, washing, supervisors don't watch. The Minister at the time said that is not a standard, you can't have that, it is an aspiration. So I keep saying it instead, to do justice to the child who said it. I've yet to meet a group of frontline carers who don't know exactly what that means, even troublemakers have a point and need to be protected Let foster and adoptive children meet to talk about special worries and experiences. I held one group, in a town in the south east of England where I asked one question about fostering and it took three hours before I could get a break in the conversation. Because they'd never yet met together, I realised that I was the first person who'd brought this group of foster children from this big agency together and they wanted to talk and talk about fostering. They ignored me – it was great. 'Give us the choice of placement and another choice if it doesn't work out' Note everybody, choice, big political word that – how many placements get made because it's the only one we could find. Please we need a back-up choice. 'Advocates must agree with you, not mould your view' Not a lot of people knew what advocates were, but they worked it out from the American lawyer concept, somebody who speaks for you, quite a lot of junior people want our own staff to sort out our own problems fairly rather than necessarily go to external

consultation or complaints processes. How many times have I heard that – that's another of those open themes, whenever I talk to young people in the care system or leaving the care system, that one comes up, I guarantee. Can social workers follow through – do what they promised they would do, if they can't, don't promise it.

Back to placements – 'Keep asking us how we feel, don't place us and forget us'. I can relate to that first one. 'Doctors and nurses shouldn't be grumpy and make us more stressed' Check out risks but balance fun and risk, you cannot make everything safe. One child said to me – 'Do you really need a risk assessment before we go to the Indian takeaway down the road?' 'Do we need a risk assessment before we go bungy jumping?' There is somewhere between those two where you cross a threshold and say, 'Yes, actually you do.' There is a sensible balance.

Don't always put extended schools – Children Bill issue – 'Don't always put helping services in schools, our friends will see us using them' Please – everybody dealing with the Children Bill, can we remember that concern.

'Fire drills, they're good, they teach you to go out and come in again when a bell rings, they don't actually teach you how to save yourself, or anybody else in a fire?' Not silly is it?

NSPCC has just been raising the issue about if there's a child death that might have an abuse angle to it – its important to identify and follow that through because it may say something about risks to other children in the same setting. I'm looking at the moment where there is notification of a child dying from one of the settings that one of the standards commission regulates, I'm notified and a standard question I send back is, 'Have you checked out whether there is any risk implications for the other children there?' Everybody gets focused on the child who has just died, the cruel bit is that is now a forensic issue, the real issue is what about other children now? We have got to do both.

Common theme from children 'Tell us the information and actually that might make us more aware of risks and abuse' Whether you agree or disagree with that I think you have to address that issue, or think about that issue. Teachers teasing can be hurtful, bullying now very much more to do with verbal issues, social exclusion, but remember, staff, this jokey, jovial, nickname sort of banter, some children say 'God no' In the social services field – do we dump you

with strangers, do we expect you to feel safe and rely on us having got the police checks right and all the rest of it.

So this is about the Children Bill. Every child is different; no one is just a child. Do you want to be called a load of adults? Adults would like this; adults would do that. We are individuals whatever our age. Databases – the comments the children have made to me about the database proposals in the Bill are very much reflected by the issues that were raised in the committee debates in the House of Lords. Maybe because I'd sent them to them. Here's a quote 'If I've got a record for violence, or someone just writes I'm no good, does that mean medics can look at that when deciding whether I get a transplant?' I won't comment, just remember the spirit of that quote.

Just a few more; lawyers seem to have abolished fun between the Green Paper and the Children Bill Remember enjoying and achieving? It doesn't say that in the Bill, it says education, training and recreation at the moment. Valerie spoke strongly on that issue and I acknowledge that. We are going to keep briefing on it and I hope people will support. You can assess enjoyment – can you assess citizenship better than enjoyment for children? Some comments – Keeping active, keeping out of trouble, a wide range of activities, affordable transport to get there and back, less restriction on paid working, that's interesting.

Real issues – we have ascertaining wishes of those in need, that's in the Bill now, but it still doesn't have that word feelings in – anyone with any influence, please, could we have that word feelings in? Its still not recorded right the way through, why don't we record the children's wishes fully and have a statutory duty to do that, and it still doesn't extend beyond children in need during child protection enquiries for example.

Epilogue – well, we were talking about inspections, children's rights directors, Acts, Bills, commissions and commissioners, two final questions that come from children. 'Can they sort this for me?' – sort it; don't report it, which was picked up in a government document. 'Can they sort this for me?' – not write a report about it or have a government policy about it. When they've all been around and done their thing, have I (child or young person) noticed a difference to me? – That is what I'm asking children following inspections. I think we all need to start asking that question rather more than we do.

## 19. Children's Commissioner

*Peter Clarke, Commissioner for Children in Wales*

It's become very clear to me over the last few days that devolution has made a big difference, and the path on which we are embarked in Wales is now very distinct from the concerns that have been concerning you during the conversations I've been part of. But one thing you are likely to get is one of these – a Children's Commissioner of sorts and so I intend to use the first part of my half hour to describe my job, its role, its functions, its powers and all the rest of it. In the second half I hope to demonstrate it by reporting to you and sharing with you things that children have said to me and my reflections upon them. I would say that I do understand that it really is rather different now, what's going on in Wales is different, but when I speak to children in Wales their concern is very similar, and a lot of the things that Roger has said have been exactly what children have said to me.

So what is a Children's Commissioner for Wales, what is a children's commissioner? It has been described as an independent champion for the children and young people of my country, the independence is very strong and I believe very crucial. I have one eye on what's being proposed and I'm sure Anne will forgive me in England when I define what I think are the key points of its independence. In law which is envisaged for England also with their Commissioner, I am in officer role, corporation role, it's a constitutional form which gives me a true degree of independence and it means that my business and my daily work cannot be interfered with very simply through administrative devices. I do report to the National Assembly for Wales in the sense that I provide them with an annual report but that is not a permission seeking exercise. I meet regularly with the link Minister, Jane Hutt, the Minister of Health and Social Services, but again there is no permission seeking, it is purely an information exchange where I'm telling her what I'm doing and she is informing me of her initiatives of policy moves and the rest of it. That can help me in my job of championing for children, and its very, very important and very well guarded by all civil servants and everyone in Wales, that independence, and there are some very important reasons for it.

I can be removed from office. An important test of independence is who can get rid of you when you're troublesome. Very, very clear in the Act, I can only be dismissed under three sets of circumstances; the first two are obvious, if I resign or am too ill to continue and the third, in a phrase which is very apposite for a Children's Commissioner, is if I'm guilty of serious misbehaviour. Very strong independence and I can only be dismissed by the First Minister in Wales after a plenary debate so it is not something that can be done

covertly. It would have to be done in the public eye and in the public domain. I have the post for seven years and seven years only. There is no repetition; this is slight departure from the more common model across Europe where there are two possibilities of two 4-year periods or two 5-year periods typically. The problem with that is there is a temptation in the last part of the first phase to start being nice to people so they will reappoint you, and that's recognised by a number of my colleagues, luckily that temptation is removed from me.

I've already mentioned the National Audit Office. I'm accountable in that sense both for financial audit and for performance audit. So like all of you here I have to go through the rigmarole of having five year plans, targets and objectives and measurable outcomes. There are some interesting tensions there that have led to some interesting discussions including the wish to set up a flexible child centred organisation that isn't traditional and bureaucratic, and the requirements of being an accounting officer and what audit require of you for that and we continue to have constructive dialogue and creative tension being exhibited in that relationship. The budget I get was initially £700,000, its expanded over succeeding years to £1.3million which is actually quite a generous budget for an office of this sort given the child population of Wales. It enables me to employ 23 staff in two offices; one in South Wales and one in North Wales. The budget cannot be cut surreptitiously. It again goes to a full plenary debate of the National Assembly for Wales so they cannot get rid of me by death of a thousand cuts. They have shown no inclination to do that – there has been between 10 and 20% increase in my budget in each of the years that I've been in post. The independence is of crucial importance for two reasons, the first is that my role and remit extends to the National Assembly itself, both in its policy making and its executive functions. It would be very difficult to be properly independent and critical of the body who you report to, and so this way of making sure I'm independent of any direct managerial influence from the Assembly means that I can be robust in my criticisms of their policies. The language that I have used might suggest that I'm always going out to be critical and combative. In fact, we don't do that.

The office of the Children's Commission for Wales was launched on the biggest single political and organisational and professional consensus that Wales has ever experienced, every single political party wanted it. I have every interest in ensuring that that consensus lasts as long as possible. It is at the moment continuing. We have things like no anguish

agreements with the National Assembly. The press love to doorstep me, to get me to say something nasty about something that they've just asked the Minister for Children in Wales about. I will only answer, and where possible, I will tell the Minister immediately after what I have said, and we'll establish a dialogue, we try not to ambush each other. I do not think it's in the interests of children to rushing into conflict all the time. Children don't want me to do that, and I do genuinely listen to what they have to tell me. That's one reason for the independence, the second is more revolutionary potentially, having read Hansard and during the passage of the two Acts of Parliament that set up my post, there is a genuine intention in the minds of the legislators that over time and as we achieve the mechanisms by which we can do it, children and young people themselves should have increasing influence on the work of my office and perhaps ultimately control. When I explain the powers that my office holds, that are a very powerful potential and it is only possible if the independence is there to allow it to happen.

So that's the independence. The Champion bit is a lot more difficult! Anyone who knows children well, if you go round saying that you're their champion they will cut you down to size very, very quickly indeed. I see that as something like respect, its something that we are going to have to earn over a long period of time, I'll probably just achieve it as the seven years is up, and it can be lost very, very quickly and that championing role is something that I do not yet assume. We are actually commissioning research to have a look at our outcomes, where we are going to use random groups of young people to ask obvious questions like, have they heard of me? I suspect I'm going to get a nasty shock when those research results come back, but then not many of them will have heard of Mr Blair, or perhaps know exactly what his job is. So I won't be too hard on myself, but we need to make sure that we are getting through to enough children and young people and listening and engaging with enough children and young people so that one day they will actually say they will see this person – whoever is in the post – as being their champion. My own sons tell me it's a hopeless task, the first bit of advice to me when I got the job, was don't use the word 'cool' Dad. To be fair, I was given a good head start, and that head start really was embodied in the manner of my appointment. It's worth knowing as that has got to be addressed for the English Commissioner when he/she comes along. There were six short listed candidates. One at a time we were ushered into a room where sat twelve young people aged between 10–19. Those 12 young people conducted the interview in its entirety, they put questions to us that they had prepared, they asked supplementary questions and they scored our answers. There were two adults in the room who were there as goafers and also there supervising the process but not in any

way engaging in it. They certainly didn't speak during my interview, one hour and a quarter of very detailed questioning, such questions as, 'Do you like children?' 'Who are you accountable to if you actually get the job?' 'What do you look for in a young person who is actually stropky and rather nasty, how will you engage with them?' Very searching questions, the interview was conducted in a manner that was exemplary. You can see how old I am, I'd been through a lot of interviews on both sides of the table in my working life, the children in those interviews behaved better than any adult panel I have ever experienced. We were given a quarter of an hour break which was insufficient on emotional grounds before being ushered into another room where we were made to do a role play which another group of eight young people had devised for us, and they marked how well we did in the role playing. They then put on various plays and described various scenarios and asked us very searching questions about what our response was. As Roger says, some of the questions take your breath away with their apparent naivety but very great wisdom and depth. Obviously I think that of this group of young people because of the choice they ultimately made – a fine young group. So they got together this total group of twenty. At the end of the day they compared notes, and then they elected two of their number, they chose a young woman of 14 with special educational needs and a young man of 19 from the care system, who sat alongside the Ministers the following day for the full formal panel interview and they had full voting rights on that panel. That is the first time in the world, I've checked with Scandinavia, that children and young people have actually been involved so directly and meaningfully with the appointment of a public official at this level. A good start for me in my wish and need and actually responsibility to earn the right to call myself a champion of children and young people. So on those rainy Monday mornings in Wales, when I get up and wish I didn't have to, just remembering that that group of young people wanted me to go out there and do this job for them is something that motivates me on a literally daily basis. On the basis that the best teams are built through shared suffering, every one of my twenty three staff have been appointed by panels typically comprising 2 young people and 2 adults and the children have full voting rights. Only on one occasion has their been a split on generational lines about who to appoint. We discussed it particularly – it was a finance post – focussing on what the duties of the post were and how, although it was important that the post holder could get on with children and understand them it was more important for children that they got on with the auditor. So the funny language they used they had to be forgiven for!

In Ireland they went one step further, they involved children in creating the advert and the person specification, and the second of the two criteria for the person

they wanted to appoint, which appeared in all the national newspapers was 'must be humble'. I have never heard humility listed as something that was in an advert for a job at the £80–100,000 p.a. or any other job for that matter. Again my children told me, 'No chance – lucky you didn't get that in yours.' They are very cruel.

I have deliberately got one eye on what is being proposed in England here, so that no-one can actually tell me what issues I must look at, except the children and young people of Wales. No government minister can say, you should be off there doing that, no government minister can tell me what investigations I must conduct, no government minister can say whether my report is going to be published or not. I believe that it will be a serious impediment to someone's capacity to earn the respect and the trust of children if they know that you have to act often on the behest of politicians, and I think that is a serious and worrying element of what is being proposed in England.

So what are the powers and responsibilities? It is very enabling legislation and the responsibilities are quite few. I have to have, must have, full regard for the UN Convention of the Rights of the Child in everything that I do. I must try and ensure that as many as possible of the 700,000 young people in my country know what their rights are under the UN Convention on the Rights of the Child. That is a duty laid upon me, it is not negotiable. I have to produce an annual report. We aim the text of this at the average 12-year-old, and we hope that therefore politicians may understand some of it also. Very early on we had no logo so we did a competition throughout Wales. 115,000 packs sent to every school, youth club and the rest of it. 5,000 entrants, the winner a 12-year-old girl with the logo of a dragon sheltering two young people and she won a pretty good prize for that, but the other entries were also very powerful and we're going to use them during my 7 years as ways of illustrating the annual report. In the annual report, I am given the responsibility again of picking up on some key issues that children and young people themselves think are important. The first year I focused in on child poverty. For addressing child poverty, our very first recommendation was that they should do so, that they should set up a group to devise such a strategy, they did so within two weeks of publication of the report. The second annual report highlighted CAHMS, we have a very good strategy in Wales called 'Everybody's Business' it is a wonderful strategy but it has received no funding, literally no funding at the point when my report was published and that is in distinction to England where at least the money has gone in. The political fuss that followed the publication of my second report resulted in an initial £1 million for CAHMS in Wales and more to follow. We are therefore going to be careful what we ask for because it looks like we are going to get it! We are very outcomes focussed here in our discussion,

that's the outcome just of producing the annual report; it says lots of other things too.

The other thing that I have to do, I have to involve children and young people directly in the work of my office. That is very challenging and I don't think we have got nearly as far as we should have done yet. But the sort of ways we are doing it, I have a dedicated team of staff called Communications, whose responsibility is to do just that, we have email clubs and we have outreach work. I go into schools as often as I can and talk with groups of young people. We have a blackjack club, which is a sort of moderated internet site, and we are now investigated text messaging as a way of children getting in touch with us. We are also just about to role out, and I am really cross with the government – what we were calling our ambassadors in schools, I think

I'm going to have to drop the word ambassadors because it seems to me that being put in front of Asberg has given that word a rather different connotation. But the idea there is that we will ask children in schools, starting in primary schools, in Wales to act as our ambassadors, the Commissioner's ambassadors, and to also feedback to us children's views and opinions about things. When this is really up and running I see it being in every school in Wales so that we can very quickly harness children's views on particular issues that are in the public domain. That is another part of my responsibility, to literally represent what children think on issues of various sorts, and they often have surprising views to us adults, I also have a responsibility to pay special regard to the needs and feelings in children and young people in groups that we adults find hard to reach, asylum seeker children, children in care, traveller children. I was astounded to find there are an estimated 3,000 traveller children in Wales, that's the same number as there are in public care, and yet there are few bits of information, reports and services available for them. The powers are quite strong, they are primarily to get information from people, and they derive from Sir Ronald Waterhouse's concern that in North Wales several reports were written and others that never came into the public domain. I have very strong powers to require information from all devolved services, be they the National Museums Council of Wales or social services, education; and I mean every tier of education including schools, the health service. I am encouraged through the Act but not constricted or restricted to look at complaints, whistle blowing and advocacy for children and young people. I've conducted a number of reviews around individual cases. So the power is there to require information. At its strongest, if people have stopped me in the exercise of that power I can register a contempt of court in the High Court. I have actually done that once, we lost technically but the judge was sufficiently exercised by the individual concerned, who was the leader of a council in Wales, that he did not award him costs. It was effectively therefore a

£12,000 fine but the law of contempt is a rather difficult thing. But the power is there and I've demonstrated that if I think it is appropriate we will use it. We can do systemic reviews so we have done a review foretelling concerns of complaints, whistle blowing and advocacy, in all the twenty two local authorities in Wales. We approached this in the conventional way in the sense of questionnaires and we did interviews with all the people at a senior level. We then in a less conventional approach, chose groups of young people in various of those authorities who used or were potential users of those services, and asked them what they thought. A very informative difference in perspective then arose, that report had some thirty odd recommendations, 90% of which were implemented. Because so far the office has high credibility in Wales the outcomes are very good, people are acting on our recommendations and the politicians, to give them their due, of all parties are treating them with the utmost seriousness, they get debated quickly and things are happening quickly.

The strongest thing I can do under these powers is to hold what is in effect a public enquiry. We have on the 1st July published this report, which was into sexual abuse in a school setting by a drama teacher over a period of years. This drama teacher went onto a career to produce one of the most successful ever Welsh language programmes ever on TV which was focused on life in a fictional comprehensive school. There are sixty recommendations in that report and it is being discussed by a full and special emergency plenary debate in the Assembly on the 27 September 2004. There were 6,700 pages of evidence. I had to, in some ways, act as a High Court Judge, which I am not qualified to do, but I chaired this enquiry. Luckily I had an extremely capable and competent Queens Counsel to the enquiry and my deputy is a solicitor. I think at one stage we were getting threats of judicial review at the rate of three a week, so it has been a very intense learning experience. It has established that we are prepared to use the strongest powers we have in the proper and appropriate circumstances, and that we can come out with recommendations that I do think are applicable across the border as well. We found that the examinations board in Wales had received complaints for five consecutive years about the sexual content of A level practicals at this school and had done nothing whatsoever about it. They had not seen child protection as anything to do with them. We have the power to hold a public enquiry, to require witnesses to come before me and give evidence on oath. If they obstruct, the law of contempt can be used.

What children tell me. I spend a lot of my time talking and listening to children. I have a golden rule that I sometimes only achieve by talking to my own children, and with the advent of my youngest son's 18th birthday, that's out. So the neighbour's children are going to get pressed into service. Half a day a week I like to spend in the company of young people. What

sort of champion is it that spends all their time at conferences and in meetings but doesn't actually talk to the people, the constituent group they are meant to be championing for? There are whole numbers of ways I talk to children. I go into schools. I invite them in. There are some key messages coming from children and young people, some of which have surprised me and I'll share them with you now. By far the biggest single issue that children in all age groups across Wales tell me, whether they are in special groups or not, is the fact that they do not feel respected by us as an adult community. Of course they feel respected by individual adults, their parents, their carers, teachers, youth workers, but the general way in which they hear us talk about them conveys the impression that, at least, we are deeply ambivalent in our feelings towards them and, more often than not, that we are actually quite hostile and we seem incapable of talking about our young without talking about control issues. I go on the radio and can guarantee the first five callers on a phone-in, whatever the topic is about, will want to talk about bringing back caning, undermining of parental authority, and ultimately of how children are wrecking our bus shelters and the very foundation of our civilisation. Children hear this. There are many shops in Wales that say 'only two children at a time' they are all going to steal, aren't they? Our restaurants and cafeterias (besides those that are targeted for exploitation reasons at children) are very unfriendly places for children and young people and in many ways so are our supermarkets and a whole range of other environments. Young people are telling me that they get the impression that we don't really like them very much and we are rather frightened of them. Frankly, in the youth justice and social disorder debate some of the language that ministers and others have used is simply disgraceful in that context. If ever there was a time when we needed a degree of moral leadership and a degree of political courage with regard to the way in which we view our young – this is it. There is no necessary progression, I believe, from the fact that many communities have a fear of their young people to ASBO's and punitive responses. An example, in a mid-Wales town, a new town, they were trying to recreate a law that came from the 19th century that allowed them to impose a curfew after 9p.m. for any of the citizens. The reporter for the Western Mail was sent up there expecting to find the streets of Beirut. He found three 15-year-olds sitting around the village monument with skateboards, and because there was nowhere for them to skateboard they had been doing it down a particular hill and a skateboard had gone out of control and gone through the local greengrocers window. The response was a curfew? What are we doing here? When I asked the reporter, 'Well, has anyone asked them about a facility for skateboarding?' He looked blank. This must not be our knee jerk response; there is no necessary link.

I find that people, when you actually talk to them

about engaging with young people, at least starting by trying to give them something to do, it came out they are actually up for this. They are actually willing to listen about ways in which their fears can be both reassured and practical things that can be done to help them live alongside the children and young people in their community. I am not saying that there is no problem with some young people, and I'm not saying that when we engage with young people, we as adults do not sometimes have to lay down the boundaries. I don't think they mind that as long as we are talking to them, as long as we are engaging with them. In fact, I think we have a responsibility to do it, time is running out, but I do think that we must get better at negotiating with children and young people. Consultation is a word we are using increasingly but I rarely hear us talking about negotiation. In a situation where both parties have rights negotiation is a very useful word and I think it also conveys a respect by each party if it is done well. Which would help us to try and reassure our children that we don't all see them as demons.

I has come up in our debates here about the Children Bill and its incoherent, some of the language, on the one hand from the justice end, and on the other hand from the welfare end. We need to sort that out in our hearts and minds before we start pontificating to others about winning hearts and minds. So we need to look internally as well as outwith. Just to echo what Roger said. I have heard quite a lot about consultation but it still tends to be en-passant in the conversations that we have had here today. It's my belief that we are going to address some of these major concerns of children. We need to engage them as partners, and we need to make sure that people who are delivering service and planning them have the negotiating skills to negotiate with our young. In that way, we convey

our respect to them. To do the things that Roger said, not just listen, but listen and act and tell them honestly, the one thing young people want from us is honesty, it goes with respect. I want it. You want it. I don't think anyone respects me who has consistently lied to me and we mustn't do that, we particularly mustn't do it, because we are lying to ourselves about what it is that we can offer children and young people. So if we are on a hearts and minds battle, let us start with us, let us start with our own clarity, where do we fit on this spectrum of ambivalence about young people. I have ambivalent feelings, I am sure that we all do.

Children and young people need to be listened to. I think that given the opportunity and, given the support for very young children, the voice of every child matters. Every child is willing to talk; if adults give the opportunity they will take it. We have been talking a lot about low cost, no cost, we've been talking a lot about using our resources. I believe the single biggest untapped resource we have at our disposal is our children and young people. If we can evolve and find ways of negotiating with them in schools, in partnerships, in planning, ways that are not going to bore them and turn them off. One governing body was considering having children on the board of governors but said they didn't want to do it because it was too boring. Well change the meetings, make them less boring, it will be better for all of us.. So please, always, put the child and negotiating with children at the middle of these plans. It is not a one off and done for ever exercise. The five outcomes have been no doubt derived from conversations with children but conversations don't end there, they must go on – it may be that there are other agendas that children and young people will want to bring to our attention. We need to be able to listen and to act at every level.

## 20. Summary of Recommendations

The following recommendations were drawn from the discussion groups and open forum. In line with the current agenda the recommendations are directed at all concerned parties and not specific groups or sectors. Everyone has their part to play in promoting, publicising and/or implementing the recommendations.

### **With regard to delivering effective children's services**

- A long-term strategic vision is required over the full 10 years in a staged, manageable process with key milestones and responsibilities. The Government should have a vision that reflects the rights of children as set out in the UN Convention and this

should be reflected in the policy directions of *all* departments.

- A phased programme of clearly defined priorities within the CfC outcomes framework alongside the NSF for children to ensure appropriate and realistic embedding nationally to include all children with additional needs e.g. more than five hours of education for children not in school
- A national entitlement to age appropriate constructive activities for all children and young people both after school and in holidays either within the school premises or at an alternative location or setting defined against a set of benchmarks
- The very considerable emotional needs of young people between 14 and 25 years of age (respecting

gender differences) require greater attention in all services for children and young people, in particular an understanding of attachments, to enhance the transition to adulthood and parenthood. It is an important part of this facilitation to seek children's views, as well as to provide pro-active advocacy for those who need help to access appropriate services. For those young people who are offending it is essential to integrate the satisfaction of their welfare and therapeutic needs with addressing offending behaviour.

- While the value of innovation and evidence base for services is recognised, we advocate that those structures that are proving of value, such as the Assessment Framework, are developed and used on a multi-disciplinary basis, with the guiding principle of evaluation and evolution firmly in mind. The routes to accessing services should be clearly signposted for all users, with a consistent expectancy and understanding of what should be available.
- The development of joint commissioning processes will be fundamental to achieving the change agenda. Government should provide more guidance, more information and enable more experimentation in identifying a preferred commissioning process, using the information from consultants, emerging practice and the experience of adult services. Effective Children's Plans will depend on getting this right.
- Children deserve robust evidence based interventions that will achieve all outcomes. Research into children's needs and welfare should include government funded longitudinal studies across the child's life span and should address the needs of all children, including the most disadvantaged. Research findings should be disseminated in a comprehensible manner to managers and practitioners to inform locally based audits and outcomes for children and practice with children and young people. The main aim of research studies into children's welfare should be to inform preventative strategies.

### **With regard to information strategies**

- A national chronological database on all children with specified guidance on access including children, young people and families to ensure accuracy of information.
- Clear detailed integrated legal guidance from the DCA on the legal context of information sharing to be agreed by all government departments, regulatory and professional bodies and unions
- The issue of confidentiality, sharing information and recording need clear practice guidelines. These must start from the perspective of children and families. They need to address how to gather information needed to monitor and evaluate work, including research. Also the needs of frontline staff,

including foster carers, for adequate information to undertake their roles.

These guidelines should acknowledge the genuine conflicts that arise in serious child protection cases where professionals may have opposing views about what information is shared. Having guidance should reduce the need for legal advice but recognise that sometimes this will be needed.

### **With regard to the workforce and training**

- It is an essential pre-requisite for those managing and commissioning services that they should have the professional skills and first hand experience to equip them to be fully aware of:
  - The needs of children and young people and the need to promote their aspirations;
  - Good practice in the delivery of services; and
  - The necessity of using and interpreting an evidence base for effective service provision.

This is particularly pertinent to the social work profession whose standing and expertise deserves greater inter-professional recognition.
- Local Transformation should be delivered on the ground in the 150 Change Programme Areas – through local training programmes for practitioners and front line managers from all agencies, heads of schools and clinicians, funded from SR 2004 ECM money as a dedicated change management support programme for each local programme.
- High quality regular child focussed supervision (or mentoring or consultation) be provided for all who work with children and families to include
  - i. monitoring the child's progress;
  - ii. driving and reviewing the quality of practice; and
  - iii. providing a learning experience
- An outcome based approach to children and young people requires the highest level of professional competence from those working with children and families in all agencies/ sectors. The establishment of the Workforce Unit is to be welcomed as well as the development of the common core competencies. As well and the emphasis on the development of skilled practitioners, attention needs to be given to the development of consultant posts in social care to parallel those in medicine and nursing. Work will be required on developing new career structures, continuing professional development accreditation, pay and conditions to ensure there is a critical mass of such professionals in social care.
- If children's outcomes are to be improved, it is essential that those who are responsible for children in care and accommodation (including residential care, custodial care, and foster care) have appropriate training for the provision of care to our most vulnerable children.
- In order to maintain and improve the quality of frontline practice:

- a. standards of supervision/evaluation should be established across the disciplines by the relevant professional bodies and Departments (DfES DH HO)
- b. compliance with these standards should be the first priority of the managers of the services and the Inspectorates

### **With regard to public relations**

- The agenda must be marketed and publicised nationally to engage communities and professionals. The process must empower consumers of all services to children and their families (including special categories i.e. travellers, service children, asylum seekers, children in prison). The agenda must be promoted as a change for and with ALL children and needs to be actively promoted to produce local champions at all levels
- We who work with children, young people, and families should continue to 'bite at the heels of government' in pursuit of better outcomes for children – for example, in relation to physical punishment, age of criminal responsibility, children in custody, and an independent role for the Children's Commissioner in England. This must include doing all that we can to inform the public in order to create strength of opinion that cannot be ignored.
- To promote positive images of the work done by children's service (and to counteract negative portrayals in the media):
  - designated staff member (s) of regional government and/or change agents should have responsibility and funding in order to aggregate and disseminate the range of good practice, statistics, good news stories and outcomes within the Children's Trust
  - such good news should be publicised locally in the media and perhaps sent to every household in the area
  - by contributing to the body of knowledge help in the Commission and for local authorities

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## List of Participants

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<b>Kate Burgess OBE</b>	Director, SSAFA
<b>Julia Burns</b>	Director of an educational trust supporting children with special needs
<b>Hamish Cameron</b>	Honorary Consultant Psychiatrist at St Georges Hospital and Hon. Senior Lecturer at St Georges Medical School
<b>Peter Clarke</b>	Children's Commissioner for Wales
<b>Shannon Clarke</b>	Head of Placement, Wiltshire's Department of Education & Children
<b>Hedy Cleaver</b>	Professor, Royal Holloway, University of London
<b>Christopher Cloke</b>	Head of Child Protection Awareness at the NSPCC
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<b>Andrew Haines</b>	Chief Executive, Boys and Girls Welfare Society
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<b>Jean Harris-Hendriks</b>	Consultant in Child and Adolescent Psychiatry, Traumatic Stress Clinic, London
<b>Lady Elizabeth Haslam</b>	Founder of the Michael Sieff Foundation
<b>Margaret Hodge MP</b>	Minister for Children, Young People and Families
<b>Baroness Valerie Howarth OBE</b>	Deputy Chair of the Children and Family Courts Advisory Support Services (CAFCASS)
<b>Rupert Hughes CBE</b>	Chair of the Michael Sieff Foundation Conference Group
<b>Rob Hutchinson</b>	Director, Portsmouth Social Services
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<b>Tom Jeffery</b>	Director-General and Board Member of the Children, Young People and Families Directorate, DfES
<b>David Jefferies</b>	Trustee of the Michael Sieff Foundation
<b>John Kemmis</b>	Chief Executive, Voice for the Child in Care (VCC)
<b>Eva Learner</b>	Training consultant
<b>Margaret Lynch</b>	Recently retired Professor of Community Paediatrics in SE London
<b>Roger Morgan OBE</b>	Children's Rights Director, Commission for Social Care Inspectorate
<b>Angela Mukhopadhyay</b>	Inspector of Schools, OFSTED
<b>Tink Palmer</b>	Central Co-ordinator, Stop it Now! UK and Ireland
<b>Alison Paddle</b>	Social Work Tutor at Lancaster University
<b>Claire Phillips</b>	Project Manager, National Service Framework for Children and Maternity Services, DoH

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<b>Dame Denise Platt DBE</b>	Chair, Commission for Social Care Inspection
<b>Michael Plummer</b>	Headteacher of Box Highlands Primary School
<b>Mary Pooley</b>	Assistant Director, Sure Start Unit
<b>Arron Poyser</b>	Head of Inspection of CAF/CASS across England and Wales
<b>Gillian Pugh OBE</b>	Chief Executive, Coram Family
<b>Bob Reitemeier</b>	Chief Executive, Children's Society
<b>Malcolm Richardson</b>	Chairman, Family Proceedings Committee Magistrates' Association
<b>Wendy Rose</b>	Senior Research Fellow, Open University
<b>Hilary Samson-Barry</b>	Department of Health
<b>Steven Stanton</b>	Extended Schools Sure Start Unit, DfES
<b>Daphne Statham</b>	Consultant. Practice improvement in children's services
<b>Sarah Stewart-Brown</b>	Professor of Public Health, Warwick Medical School, University of Warwick
<b>Robert Tapsfield</b>	Executive Director, Fostering Network
<b>Penny Thompson</b>	Executive Director of Social Services, Sheffield
<b>Judith Timms OBE</b>	Policy consultant, National Youth Advocacy Service
<b>Jane Tunstall</b>	Professor of Social Work, Royal Holloway, London University
<b>Eileen Vizard</b>	Consultant child psychiatrist, specialising in child abuse work
<b>Chris Warren-Adamson</b>	Senior Lecturer in Social Work Studies, Southampton University
<b>Amy Weir</b>	Deputy Director of Social Services for Somerset
<b>Liz Wharfe</b>	Consultancy across public sector specialising in inter-agency working
<b>Richard White</b>	Solicitor and Chair of the Michael Sieff Foundation
<b>Sarah Williams</b>	Consultant on child welfare issues and organisational development
<b>Sharon Witherspoon</b>	Deputy Director, Nuffield Foundation

