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### Original Citation

Blyth, Eric (2005) Children and Social Welfare: Recent Changes in England and their Implications for Social Work. In: Taiwan Social Policy Society Conference, 23rd May 2005, National Taiwan University, Taiwan. (Unpublished)

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## **Children and Social Welfare: Recent Changes in England and their Implications for Social Work**

**Eric Blyth**

### **Introduction**

I began my social work career in England in the early 1970s shortly after a major national reorganization of social work services. Formerly separate local authority Children's and Welfare Departments – the latter primarily dealing with adults in need of social work and other welfare services - had been merged to form unified social work agencies. For the last thirty years these Social Services Departments have provided the main organizational basis for the provision of social work services for children. While some NGOs provide social work services to children in the UK, their overall role in the provision of social work services is considerably less than in Hong Kong. Other children's social work services are provided by the education welfare or education social work services of local authority education departments, although the role of education welfare officers or education social workers is largely confined to dealing with truancy – and often in a law enforcement capacity - and there has been little success in developing a wider school social work role as would be recognisable in other countries .

The main reason for sketching in this background is that this system is all about to change, so children's social work in England is currently in a state of considerable turmoil.

What I intend to cover today is to look at the failings of the existing system, the proposals for change and some outstanding issues.

Before moving on I need to make clear that I will be talking about England rather than the whole of the UK. The reason for this is that, for historical reasons, there have always been three different systems for the provision of social work to children in the UK. There are separate systems for (1) England and Wales, (2) Northern Ireland and (3) Scotland. While services and the legislative framework in England and Wales are broadly similar, Northern Ireland and Scotland each have their own legal system. So in the UK we have four countries, three systems.

Since I don't have time to cover historical developments in any great detail, my chronology for change will start in 1997, when the Labour Party (or 'New' Labour as it had redefined itself, to distinguish its new manifestation from its - presumed to be unelectable - socialist past) under Tony Blair became the party of government. From the beginning, New Labour expressed concerns about the level of "social exclusion" in the UK and growing social division after nearly 20 years of Conservative Party rule:

“We came into office faced with a historical legacy of growing social inequality and some deep-seated problems. One in three children were living in poverty, and long-term unemployment – particularly long-term youth unemployment – was unacceptably high. We also saw growing numbers of people suffering extreme problems such as rough sleeping, and we had the highest rate of teenage pregnancy in Western Europe. While wealthy areas prospered, some neighbourhoods were left behind, blighted by unemployment, crime and poor services” (Tony Blair, MP, Prime Minister: Foreword to Social Exclusion Unit, 2004).

### New Labour and “joined-up solutions to joined-up problems”

One of the new government’s first actions was to set up the Social Exclusion Unit; children and young people were among the first group on which the Unit focused. The Unit’s first report in 1998 focused on truancy and school exclusion (1998) followed by reports in 1999 on teenage pregnancy and 16-18 year olds who were not in education, employment or training. The Unit quickly identified cracks in public provision through which too many young people were falling. What is also important is the philosophy adopted by the Unit, to reduce social exclusion by producing “joined-up solutions to joined-up problems”. The catch-phrases “joined-up problems” and “joined-up solutions” appear regularly in New Labour rhetoric and are designed to reflect that social problems are inter-related rather than existing in isolation and so require inter-related and co-ordinated solutions and are integral to another New Labour flagship policy, to modernize public services.

The challenge to service providers, and particularly to social workers, is to identify accurately and sensitively those families who may benefit from services. Social services assessments of children in need living with their families have tended to focus primarily on issues of abuse and neglect and the developmental needs of children have not always been recognised (Department of Health, 1995; Cleaver *et al*, 1999). Research and inspection reports (Sinclair *et al*, 1995; Social Services Inspectorate, 1997) highlighted the variability of social work assessments of children in need:  
practice differed within teams in social service departments and between departments;  
the child was not the focus in some assessments; and  
assessments were not always used to determine the plan for the child.

For years there had been calls for social workers and other professionals to work more closely and more effectively with each other; none of which appeared to have made a great deal of difference. Inquiries into the serious injury or death of children at the hands of their parents or carers regularly identified a failure to intervene early enough and the same failures of inter-professional and inter-agency collaboration:  
poor co-ordination;  
a failure to share information;  
the absence of anyone with a strong sense of accountability; and

frontline workers trying to cope with staff vacancies, poor management and a lack of effective training. (HM Government, 2003).

Such failings of co-ordination are probably not too surprising given the plethora of services for children that currently exist. In 2004, PricewaterhouseCoopers reported on an exercise it had undertaken for the government investigating the 'market for children's services'. It commented on the sheer number and range of different services. There was "not a single market but rather a complex series of individual markets which are characterized by areas of overlap between services and providers, and varying degrees of co-operation and integration" (PricewaterhouseCoopers, 2004: 2.1.3).

Nineteen different services/function areas identified:

**Adoption.** Services associated with the legal transfer of a child to a new parent or family on a permanent basis.

**Behaviour Support.** Services associated with learning support and behaviour improvement, primarily in schools.

**Child and Adolescent Mental Health Services (CAMHS).** Specialist and multidisciplinary services for children with mental health needs.

**Child Care.** Services that provide alternative arrangements for parents/carers whose children require short term care and supervision.

**Child Health Promotion.** An extensive range of services provided by a number of professionals, all aimed at health care needs of children.

**Children's Centres/Sure Start.** Services providing support to infants, children and parents, including early education integrated with full day care, parental outreach, support for parents with special needs, and health services.

**Children's Homes.** Services providing residential accommodation for children who are looked after.

**Connexions.** Service providing integrated advice, guidance and access to personal development opportunities for young people aged between 13 and 19 in order to help them make a smooth transition to adulthood and working life.

**Education Psychology.** Services engaged with the promotion of children and young peoples' emotional well-being, achievements, progress and inclusion within the educational and social context.

**Education Welfare.** Services primarily aimed at improving attendance at school and assisting in the reduction of unnecessary absence and truancy.

**Family and Parenting Services.** Services that support families and parents to raise children.

**Fostering.** Services associated with the placement of a child within an alternative family.

**School Improvement.** Includes school inspection services and more general support and advice.

**Social Work and Social Care Services for Children.** Broad range of services for children, young people and families as defined by the Children Act 1989 and including functions such as child protection.

Special Educational Needs. Services for children and young people who have learning difficulties that require special educational provision.

Special Schools. Schools that provide education and support to pupils with statements of Special Education Needs, normally at the severe end of the spectrum of need.

Speech and Language Therapy. A range of educational and non-educational services aimed at improving the speech, language and communication skills of children and young people.

Strategic and Operational Management. Services aimed at the planning, design, delivery and management of front line services.

Youth Services. Services aimed at supporting young people in respect of their personal development needs.

Neither is this a complete list. In addition to agencies such as the police, whose remit also includes children, mainstream schools and youth offending services are also missing from this list.

Given the failure of past rhetoric to achieve effective inter-agency co-ordination, the government had begun to try more radical measures, looking at both structural change as a way of delivering more 'joined up' solutions and setting standards and targets for public services.

Indeed, the growth and persistence of large, central and local government stand-alone bureaucracies, such as education and social services departments, health and police services, and housing and young offenders departments – each with their own internal divisions and professional specialisms – has been seen to be very much part of the problem. While part of the solution has been to see these major central and local government agencies pooling their talents, skills, resources and expertise in a common drive to put children and their needs at the centre of the picture, the integration - rather than collaboration or tighter co-ordination – of services and their respective workforces has come to be seen as a key component of the solution to persistent failures of the whole system to achieve improvements in children and young people's wellbeing.

Two of the government's early exercise in structural reorganisation were 'Connexions' and 'Youth Offending Teams'. Drug Actions Teams had already been established in 1995.

Connexions brought together the former separate youth service and careers guidance, to form a unified service offering careers advice, youth work and other services for young people aged between 13 and 19, through a single personal guidance system operated outside schools. The new service recruited former youth workers, careers advisors and a number of qualified social workers from education welfare and education welfare services and other children's services, thus contributing to already high vacancy rates within children's social work services.

Youth Offending Teams were created within the overarching purview of the Youth Justice Board. Integrated within a newly-reconstituted youth justice service, Youth Offending Teams brought together seconded professionals from education, social services, police, health and probation under the aegis of local YOT managers, themselves directly employed by the Youth Justice Board. One work of caution - to which I will return later in relation to future developments - is the inherently punitive approach towards young offenders promoted, in particular, by the previous Home Secretary (Minister for Justice), David Blunkett. Blunkett prided himself on his tough stance on juvenile crime, and in public, the new Home Secretary (formerly Secretary of State for Education) Charles Clarke gave an early indication that there will be no change of direction under his leadership.

Drug Action Teams actually pre-date New Labour's drive to counter social exclusion, having been established in 1995. There are now 150 Drug Action Teams in England ; they are local partnerships charged with responsibility for delivering the National Drug Strategy at a local level, with representatives from the local authority (education, social services, housing) health, probation, the prison service and the voluntary sector. So they have extensive experience of, and have generally been regarded as a successful model for, delivering the multi-disciplinary 'joined-up' approach.

The National Service Framework for Children was inaugurated in 2001 with the setting up of a number of working groups were charged with looking at different aspects of care settings and different groups of children. These include the health of all children, maternity services, child and adolescent mental health services, disabled children, children in special circumstances, hospital and acute services and the use of medicines with children.

The overall aim of the National Service Framework for Children is to set national standards and methods for improving the delivery of social care and health services for children, young people and maternity services. Closer integration of services is implicit within the development of its overarching aims. Two sets of national standards have been published to date:

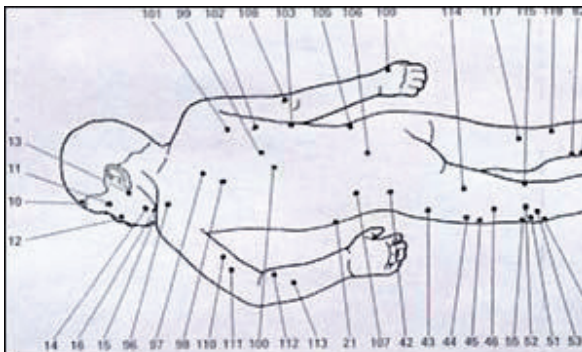
the National Service Framework for Children's Hospital Services (April 2004), which recommended a series of improvements which would entail substantial input for children from social care, education and early years experts

the National Service Framework for Children, Young People and Maternity Services (September 2004), which set out national standards for the first time for children's health and social care, which promote high quality, women- and child-centred services and personalised care that meets the needs of parents, children and their families. Its ten year programme intended to stimulate long-term and sustained improvement in children's health.

So there was already a strong push for structural reorganization and the setting of standards when the murder of eight year old Victoria Climbié by her aunt and her aunt's partner proved a major catalyst for reform of children's social work services.

In November 1998, Victoria Climbié, then aged seven, and speaking no English, left her home in the Ivory Coast to live with her aunt, Marie-Therese Kouao. Kouao was then living in Paris but she moved to London shortly after Victoria joined her. In July 1999 Kouao and Victoria moved in with Carl Manning, a London bus driver. Almost immediately, Manning started to mis-treat Victoria. Victoria was seen in various hospitals on several occasions. Given the hospitals' suspicions about the cause of Victoria's injuries, despite Kouao's explanations, Victoria was referred to the police and to the social services department. On 24 February 2000, Victoria was admitted to hospital suffering from a combination of malnutrition and hypothermia. She died on 25 February 2000. The Home Office pathologist who subsequently examined Victoria's body found 128 separate injuries and scars, many of them cigarette burns; he described it as "the worst case of child abuse I've encountered".

"Victoria was known to no less than two housing authorities, four social services departments, two child protection teams of the Metropolitan Police Service, a specialist centre managed by the NSPCC, and she was admitted to two different hospitals because of suspected physical harm..... These services knew little or nothing more about Victoria at the end of the process than they did when she was first referred to Ealing"



A police diagram of injuries on Victoria's body

At the subsequent trial of Kouao and Manning, a catalogue of neglect and torture was revealed. The prosecution accused the child protection authorities of being 'blindingly incompetent'. Following sentence of Kouao and Manning in January 2001 to life imprisonment for Victoria's murder, the government set up an independent public inquiry, chaired by Lord Laming (Laming, 2003). The inquiry examined not only the specific failings in the Climbié case, but also scrutinised the child protection system. The comprehensive failure of so many agencies – nine in all – to co-ordinate their services and to miss taking action on at least 12 separate occasions when they could have intervened and possibly saved Victoria's life, led inevitably to strengthened demands that services for all children be better integrated. Laming recommended major changes to the child protection system in England, the government accepting either absolutely or 'in principle' 106 of the inquiry's 108 recommendations.

*Every Child Matters* and the Children Act 2004



The government's response to the Laming Report was swift. In June 2003 a second-tier government minister in the Department for Education and Skills, Margaret Hodge, was appointed Minister for Children, Young People and Families, with a brief to co-ordinate policies across Government.

A Green Paper, *Every Child Matters*, was also published by the government in September 2003, setting out its plans for reform of children's services.

*Every Child Matters* also set out five outcomes for children and young people as the components of well-being and the purpose of inter-agency co-operation:

being healthy;  
being safe;  
enjoying and achieving;  
making a positive contribution; and  
achieving economic well-being.

In a subsequent document (*Every Child Matters: Change for Children*, 2004 p. 9) the government specified what these outcomes mean in practice, identifying 25 specific aims for children and young people and the support needed from parents, carers and families in order to achieve those aims:

*Being healthy*

Physically healthy  
Mentally and emotionally healthy  
Sexually healthy  
Healthy lifestyles  
Choose not to take illegal drugs  
Parents, carers and families promote healthy choices

*Being safe*

Safe from maltreatment, neglect, violence and sexual exploitation  
Safe from accidental injury and death  
Safe from bullying and discrimination  
Safe from crime and anti-social behaviour in and out of school  
Have security, stability and are cared for  
Parents, carers and families provide safe homes and stability

*Enjoying and achieving*

Ready for school  
Attend and enjoy school  
Achieve stretching national educational standards at primary school  
Achieve personal and social development and enjoy recreation



Achieve stretching national educational standards at secondary school  
Parents, carers and families support learning

Making a positive contribution

Engage in law-abiding and positive behaviour in and out of school

Develop positive relationships and choose not to bully and

Discriminate Develop self-confidence and successfully deal with significant life changes and challenges

Develop enterprising behaviour

Parents, carers and families promote positive behaviour

*Achieving economic well-being*

Engage in further education, employment or training on leaving school

Ready for employment

Live in decent homes and sustainable communities

Access to transport and material goods

Live in households free from low income

Parents, carers and families are supported to be economically active

Following consultation on the government's proposals, the Children Bill was introduced in the House of Lords on 3 March 2004. It was described by the then Secretary of State for Education, Charles Clarke, as: the "most far-reaching reform of children's services for 30 years.... [to] maximise opportunity and minimise risk" for every child and young person. The government further described its proposals as a: "whole-system change needed to support more effective and integrated services, which will: secure a shift from intervention to prevention; and meet the needs of the most vulnerable" (*Every Child Matters: Change for Children*, 2004 p. 12).

The Children Act 2004 secured Royal Assent on 15 November 2004.

The main provisions of the Children Act 2004 are:

To establish the post of Children's Commissioner - which will bring England in line with the rest of the UK - to be a voice for all children and young people. The Commissioner will be responsible for drawing on children's views and making sure they are fed into policy and service. The Commissioner will also advise government, and, at the direction of the Secretary of State, investigate individual cases that have wider relevance for children. The Commissioner will be independent of government but report annually to parliament via the secretary of state. It is expected that the Commissioner will be appointed in early 2005;

To place a duty on Local Authorities to make arrangements to promote co-operation between agencies and other appropriate bodies (such as voluntary and community organisations) in order to improve children's well-being (where well-being is defined by

reference to the five outcomes), and a duty on key partners to take part in the co-operation arrangements;

To place a duty on key agencies to safeguard and promote the welfare of children;

To place a duty on Local Authorities to set up Local Safeguarding Children Boards and on partner agencies, including housing, health, police and probation services, to take part. Local Safeguarding Children Boards will replace Area Child Protection Committees, which have not functioned as well they might because of lack of resources for child protection and lack of senior management commitment, and will co-ordinate the functions of all partner agencies in relation to safeguarding children;

To place a duty on Local Authorities to appoint a Director of Children's Services, and also to designate a Lead Member for Children's Services, with responsibility for all relevant functions – including the arrangements to secure co-operation and establish Local Safeguarding Children Boards;

To make provision for indexes or databases containing basic information about children and young people to enable better sharing of information;

To place a duty on Local Authorities to draw up a single Children and Young People's Plan to be in place by April 2006

To create of an integrated inspection framework and the conduct of Joint Area Reviews to assess local areas' progress in improving outcomes;

To put stronger requirements on Local Authorities to manage and monitor the statutory notification system for privately fostered children (children who are cared for by someone who is not a parent or close relative by an arrangement made by the parent).

To place a duty on Local Authorities in their role as the corporate parent to promote the educational achievement of children in public care;

To enable local authorities, primary care trusts (health care services) and others to pool budgets into a Children's Trust;

To integrate key services for children and young people under the Director of Children's Services as part of Children's Trusts. The key services that should be within the Trust are:

The local education authority – potentially all education functions, including the education welfare service, youth service, special educational needs an educational psychology, childcare and early years education, and school improvement;

children's social services – including assessment and services for children in need such as family support, foster and residential care, adoption services, childcare, advocacy services and child protection, and services for care leavers;

Community and acute health services – such as community paediatrics, services commissioned by Drug Action Teams, teenage pregnancy co-ordinators, and locally commissioned and provided Child and Adolescent Mental Health Services. They could also include speech and language therapy, health visiting and occupational therapy services concerned with children and families;

Other services which may be part of the Children's Trust include Youth Offending Teams and the Connexions Service.

To create an integrated inspection framework to assess how well children's services work together;

In a policy document accompanying the Children Act, *Every Child Matters: Change for Children*, the government has outlined other measures to improve service provision to children. Key measures include:

The establishment of a Common Assessment. Children may receive many assessments during their childhood. Health visiting teams make assessments of health and development in early childhood. All children receive a baseline assessment in the first year of primary school and secondary schools are increasingly introducing individual learning plans. Children referred to other services including social services, Connexions, Youth Offending Teams, education psychologists, etc are subject to assessment. There are two major problems with the present system:

children with multiple needs may be subject to multiple assessments by different people, each collecting similar information but using different professional terms and categories. However, the core information does not follow the child. This is not only an inefficient use of resources, but also alienating for the child and family who have to provide similar information to different professionals referrals may be made to social services without a proper assessment of the child's needs. As a result, social services may be overwhelmed with inappropriate referrals, and children and families may undergo initial assessments unnecessarily. Other professionals already involved with a child, such as pastoral staff in schools, who may already have a trusting relationships with the child or parent, may be in a better position to discuss initial concerns with a child or parent, and work with them over time, than a social worker with whom the family has had no previous contact.

To deal with this issue, the government is proposing the development of a common assessment framework that will draw on the current assessment framework used by different professionals and services working with children.

Formal recognition of the role of schools in service provision: "Schools and headteachers will be key strategic partners in shaping the pattern of local services" (*Every Child Matters: Change for Children*, 2004 , 3.8) – while this is a traditional view of the central role of schools in the lives of their students and their communities it was a focus that became diluted if not lost altogether under previous Conservative administrations' encouragement of a market economy in education, which gave undue emphasis to educational attainment at the expense of other functions. To this end the government will be promoting the integration of education, health and social care services for children through extended schools – acting as the hub for services for children, families and other members of the community, and offering students and the community a range of services (such as childcare, adult learning, health and community facilities) in addition to their core educational function. Full service extended schools will also be developed – the government has set a target for every English LEA to have at least one full service extended schools by 2006. Full service schools will offer a core of breakfast clubs and after-school clubs, childcare, study support, family and lifelong learning, health and social care, parenting support, sports and arts facilities, and access to information technology.

Improving the relationship between universal and specialist services. The proposed increasingly-integrated universal services will be expected to work together with targeted and specialist services for children with additional needs, for example, children with disabilities, children whose parents have mental health problems or children who need to be protected from harm. The key features of an effective working relationship between universal and specialist services are:

high quality multi-agency assessment;

a wide range of specialist services available close to home; and

effective case management by a lead professional working as part of a multi-disciplinary team.

Finally, it has to be acknowledged that, primarily as a consequence of the UK's strong economic performance in recent years, the government has invested – and is planning continuing investment – heavily in public services. And it also claims that savings will be made as a result of more efficient service delivery and reduced duplication.

### **Critique**

While the Children Act has generally been welcomed, three areas have received specific criticism:

The decision to make local authorities only responsible for boosting the educational achievements of children in public care is questionable. Given that schools are in a better position to achieve this, responsibility should at least be shared equally between schools and local authorities.

The powers given to the Children's Commissioner are far less-reaching than in Scotland, Wales or Northern Ireland. So this may limit the impact of this new service on children's welfare. Children's lobby groups argued for a more explicit link to be made between the work of the Commissioner and the UN Convention on the Rights of the Child

The failure to include an absolute prohibition on physical punishment of children.

### **Policy critiques**

Tensions between policies. Although homelessness, unemployment, teenage pregnancy, school dropout and offending are often linked, and policy structures in all areas reflect this, there are some tensions between different policies and it is uncertain how these will be resolved through 'joined-up' policy development. For example, the labour market driven aims of New Deal and Modern Apprenticeships are to a certain extent in conflict with education initiatives which aim to encourage young people to stay in education. Given the hard-line Home Office policies towards young offenders, there may be tensions between the agendas to which Youth Offending Teams work and those of the wider child care community. On the other hand, if Youth Offending Teams are not

integrated as part of the Children's Trusts, the positioning of welfare principles and considerations within the youth justice system may be further weakened. The integration of child care services within an educational context – where attainment is seen to be the dominant culture – may create perverse consequences working to the disadvantage of the former. The comparative autonomy that head teachers of schools have over budget and staffing, and the extent to which they are professionally skewed toward "league-table" based *educational* achievement is, too, seen as a threat to social care principles (Clode, 2004). So, it is an open question as to how these tensions will be resolved in practice.

Which direction? Some commentators have suggested that if the intention of the government's reforms was to enhance preventative work and strategies for young people, then closer collaboration with the education services is the right road to follow. However, if the objective was to limit the incidence of child abuse and enhance child protection work and strategy, then closer structural collaboration with local primary care teams might have been a more fruitful direction to take (Clode, 2004).

Relationship between targeted, specialist interventions and universal, mainstream, interventions. The relationship between targeted interventions and mainstream provision needs to be examined more closely. School education initiatives for young offenders, for example, need to be linked to mainstream education. Supported housing for homeless young people and other at-risk groups needs to be closely linked, through appropriate move-on accommodation, to the mainstream housing market (Bynner *et al.*, 2004).

Centralisation v local flexibility. Historically, the present government has shown considerable interventionist tendencies with regard to local services. So a central debate regarding the development of Children's Trusts will be about the extent to which their structure will be centrally determined and how far these will be influenced by local needs.

Targeting disadvantaged communities. The focus of policies has been on urban communities and several initiatives have been based on areas seen as in greatest need – such as highest rates of offending, teenage pregnancy, etc (i.e. usually inner-city areas). Although such programmes are an efficient means of supplying a range of services, vulnerable young people who live outside the designated areas may miss out on them. Thus area-based strategies relating to homelessness need to be adapted to reflect the problems in sparsely-populated rural areas, where the scarcity of housing provision may combine with a lack of specific support services (Bynner *et al.*, 2004).

Targeting vulnerable groups. Some key components of the new policies are clearly benefiting most young people for whom they were primarily intended - for example: young people provided with learning mentors under the 'Excellence in Cities' programme - a targeted programme of support for schools in deprived areas of England.

It provides resources and a programme of strategies focused on teaching and learning, behaviour and attendance, and leadership that is delivered locally by schools working in partnership with their LEA.

young people receiving Educational Maintenance Allowances, weekly payments of £10, £20 or £30 dependent on household income - plus periodic lump-sum bonus payments- are paid to anyone over the age of 16 remaining in education at school or college (excluding university education). The allowance is to cover items such as travel costs, books or equipment. Payment of the allowance is dependent on two factors; the recipient's regular attendance and household income:

Level of household income:	
up to £19,630 per year [approx HK\$290k]	Weekly EMA - £30 [approx HK\$150]
£19,631 - £24,030 per year [approx HK\$290k – 350k]	Weekly EMA - £20 [approx HK\$290]
£24,031 - £30,000 per year [approx HK\$350k- 440k]	Weekly EMA - £10 [approx HK\$440]

However, there is a risk that targeting criteria mean that some young people who could benefit from these services will not necessarily receive them (Bynner *et al.*, 2004).

Age limitations. Most of the policies employ age-limitations. Connexions is designed primarily for young people aged between 13 and 19 years. This structure reduces continuity of support from the primary school years and closes off access at a time when many vulnerable young people may still have a strong need for it. Many initiatives for teenage parents also end at 19 years. Youth Justice Board provision for young offenders does not extend beyond age 17. Again, while these new policies and systems represent an important step forward in approaches towards children and young people, some young people who would benefit from services may not receive them because they do not meet eligibility criteria.

Information exchange between agencies. The key to greater integration must be successful ownership, access to and transferability of sensitive information between professionals and agencies. However, not only, are there legal and potential civil rights impediments to be overcome, but different professions and agencies still have markedly differing cultural approaches to the gathering and sharing of information. They also have profound differences over the way they interpret what they may, or may not, do with the information they possess. Greater clarity over the scope of data protection legislation, the depth of professional/ethical codes of practice, and the compatibility of data-sharing with existing human rights legislation will become an urgent necessity as integration initiatives gain their inevitable momentum (Clode, 2004)

Uncovering hitherto unmet need. For example, Sure Start has shown itself a model for excellent preventative work, but “it has uncovered a whole level of unmet need that exists which hasn’t been bad enough, or recognised, in the past” (Association of Directors of Social Services, cited in Clode, 2004).

Providing the workforce to deliver the services. Implementation and expansion of new programmes is limited by their ability to recruit appropriate staff. Initially there has been a tendency to draw experienced workers from other services. This has been a particular criticism of the Connexions Service, which has recruited experienced social work staff away from work with children in need and child protection, thus depleting them. The most recent national social services workforce vacancy rate (2003) is 9.2% - down from 11.3% the previous year, although vacancy rates are higher in inner-city areas, and particularly London. The President of the Association of Directors of Social Services has said that 50,000 more social workers would be required to reduce the annual turnover rate to a ‘normal’ level of 5% (Andrew Cozens, ADSS Presidential speech, Brighton, October 2003, cited in Clode, 2004). While the government has acknowledged workforce problems and has introduced measures to address this, including making working with children a more attractive career option, the scale of the problem is immense and will not be resolved quickly. Since this measure is heavily dependent on resourcing, the long-term nature of its resolution it is particularly prone to a change in economic fortunes or a change of government with different priorities.

Will the proposed major structural and managerial reorganizations improve everyday inter-disciplinary working? NB reorganization is a common response to problems.

Finally I want to make a brief reference to the United Nations Convention on the Rights of the Child and its implementation on the UK.

The UK signed the Convention on 19 January 1990 and ratified it on 16 December 1991. The Convention entered into force in the UK on 15 January 1992, although it entered a number of ‘reservations’, including those concerned with immigration and citizenship (which means that some children will not acquire British citizenship, even when one of their parents may be British); protection for children in the labour market, and placing young offenders in adult penal institutions.

Much progress has been made in promoting children’s rights in the UK since the UK ratified the Convention. However, there are still areas where improvements can be made:

Taking account of children’s best interests

There are still many areas where children’s best interests are not afforded paramountcy - health and safety and environmental issues; the health service and its institutions; penal policy or practice (whether for young offenders or for children whose parents may



be imprisoned); housing provision (for example, there is no best interest principle to challenge the placement of children in 'bed and breakfast' accommodation); education (for example, although high numbers of children are excluded from school and children from some ethnic minorities disproportionately represented, they may not appeal against their exclusions; they have no rights in choosing a school and school choice appeals; Special Educational Needs assessment, placement decisions, reviews, reassessments and appeals do not have to have regard to children's best interests). Similarly, although the Children Act 1989 provides for the views of children to be listened to, this does not extend to other areas of their lives.

### Children in the criminal justice system

Within the UK ages of criminal responsibility – 8 in Northern Ireland and Scotland and 10 in the rest of the UK – are among the lowest in Western Europe. Within the European Union only the Republic of Ireland (7 years) has a lower age of criminal responsibility. It is 13 in most of the rest of Europe, while Belgium and Luxembourg have the highest ages at 18 years. At the same time the UK incarcerates more young people than most of its European neighbours. There are around 2,500 young people in prison, including those on remand as well as those who have been sentenced children. The number of young people in prison has doubled over the past decade.

Young people held in custody have historically been denied entitlement to mainstream services under the Children Act 1989, to health provision from local health authorities, and to education services from local education authorities and which are accessible to other children. It took a High Court case brought by the Howard League in 2002 to establish that the Children Act 1989 and the Human Rights Act 1998 applied to young people in custody (Howard League).

There has been a growing antipathy towards intervention with young offenders which are perceived as 'too soft' and portrayed as 'treats for naughty kids' in the media and by politicians.

The Crime and Disorder Act 1998 introduced more punitive policies:  
local authority curfew orders for children aged under 10;  
abolition of the rebuttable presumption of *doli incapax* for children aged 10-14 years.  
Prior to the Crime and Disorder Act 1998, there was a conclusive presumption that children under 10 were incapable of evil (*doli incapax*) or incapable of committing an offence, and a rebuttable presumption that children aged 10 to 14 were *doli incapax*. For 10 to 14 year olds this means that the prosecution not only had to meet the normal burden of proof, it had also to show that the child had what was termed a 'mischievous discretion'. The government's case is that 'in today's sophisticated society, it is not unjust or unreasonable to assume that a child aged 10 or older can understand the difference between serious wrong and simple naughtiness, and is therefore able to

respond to intervention designed to tackle offending behaviour' (The Stationery Office, 1999, p. 180).

Critics argue, though, that the effect of the Crime and Disorder Act is to reject the notion that children should bear an increasing responsibility for their actions in favour of a view that they acquire responsibility suddenly at the age of 10 – an age justified as 'appropriate' by the government on the basis that: 'It is in the interests of children and young people themselves to recognise and accept responsibility and to receive assistance in tackling criminal behaviour' (The Stationery Office, 1999, p. 180) -

'We now have a law which holds that a person is completely irresponsible on the day before his tenth birthday, and fully responsible as soon as the jelly and ice-cream have been cleared away the following day' (Tony Smith, cited in Bainham, 1998, p. 487).

#### Children in alternative care

Increasing concern throughout the last decade into the quality of residential care for children led to two national independent enquiries resulting in recommendations concerning the recruitment, selection and appointment of staff and arrangements for staff supervision and appraisal (the Utting Report [Department of Health, 1991]; the Warner Report [Department of Health, 1992]). Despite remedial efforts, the poor quality of residential child care remains the focus of continuing government concern.

#### Physical punishment of children

'Reasonable chastisement' remains a defence for a parent who subjects a child to physical assault, thus exposing the government to charges of double standards, since: physical assault is a criminal offence is perpetuated on an adult physical punishment has been abolished in UK schools and: 'The Government's policy on the physical punishment of children is that it has no place in the child care environment' (HMSO, 1994, p. 67),

As I have already noted, the government resisted considerable pressure to include in the Children Act 2004 a prohibition on parental chastisement

#### Children living in poverty and widening socio-economic divisions

Poverty and widening socio-economic divisions strike at the heart of any attempts to improve the well-being of children. Poverty denies children the rights of citizenship; the right to respect and value as a member of society (Department of Social Security, 1999). However, despite Britain's affluence, nearly a third of all children in Britain continue to live in poverty. While a number of positive measures have been introduced or extended to improve the lives of poor children – e.g. establishment of the minimum wage, the working families tax credit, grants for teenage mothers in education, the Child Trust

Fund - these are increasingly undermined by a punitive and non rights-based approach to welfare.

#### Asylum seekers

The Green Paper *Every Child Matters* (HM Government, 2003) described asylum-seeking children as being among the most disadvantaged in our country. Yet government policy creates this disadvantage: asylum-seekers are prevented from working, thus enforcing their dependence on welfare; legislation permits segregated accommodation centres for asylum-seeking children and their families; asylum-seeking parents are not entitled to the same level of support as other destitute families. In response to what it perceives as majority public support for a hard line on asylum seekers and public declarations that the UK will not be a 'soft touch' for 'bogus' asylum seekers, an uncompromising approach towards asylum seekers, including those with young children, is expected to continue.