# extraordinary lives

Creating a positive future for looked after children
and young people in Scotland

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# Contents

# Ministerial foreword

At the heart of this review are the experiences of children, young people and adults who have been looked after by local authorities in Scotland. Many have achieved excellent results and become independent and successful, despite a difficult start in life. I asked the chief social work inspector to conduct this review because I am determined to make sure our public services are ready and able to support all our looked after children to realise their full potential.

Services intended to safeguard and promote the welfare of looked after children have not always been as good as they should be and our expectations of looked after children are often far too low. The challenge for us now is making sure we can help all looked after children make the most of their strengths and talents. They need people in organisations and communities that believe in them and who can care for them with commitment and skill. This review leads us in a new direction, by showing us that when looked after children have access to high quality services and are supported by skilled people who care about them, their lives can change for the better.

I want to be sure that looked after children are part of the vision for all Scotland's children: that is to be successful learners, responsible citizens, effective contributors and confident individuals who are safe, nurtured, healthy and active, achieving, respected and responsible and included. We must have the same hopes, expectations and commitment to looked after children as we have for all our children. In a Scotland where every child matters, we want all our children to achieve their potential and to be able to celebrate success in their lives.

This report complements wider work being undertaken by the Scottish Executive seeking to understand better and provide more support for looked after children, arising from the short life working group I have been chairing and which will report shortly.
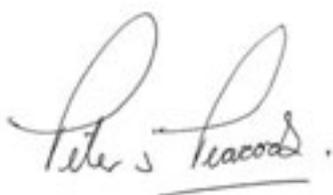
**Peter Peacock**

Minister for Education and Young People

## Acknowledgements

# Executive summary

The purpose of this review is to demonstrate what good care for children and young people who are looked after by local authorities looks like, to identify good practice and to recommend in what ways care can be further improved. It is intended for everyone who is concerned with looked after children and their families; elected members, local authority staff, staff in voluntary organisations, private providers, foster carers, health professionals and those involved in developing and improving children's services.

We consulted almost 200 young people and adults. We collected examples of good practice, reviewed policies, examined government reports from the Kilbrandon report (1964) to spring 2006 and considered the findings of research studies. We commissioned separate studies to find out more about kinship care, looked after children's daily activities, the legislation relating to looked after children in Scotland and the health of looked after children. Finally we asked 32 young people to tell us about their experiences.

**This review has six key messages.**

i. **Looked after children can overcome adversity in childhood and lead successful adult lives.**

ii. **Too many adults have low expectations of what looked after children can achieve. Children and young people can do well when they are cared for.**

iii. **Relationships with skilled adults can help looked after children and young people develop successfully.**

iv. **Children and young people looked after away from home need stability and the chance to put down roots. Being moved frequently from one care setting to another is damaging and often restricts their access to education and health care.**

v. **Tackling the disadvantage and discrimination still experienced by many looked after children requires planning at every level in a local authority and between them and their partners in delivering children's services. Champions are needed to make sure that local authorities and their partners provide the best possible care.**

vi. **Developing an understanding of what children and young people think about services intended to help them supports effective engagement and long-term service planning.**

Some people regard looked after children and young people as a group who both have, and cause, problems. This review challenges that negative stereotype. There is nothing inevitable about looked after children doing less well in education, having poor health or being involved in crime. The young people who contributed to this review told us about their successes at school, in their relationships and in their employment. Their experience of care ranged from fostering, kinship care, residential care, secure care and prison. However, we conclude that the responsibility for the needs and hopes of looked after children and young people cannot rest solely with carers and staff at the front line. Local authorities need to recognise their role as a corporate parent and act on it at a senior level. The care and well-being of looked after children is not solely the preserve of social work staff, but of all the departments of the local authority and its partners in delivering children's services. One fifth of the population of Scotland lives in rural communities. This presents challenges for services supporting families and providing care for looked after children in rural areas, in terms of transport, access to services and resources.

There is a wide range of initiatives by central and local government designed to help and support all children and young people in Scotland. However, the longstanding patterns of particular disadvantage experienced by looked after children require specific and targeted intervention. **In this review we identify the best outcomes and ways forward in the care of looked after children. These will come from changes made by local authorities and their partners with the support of the Scottish Executive.**

Involving looked after children in their own care and in the wider policies of the local authority and their partners helps to enhance their skills and sense of responsibility and in the longer term improve services. Looked after children are not a homogenous group. The term 'looked after' includes children who are subject to supervision and live with family members as well as looked after and accommodated children who live with foster carers or in residential schools or care homes. We recognise that these are not discrete groupings, children move between them. This review is primarily concerned with children and young people who are cared for outwith their own families. They have different needs and some experience additional discrimination by virtue of their race, disability and sexual orientation. Careful assessment and planning is essential to meet the specific needs of each child.

There are strategic management and resource implications for central and local government in providing the best possible environment for looked after children and young people. However, the provision of good care in childhood, combined with effective aftercare, which supports them into young adulthood, can give them and their families very different future life experiences.

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**1**

# Introduction: A review of looked after children in Scotland

*Our children are our future. That is why we have committed ourselves to creating a Scotland in which every child matters, where every child, regardless of its family background, has the best possible start in life.*

Jack McConnell, First Minister (2001)

**The aim of the review**

**1.** This review is about a small but significant group of Scotland's children and young people (1.1%), those who for a variety of reasons are looked after by local authorities. We looked at the range of children's experiences, their daily routines, their relationships with carers and professionals. We found what made a positive difference to children and young people's experiences of being looked after and to them in their future lives.

**2.** The review is intended for everyone who is concerned with looked after children and their families; elected members, local authority staff, staff in voluntary organisations, foster carers, health professionals and those involved in developing and improving children's services.

**Our approach**

**3.** We spoke with 100 children and young people who came from half of all local authorities in Scotland. We also met with 75 carers and staff who worked with children and young people, their social workers and children's rights workers. We looked at the legal and social contexts for children and young people in Scotland today.

**4.** Attention to the rights of children evolved in the 20th century. They were set out in the United Nations Convention on the Rights of the Child (1989), which came into force in the United Kingdom in 1991. All of the rights contained in the Convention are meant to be enjoyed by every child without discrimination. The Convention is a wide-ranging document, which includes concerns about the welfare of children and child protection as well as giving voice to citizenship claims on behalf of children. Article 12 has particular importance for looked after children:

> *State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.*

**5.** Ensuring that looked after children are heard and consulted about all aspects of their lives remains a critical challenge, vital for their current and future welfare and happiness.

**How the review was done**

**6.** During the review we:

- analysed local authority statistics in respect of looked after children

- asked professionals who work directly with looked after children and young people about the strengths and weaknesses in current services

- consulted staff in local authorities, voluntary organisations, health services and other interested groups to hear their concerns and priorities for looked after children and young people

- collected examples of successful, innovative or specialist work in Scotland which improve outcomes for looked after children and young people

- reviewed policy and practice in public services for looked after children

- looked at work within the Scottish Executive, which will affect how services for looked after children are delivered in future. This included modernisation of the children's hearings system; examination of the role, practice and organisation of social work in the 21st century; the child protection reform programme; the review of policy and law on adoption; work to develop a framework for integrated inter-agency assessment and action to protect and support children affected by parental substance misuse

- considered the findings of recent inspections carried out by Her Majesty's Inspectorate of Education (HMIE) and the Care Commission

- asked children, young people and adults about their experiences of being looked after, reported in *Celebrating success* (Happer et al. 2006)

- commissioned separate studies into areas where we needed to know more:
  - kinship care
  - looked after children's daily activities
  - their health and emotional development
  - the law affecting children and young people.

**How the review was written**

**7.** We brought together all this work to learn about the lives of looked after children and young people. Chapters 2-7 end with:

- suggestions to improve services
- a summary of key issues
- suggestions for further reading
- web references for useful contacts and organisations.

**8.** The young people who contributed to the review were insightful, not just about their own experiences of being looked after but also about those of other young people. They identified key themes concisely. Throughout the report we have used their own words to illustrate certain points. The names used are fictional but the words are those of the young people, without whose enthusiasm and help this review would not have been possible.

# 2

## Looked after children in Scotland today

> *I mean you have to understand why you're in this situation, … and that there's nothing you could have done and that maybe this is the best thing that could have happened to you.* (Ross)

## Context

**9.** The Scotland Act 1998 (schedule 5) sets out the national commitment made at the time of devolution to working towards a fairer society for all Scots.

> *The prevention, elimination or regulation of discrimination between persons on the grounds of sex or marital status, on racial grounds or on grounds of disability, age, sexual orientation, language or social origin or of other personal attributes, including beliefs, or opinions, such as religious beliefs or political beliefs.*

**10.** Scotland has serious problems of alcohol and drug misuse, poverty, violence and self-harm both in the cities and in rural areas. Glasgow has one of the highest murder rates of any western European city (The Herald 27 March 2006). Scotland has a prison population on average amongst the highest of any European country. The Scottish Executive has responded to these issues with a number of strategies to reduce suicide, violence and enhance educational opportunities.[1] However, there are still inequalities in health, employment and education.

**11.** A number of research studies (Scottish Executive 2002c) tell us that children who become looked after are mostly drawn from families who live in areas of deprivation and disadvantage. In addition to experiencing loss, separation and family conflict, children who become looked after are likely to have had reduced opportunities in many areas of their early lives.

**12.** The growing complexity of modern society appears to be affecting the welfare of all children in the United Kingdom. Two studies (Meltzer et al. 2004 and Griffiths 2005) have concluded that the mental health of British adolescents has declined over the last 30 years, a unique trend, since other countries experienced stable levels of child and adolescent mental health problems during this time. Griffith's study notes that:

> *Adolescence is the most tumultuous period of life. Young people must learn new social roles, develop new relationships, and manage enormous physical changes and far-reaching decisions about their futures, yet the attendant mental health issues are often ignored* (2005:4).

**13.** Research by Griffiths shows that adolescent emotional problems such as depression and anxiety have increased since the mid 1980s. Adolescent conduct problems show a steady rise for both boys and girls over the 25 year study period "*Most striking is the fact that rises in mental health problems have occurred despite improvements in economic conditions and physical health*" (2005:8).

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1 The Choose Life Project (2006) has made a significant impact in reducing the suicide rate in Scotland, the Safer Scotland campaign has launched (February 2006) a violence reduction programme which includes a knife amnesty and there are a number of strategies in place to enhance opportunities in education for all ages.

**14.** The studies found that children from poorer families have a greater risk of experiencing mental health problems. Family discord and stressful life events are positively linked with mental health issues. The studies also identified that certain groups of children are at greater risk of experiencing mental health problems, *"children with severe illnesses, disabilities and learning difficulties, looked after children, the young homeless and young offenders"* (Griffiths 2005:8).

**How many children are looked after?**

**15.** Local authorities and the Scottish Executive collect annual data on looked after children. The term 'looked after' includes children who are living at home and children living away from home in foster or residential care. At any one time, the number of looked after children varies, as children start and stop being looked after. The number of children starting to be looked after during the financial year 2004-05 was 4,333, which was 5% less than in 2003-04. The only group within which there was an increase in starting to be looked after were boys less than one year of age and girls aged one to four years. This may be a result of the increasing numbers of young children referred for child protection inquiries. There was a 15% increase in the numbers of boys aged zero to four years and a 7% increase for girls in the same age range (Scottish Executive statistics 2005). The number of very young children who were looked after in 2005 was 0.5% of the child population of Scotland.

**16.** On 31 March 2005, 12,185 children were being looked after by local authorities, 1.1% of all children and young people under 18 in Scotland.

**Table 1. Care setting of all looked after children by percentage on 31 March 2005**

| Looked after children living at home or with extended family/friends | Looked after children living with foster carers, prospective adopters | Looked after children living in residential accommodation | Looked after children living in secure accommodation |
|:---:|:---:|:---:|:---:|
| 57% | 30% | 12% | 1% |

**17.** Of those children who are looked after away from home, 67% live in foster care. The pattern of care for children between residential and foster care has changed in the last 30 years.

**Table 2. Changing numbers of children in foster and residential care 1976-2005**

| | 1976 | 1987 | 1996 | 2005 |
|---|:---:|:---:|:---:|:---:|
| Children living in residential care | 6,242 | 2,784 | 2,001 | 1,539 |
| Children living in foster care | 3,763 | 2,750 | 2,620 | 3,630 |

**18.** Residential accommodation for children and young people is provided in local authority homes, voluntary sector homes, residential schools and other residential accommodation. Finding an average cost for this category of care is difficult. Schools include the cost of education. Some places provide special care for children with complex needs and there is a wide range of providers in the voluntary and private sectors.

**19.** The cost of placing children in foster care is difficult to assess accurately as local authorities pay their carers different rates. A study by the British Association for Adoption and Fostering (BAAF) and The Fostering Network (TFN) (2005) estimated that the payments to foster carers in Scotland varied from £120 per week to a maximum cost of £385 per week. The same report estimated that local authorities needed to spend more on foster care, both in developing support and training and also in payments to families.

**20.** Less than 2% of young people who are looked after and accommodated live in secure accommodation. This group of young people presents some of the greatest challenges to the staff who care for them, as they require a high level of support and resources to meet their needs. Services for them are particularly costly to run. The average cost of a bed in secure care per week in 2004-05 was £3,458 per child. The overall estimated cost for secure accommodation in Scotland is £16.6 million, an 8% increase on the previous year. Boys outnumber girls in secure accommodation but the ratio has changed. In 2000 there were 71 boys in secure units and 16 girls, in 2005 there were 65 boys and 35 girls.

**21.** The numbers of looked after children vary in different parts of the country. There is likely to be a relationship between areas which have high levels of deprivation, and children being looked after. Other factors, such as local authority policies on family support and resources, may also affect rates of looked after children. We discuss this further in this review.

**Who are the children looked after by local authorities?**

**22.** Although in this review we refer to children and young people, all are individuals with different needs. Where appropriate throughout this review we discuss the needs of particular groups of children and young people. These include children of different age groups, boys and girls, children from black and minority ethnic (BME) communities, children from travelling families, disabled children, and gay and lesbian young people.

**23.** Children and young people who live in rural and remote parts of Scotland belong in all the groups we discuss. However, becoming looked after can have particular implications for them, for example a plan to sustain them in their own community can be hampered by limited resources. A decision for a looked after child or young person to be accommodated can result in them being moved a long way from home.

### *Gender and age*

**24.** The experience of children and young people who are looked after is determined to a considerable extent by their age and gender. Girls are more likely to be adopted and fostered (Sinclair 2005). Boys, especially as they get older, are more likely to be cared for in residential settings and they outnumber girls in secure settings. In the last six years, there has been growth in the number of very young children (aged below one) becoming looked after, from 50 children in every 1000 in 2000, to 92 children in every 1000 in 2005. The reasons for this increase are not yet clear. There are speculative suggestions about the impact of drug misuse amongst parents and increased contact by agencies with young children and their families, which are discussed in chapter 7.

### *Children and young people from black and minority ethnic (BME) communities*

**25.** The 2001 census found that people in BME communities live throughout Scotland but the majority have settled in urban areas. BME communities are much younger, over 50% are aged less than 30 years compared to 35% for the whole population. In 2005 the Scottish Executive estimated there were 188 BME children who were looked after. The Scottish Executive annually collect information on the ethnic background of looked after children and also those children starting to be looked after during the reporting year. From 2006-07 the Scottish Executive will also collect information on the ethnic background of those children eligible for aftercare services.

**26.** Singh (2005) identified that 45% of black and minority ethnic looked after children are described as being of mixed parentage. It is likely that most black and minority ethnic children in Scotland are placed with white foster families.

> *The profile of children in foster care in Scotland is culturally more diverse than the foster carers, with 2.5 % of children from an ethnic background other than British while only 0.6% of foster carers are from other cultures or communities* (The Fostering Network 2005:5).

### *Children and young people from different faiths*

**27.** We know little about the issues of faith and children who become looked after. A study of children's perspectives on believing and belonging (Smith and Khanom 2005) looked at the impact that religion has on young people's lives by examining the extent to which religion contributes to shaping both their identities and the type of social networks within which they find themselves.

It found that:

> *Friendships develop across and between religious and ethnic groups in primary school although this experience changes outside school, where children's choice of friends is often shaped by family circumstances and religious affiliation…The amount of time spent by the more observant children on their religion impacts on their relationships outside school, with more devout children having less social interaction with other children* (Smith and Khanom 2005:1).

**28.** Some of the young people we met told us that carers or staff did not always understand the significance to them of their faith.

### Children and young people from travelling families

**29.** Children from travelling families are a small proportion of looked after children and little is known about their experience of being looked after. Travelling people are not legally members of an ethnic minority in Scotland[2] (unlike England). There is evidence that they have suffered discrimination for generations. As the Deputy Chair of the Commission for Racial Equality has stated *"prejudice and overt discrimination are the daily experience of gypsy and traveller people."*[3]

**30.** In evidence presented to an equal opportunities committee of the Scottish Parliament, the voluntary organisation Save the Children asked over a hundred gypsy traveller children whether there had been any improvements for them since an inquiry in 2001. 84% felt that discrimination against them had got worse, 77% felt that their living conditions whether on camp sites or houses remained the same or had got worse. 71% reported that conditions at school were either the same or worse and 84% said that access to a dentist or doctor had remained the same or had got worse (Commission for Racial Equality 2005.)

### Disabled children

**31.** Disabled children and children affected by disability account for about 15% of looked after children. 50% of the children and young people have social, emotional and behavioural difficulties while the remainder have physical or learning disabilities, mental health problems or multiple disabilities. Some looked after children are affected by a family member with a disability. Most disabled children who are in foster care are looked after not because of their disability, although this may be a contributing factor, but for the same reasons as other looked after children, namely the existence of risk or abuse (Sinclair 2005).

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2  In Scotland in 2006 there is no case law or legal precedent which explicitly recognises gypsy travellers as a distinct racial group, protected under the race relations legislation. The Scottish Parliament and Scottish Executive, the Association of Chief Police Officers (ACPOS) and the Convention of Scottish Local Authorities (COSLA) have all recommended that as a policy matter they should be treated as a racial group, however this has the status of guidance for the public sector.

3  Transcript of a speech given by CRE Deputy Chair Sarah Spencer at the British Institute of Human Rights Lecture, London, on 11 March 2005.

**32.** For many years children with complex needs were cared for in hospitals. This has declined in the past 20 years with the advent of care in the community. Short breaks are now offered in family homes or in small residential units staffed by people with nursing and social care backgrounds. The costs of these different services vary, but for children with very complex needs the costs per child can be in the region of £2,000 per week. Children and young people who live in remote communities cannot always have these met in their home area. The provision of a short break can mean a long journey from home and a high cost of fares for parents who may want to visit them.

### *Gay and lesbian young people*

**33.** The needs of gay and lesbian young people who are looked after have not been recognised widely. We refer to the work of the Albert Kennedy Trust (AKT), which was set up some years ago to support gay and lesbian young people who are looked after.

**34.** The Trust believes that many young people are either not believed if they say they are lesbian, gay or bisexual or it is assumed to be a phase. Often professionals are unwilling to work with young people under the age of consent who are having sex. The Trust suggests that some professionals and foster carers do not understand the needs of lesbian, gay and bisexual young people. The Trust website explains the background as follows:

> In 1989, 16 year old Albert Kennedy fell to his death from the top of a car park in Manchester whilst trying to escape a carload of 'queer bashers'. Albert was a runaway from a children's home in Salford and was depressed. His short tragic life had been filled with rejection and abuse. Manchester's gay community was moved into action by the Trust's founder patron Cath Hall, a heterosexual foster carer who admitted she could not meet the full range of needs of gay and lesbian kids coming through her care. As a result AKT was formed and in 1990 became a registered charity. AKT's mission is:
>
> To ensure that all lesbian, gay and bisexual young people are able to live in accepting, supportive and caring homes, by providing a range of services to meet the individual needs of those who would otherwise be homeless or living in a hostile environment.
>
> (**www.akt.org.uk/history**)

**35.** The Albert Kennedy Trust does not operate in Scotland. We think it is important to find out more about the needs of gay and lesbian and transgender young people who are looked after.

**Why do children become looked after?**

**36.** Children may be looked after for many different reasons, including protection from harm and abuse. Parents who are unable to look after their child may ask a local authority to do so. Young people aged over 16 years may choose to be looked after for a variety of reasons, including abuse, domestic violence or stress at home. Local authorities must provide accommodation for children who are lost, abandoned, or whose parents are unable to care for them. In all other circumstances the local authority may provide accommodation for children to safeguard and promote their welfare. Local authorities can provide accommodation to children and their families as part of a range of supports designed to help family problems. The legal options available to families and local authorities are discussed in McRae (2006).

**37.** When the 1964 Kilbrandon committee recommended an integrated child welfare and justice system, it argued that children who offend and those children who are in need of care and protection are very often the same. This is just as true today. Around 25% of children referred to hearings, are referred for reasons that include both offending and concerns about their safety and welfare. The majority of children who offend frequently were first referred to hearings as much younger children, usually between the ages of five and nine, because they needed care and protection. We discuss in chapter 7 the need to make sure that work with children and their families is effective at making and sustaining positive change over time.

**38.** In 2004-05 there was an increase in the number of children added to child protection registers because of physical neglect (up 2% from 2003-04). There were decreases in the number of children registered because of physical injury (down 15%), emotional abuse (down 13%) and sexual abuse (down 3%).

**Why looked after children are often further disadvantaged once they become looked after**

**39.** All children who are looked after and accommodated have experienced the trauma of being separated from their birth parents. In addition, many of them have experienced neglect, abuse and rejection or the early effects on their development of parental substance misuse. Only 1% of all looked after children go on to university compared to 50% of the general population; 46% of young women and 59% of young men leave school without any qualifications.

> *Looked after children can too often become needy, disenfranchised and alienated adults. It is widely accepted that they are more likely to need mental health services, go to prison, be homeless and have their own children removed from them. The cost of wasted potential, of long-term support services including the cost of imprisonment, and of another generation of children in public care is almost beyond comprehension* (BAAF and TFN 2005:4).

**40.** A young man of 21 who contributed to the review and is currently studying at university was in foster care for ten years. He reflected on the question, 'what would you say to the government about how we should make things work for looked after young people?' as follows:

*I know … that not everything can be done for everybody, but … I can only say my experience … I was under supervision from when I was eight years old and there was consistency for me throughout that whole time. You know, there's never anything in the press about people such as myself having a nice time in care, its always about how young people got beaten up and tortured. It's always bad publicity in the papers and the news … it's just nonsense.* (Fraser)

**Further reading:**

Joseph Rowntree Foundation (2005) *Children's perspectives on believing and belonging*

BAAF and TFN (2005) *The cost of foster care – Investing in our children's future*

MELDI (2002) *Working together assuring race equality in partnership working with minority ethnic families of disabled children a protocol for inclusive service*

Prevatt Goldstein, B and Spencer, M (2000) *Race and Ethnicity A consideration of issues for black, minority ethnic and white children in family placement, BAAF*

Commission for Racial Equality (2005) *Gypsy Travellers: A draft strategy for the CRE in Scotland, 2005-2007*

**Web references**

The Albert Kennedy Trust www.akt.org.uk

Advice line London 0207 831 6562 london@akt.org.uk

Joseph Rowntree Trust www.jrf.org.uk

Commission for Racial Equality (CRE) 0131 524 2000 www.cre.gov.uk

Disability Rights Commission (DRC) www.drc-gb.org

Equal Opportunities Commission (EOC) www.eoc.org.uk

British Association for Adoption and Fostering (BAAF) www.baaf.org.uk

Extraordinary lives

# 3

## Safe children

*Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community.*

(Vision for children 2005)

*I went from one extreme to another, from having this really, really unstable environment where I could go and do as I pleased, right into this, sort of, family environment and everybody had rules. Two loving parents and they moulded me into the person I am now. (Fraser)*

*When my mum was drinking she'd go into her room and we wouldn't see her for three to four days and we'd just be left. My dad left when I was six, he's quite a violent man. He's been in prison for hitting women and stuff … My dad's always been a wanderer. He's never really been around to support my mum. When I was a baby her mum died from cancer and I think she found it quite hard. She started drinking when she was a teenager, which is quite young and I think that was her way of coping and then in the end that became a really big problem for her, watching her kids go into foster care. (Ross)*

## Keeping children safe – the background

*Every adult in Scotland has a role in ensuring all our children live safely and can reach their full potential. As children grow and extend their horizons beyond their homes, organisations such as schools and youth groups have a particular role in safeguarding children. They also educate children about the risks and how these can be managed* (Scottish Executive 2002c:4).

**41.** As society becomes more complex the range of risks to children and young people change. Children in Britain today rarely die from diphtheria but are regularly killed or injured in road accidents, with the poorest children being at greatest risk (Scottish Executive 2002c). Mobile phones can help to keep children and young people safe but can also be a source of distress to some through text bullying. A child who has been sexually abused can have a visual record of that abuse sent round the world by internet within hours of the event, and the images may still be circulating long into their adult life. The recognition of the potential risks to children and young people on the internet and in particular types of chat rooms has led to legislation and advice and guidance to parents and their children (for further information, see further reading section at the end of this chapter).

**42.** The safety of children and young people in Britain has been the subject of many enquiries, campaigns and legislation in the past twenty years. A growing awareness of child abuse in the 1980s led to the establishment of the telephone help line, Childline. There have been debates about the age of consent for same sex relationships between adults and young people, and the age at which young people can consent to medical treatment or receive contraception without their parents' knowledge or consent. Recommendations for changes in the laws to protect children have followed specific incidents, for example the shootings at Dunblane primary school in 1996 (Cullen 1996) and the murders of two girls at Soham (Bichard 2004).

**43.** The risks to children and young people in all forms of care have been highlighted by the abuse of children in residential and foster care. There has been a number of high profile inquiries, which have led to a range of recommendations aimed at improving the safety of children and young people cared for away from their families. And there have been improvements in recruitment procedures, complaints processes and staff training as a result.

**44.** The Kent Report (1997) was commissioned to look at ways of safeguarding children who were cared for away from home. It identified that the ethos in a home had a significant impact on the safety of the children and young people:

> *Reports of inquiries of homes where abuse has occurred would indicate that these homes tended to operate in a closed way, with comments from people outwith the system being discouraged … A culture that simply does not tolerate abusive behaviour is required. The more open the residential setting, the safer for children. The uppermost management in the organisation, the middle manager, and the unit manager are responsible for creating this culture* (1997:8).

**45.** The focus on the protection and safety of children and young people in Scotland resulted in the Report of the Child Protection Audit (2002c) and the consultation on children's hearings. The 2002 audit and review found that, "*children experience very serious levels of hurt and harm and live in conditions and under threats that are not tolerable in a civilised society*" (Scottish Executive 2002c:10). In 2004 the Scottish Executive published the Framework for Standards for protecting children and young people (Scottish Executive 2004j).

**46.** In 2002 7,200 children were referred to local authorities because of concerns about their safety. This figure rose to 9,132 in 2005. Not all of the referrals studied by the audit required intervention. However the audit also suggested that the incidence of children who experience neglect and abuse is under reported because some children never come to the attention of the authorities. The child protection review team concluded that "*parents' serious personal and social problems are the cause of much harm to their children*" (Scottish Executive 2002c:2). And much of that harm goes unseen. Across Scotland an estimated 40,000 to 60,000 children are affected by parental drug use and 80,000 to 100,000 by parental alcohol misuse (Scottish Executive 2006a).

**47.** Inquiries into the deaths and/or abuse of children in foster care have on the whole received less attention although it is perhaps worth recalling that the post-war developments in childcare, which led to the 1948 Children Act, arose in part from the death of a child in foster care.[4] The death of Victoria Climbie in a private fostering arrangement led to one of the longest and most detailed of modern child protection inquiries, by Lord Laming in 2003.

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4 The death of Dennis O'Neill, a war evacuee murdered by his foster parents, was an important influence behind the formulation of the 1948 Children Act and the establishment of Children's Departments. The intention of the 1948 Act was, *"To keep the family together must be the first aim, and the separation of the children from its parents can only be justified when there is no possibility of securing adequate care for that child in his own home"* (Circular 48/160).

**48.** Developments in child protection in the UK have followed a number of inquiries into the deaths and/or abuse of children from 1975 onwards. Some of the children who were the subjects of these inquiries had been or were looked after by local authorities. Three influential inquiry reports in the past few years have been the O'Brien inquiry into the death of Caleb Ness (2003), who was not a looked after child but whose parents were known by professionals to be misusing drugs; Lord Laming's inquiry (2003) into the death of Victoria Climbie, who was privately fostered and the SWIA *inquiry into the care and protection of children in Eilean Siar* (2005a). The three children at the centre of that inquiry were looked after children.

**49.** The O'Brien inquiry made 35 recommendations with wide ranging implications for working with children and their families. Several of the recommendations focussed on the importance of staff training in keeping children safe and recognising the challenge for staff in being able to achieve the balance between working with parents and protecting their children. For example, "*the need for professional confidence to question decisions made by conferences and to say 'enough is enough'*" (O'Brien 2003: para 9.3.13), a concern that social workers can form a too favourable impression of a parent, "*Shirley was only too well accustomed to dealing with social workers and certainly knew how to put on a good front and say the right things*" (O'Brien 2003: para 5.3.2) and further a failure to consider fully the impact of family history on present issues (O'Brien 2003: para 5.3.3). And the report concluded that often, "*Teaching people to listen and to hear what they do not want to hear, or perhaps what they simply disagree with, is what is needed*" (O'Brien 2003: para 5.4.7).

**50.** Lord Laming made 108 recommendations. He identified particular problems in protecting children, for example, the importance of staff focussing on the needs of the child and regarding these as of equal importance as the needs of the adults. Many of the recommendations addressed joint working between health, social workers and police officers. For example, national training programmes for each of the training bodies covering the services provided by doctors, nurses, teachers, police officers, housing staff and social workers (Laming, Lord 2003: recommendation 14).

**51.** The report into *the care and protection of children in Eilean Siar* (SWIA 2005a) identified the importance of skilled communication with children, the vital part played by assessing children and their families as well as assessing kinship carers and the need for improved inter-agency communication and practice by medical personnel. The report made 32 recommendations, including that for a national centre to enhance practice in child protection and managed care networks for health professionals.

**52.** There is substantial research evidence that child abuse and neglect significantly impacts on the future development of children and young people (for example Buchanan 1996 provides a comprehensive international review of the impact of child abuse). Some of the young people who contributed to the review recognised that they had been challenging teenagers. An 18 year old now studying at college describes himself at 14:

> *I came here a wee bad tempered wee … you could say. Punching holes in the walls, kicking this, kicking that, going crazy. Slightest wee thing I didn't get I would go mental. The first thing I said when I walked into their* (foster carers) *house, "I'm not … staying here with a couple of old folk" but ever since then I loved it. I've always got something to do; they've always got something interesting to talk about. They've changed my life around a lot.* (Darren)

**Using the law to keep children and young people safe**

**53.** The Children (Scotland) Act 1995 is the principal legislation governing the protection of children in Scotland. Other relevant legislation for specific groups of children and young people addresses disability, race and gender. Greater detail can be found in McRae (2006).

**54.** The Race Relations Act 1976 and its principal amendment in 2000 make it unlawful to discriminate on racial grounds defined as colour, race, nationality or national or ethnic origins. The Act refers to both direct and indirect discrimination. This has now been extended in the Amendment Bill to include 'institutional discrimination' defined in the Macpherson Report as:

> *The collective failure of an organisation to provide an appropriate professional service because of their colour, culture and ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, racist stereotyping, which disadvantages minority ethnic people* (Macpherson 1999:634).

**Safe recruitment of adults who are responsible for looked after children and young people**

**55.** Many of the inquiries into the abuse of children in residential care have identified the importance of robust recruitment procedures, which include enhanced disclosures and references. Local authorities and voluntary organisations have improved their policies and procedures in the past years. However, in 2004 the Scottish Executive commissioned research by the Scottish Institute for Residential Child Care (SIRCC) to gauge opinion on how the safer recruitment of residential childcare staff who have unsupervised contact with children should be taken forward.

The report concluded that:

*A few interviewees expressed their concern that an atmosphere of complacency has crept into recruitment practice and the evidence from this survey suggests that the majority of organisations do not have a systematic approach to the full implementation of the toolkit or any other package, which promotes safer recruitment practice. Many interviewees think that there needs to be leadership from the Scottish Executive and an endorsement from ADSW and CoSLA to promote safer recruitment procedures for residential child care staff* (Hunter et al. 2005:44).

**56.** The Scottish Executive in 2006 plans to introduce safe recruitment guidance for staff working in childcare and with vulnerable adults. Looked after children and young people can play an active part in recruiting staff who will work with them. In March 2006 Save the Children and the Scottish Alliance for Children's Rights published a resource pack for employers, which set out how young people can be involved in staff recruitment.

**57.** The Protection of Children (Scotland) Act 2003 led to the setting up of a central list of people disqualified from working with children.[5] This list is composed of people who have been dismissed by an employer or who resigned before they would have been dismissed and who in the opinion of the panel are unsuitable to work with children. Some people who have been convicted of offences, which make them unsuitable to work with children, are referred directly to the list by the courts. Further work on identifying adults who may be unsuitable to work with children is continuing following the proposals in the Bichard Report (2004).[6] However, lists are only part of safe recruitment policies, which should be based on robust procedures, which are always followed up, for example telephone contact to confirm the identity of the applicant and the content of their references. The Care Commission will carry out themed inspections in relation to safer recruitment expectations included in the Scottish Social Services Council Code of Practice for employers and in the relevant National Care Standards. The first such inspection will take place during 2006-07.

**58.** The selection of foster carers by local authorities has routinely involved greater scrutiny than that of residential child care staff. They are visited at home, undergo medical checks and are required to obtain an enhanced disclosure through Disclosure Scotland. Many authorities also visit referees at home and discuss the suitability of the applicants. The registration of foster carers is regularly reviewed and updated. However the most rigorous selection can never exclude all unsuitable people and some children have been abused in foster care.

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5  Includes both paid and unpaid childcare positions.

6  The Scottish Executive announced a consultation on protecting vulnerable groups on 8 February 2006, taking forward the key recommendations of the Bichard report. The consultation ended on 2 May 2006 with a proposal that parliament considers a Bill in the spring of 2007.

**59.** The placement of children with relatives is discussed further in chapter 6, which considers the findings of Aldgate and McIntosh (2006). *The report into the care and protection of children in Eilean Siar* (SWIA 2005a) identified the importance of local authorities assessing relatives who wish to be recognised by local authorities as kinship carers.

**Helping children and young people to keep themselves safe**

**60.** Parents routinely make decisions about how much freedom their child can have, for example in terms of going shopping with friends or staying overnight at their homes. People who care for looked after children and young people have a wider range of matters to consider including for example, the wishes of the child's birth parents and the legal status of the child or young person.

**61.** In 2003 the Social Work Services Inspectorate (SWSI) undertook a survey of local authorities' practices in allowing children and young people to stay overnight with friends. They found different practices by authorities, some always required a Disclosure Scotland check on the host family, and others did not. Some allowed foster carers and residential staff the discretion to decide if the child could go, others did not.

**62.** Many local authorities were asking for clear guidance from the Scottish Executive. Who Cares? Scotland had also asked for guidance as this is an important topic for young people looked after away from home. A draft of guidance was prepared by SWSI in 2004 and was passed to the Looked After Children and Young People's Division in the Scottish Executive in January 2005. No further consideration of this work had taken place by May 2006. The draft guidance suggests that there should be an expectation that where at all possible looked after children and young people should, with adequate safeguards, be able to lead as ordinary a childhood as possible. Therefore each looked after child or young person should have a care plan, which takes account of their individual needs for social contacts including overnight stays with friends, which can be planned in advance.

**63.** We found that looked after and accommodated children sometimes feel they are treated differently from other children. Young people who took part in *Celebrating success* (Happer et al. 2006) told us about wanting to stay with friends overnight but not being able to until Disclosure Scotland checks had been carried out on their friends and family. They found this embarrassing and a barrier to their spending time with friends:

> *One thing I disagree with is police checking if you are staying with your friends. I have got friends and I have known them for quite a while and I trust them. It annoys me when I have got to get a police check with them because then I feel embarrassed.* (Tanya)

**64.** Many children who become looked after may have missed out on parental guidance on personal safety. For some children the risks to them lay within their family. In addition as a possible consequence of changing schools, children may not have taken part in classroom activities. There are complex issues for children who have experienced abuse and/or neglect in learning from 'self protection' programmes. Rather than informing children and young people of risks, the programmes may reinforce feelings of not having been cared for, or lead to self-blame for abuse.

**65.** When a child becomes looked after their individual needs for 'self protection' should be assessed and included as part of their care plan. We have not been able to find any materials intended specifically to meet the needs of looked after children. Such materials would help foster carers and residential staff to have guidance and appropriate tools to help the child in their care to understand and feel more confident about their personal safety and who to tell if they are afraid or worried.

**66.** Organisations which help safeguard the rights of young people looked after away from home, such as Who Cares? Scotland, admit that maintaining meaningful contact with large numbers of children in individual foster homes presents real challenges. All looked after children in foster or residential care should be able to contact an adult outwith the home who can help them. Modern technology offers more opportunities, for example text messaging. These developments would benefit from the support and encouragement of the Scottish Executive.

**67.** The comments by the young people who took part in this review illustrate the importance for children and young people living away from home of having a means of contacting a social worker or asking for help. Childline does valuable work, but we know that sometimes children cannot get through to an advisor. When they become looked after, all children should be given a pack which includes information about how to make a complaint, contact details for their social worker and his/her line manager and stamped addressed post cards, which they can use to request a visit from their social worker or send any other written messages. The needs of disabled children, who may not be able to use a mobile or independently post a post card, deserve special consideration.

**Providing safe care and control**

**68.** The Children's Safeguards Review (1997) found that:

> *Agencies and their staff have become more careful about the way in which they use touch. Staff become so wary of touch and of emotion, and so defensive about them, that they create a sterile care climate* (Kent 1997:23).

Local authorities and other agencies have introduced 'safe caring' policies to ensure children and adults are clear about inappropriate or harmful contact. These are necessary but can contribute to professionals feeling anxious about what physical contact is permissible. Some units have found creative ways to introduce the children to safe and appropriate touching.

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**In one children's unit the children and young people were offered massage and aromatherapy provided by a trained person who visited the unit weekly to give sessions which helped the children to relax. On a separate day the staff were also offered sessions. The result was that the children and young people enjoyed the sessions and were able to experience safe physical contact. Staff felt valued and cared for by their employer.**

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**69.** The Scottish Executive, together with SIRCC, has published good practice guidance to assist practitioners in working out policies and practices for restraining children and young people. *Holding Safely* (2005) emphasises the importance of creating a positive and supportive ethos in every residential setting. It stresses the need for young people to be partners in their care plans, and emphasises the importance of effective training, supervision and management for staff. National Care Standards set out the provision of care young people living in residential settings are entitled to expect, against which the Care Commission inspects services.

**70.** Young people living in residential care are among the most vulnerable and need very skilled staff to care for them. As an overview on residential care by the Department of the Health (1998) describes:

> *Who is recruited, what they are asked to do, how equipped they are to respond, how they cope with stress, how well they work with each other as well as with outside professionals – all these factors will come to bear on their practice and, as a consequence, on the well-being of the residents* (1998:36).

**71.** The Care Commission in *A review of the quality of care homes in Scotland* (2004) identified positive aspects of residential care for children and found that difficulties arise when staff do not have sufficient time to spend with the children.

**72.** In *Celebrating success* (Happer et al. 2006) children and adults gave examples of feeling safe in residential care:

> *I just felt secure. I felt safe. I felt no matter what I was, whether it was happy or sad or angry, they were always there to help me.* (Tara)

In all the studies commissioned for this review, we found that the relationships children have with their carers matter greatly to their well-being and development.

**73.** One young person, aged 18 at the time he took part in the study explained why he found being in residential care preferable to foster care. He said:

> *The staff are great … they're really good. What's good is not telling everybody your life story and them saying you will never make a career for yourself, or that you're never going to look after yourself. The carers group, they just teach me … not to lose my temper and that's what I am doing now … Some people, like foster carers don't really give a toss – they don't, because they're thinking you're just another person. But children's homes are much better.* (Thomas)

**74.** Staff who care for looked after children and young people have a responsibility to report any concerns about the behaviour of another member of staff to their line manager. All residential units should have a clear 'whistle-blowing' policy, which is available to all staff, including temporary or agency staff and students who have a placement in the unit.

**Disabled children**

**75.** The needs of disabled children and young people and their families are not different from those of other children, young people, and their families. However, disabled children can face increased risk of abuse in many settings (Westcott and Jones 1999). They ought to be over-represented in child protection systems but the research suggests that they are significantly under-represented (Morris 1998b). Their increased vulnerability stems from a number of factors, including social attitudes. In addition, disabled children tend to be more isolated, to be more dependent, and to have less control over who touches their bodies and they may be less likely to be heard and believed.

**76.** More is now being written about disabled children and young people who spend much of their lives away from their families (Hawthorn in Crimmens and Milligan 2005). There is still little written about their experiences from their point of view (Morris 1998b). Foster carers of a disabled young person who contributed to the review told us about the importance of including him in all family activities and in offering him the opportunity to take 'safe' risks.

**77.** Some disabled children are isolated from commonly used forms of communication, such as speaking or writing or texting. Disabled children are able to keep safe if particular attention is given to ensuring safe adults can understand their mode of communication. Aitken (2000) sets out four key themes in communication. These are that disabled children have someone with whom they can communicate, a reason to communicate, something to communicate, and importantly a means. Further discussion can be found in Pease *Creating a Communicating Environment* (2000).

## Secure care

**78.** Children and young people are placed in secure care when they are a risk to themselves or others, or have committed a serious offence. These are usually relatively short placements, the average being just under five months. A child or young person can be placed in secure accommodation through two different routes. Most are placed through the children's hearing system. Children and young people remanded or convicted of a serious offence in court may also be placed in secure accommodation. The children's hearing must ensure that specific legal criteria are met before they include a condition authorising a child to be kept in secure accommodation. Currently the final decision to place a child in these circumstances rests with the chief social work officer of the local authority responsible and the head of the secure unit.

**79.** For some children the decision to place them in secure accommodation will be directly related to the nature of their offending and the subsequent decision of the sheriff. The sheriff's decision will be informed by a social enquiry report provided by a social worker. A very small number of young people serve the first part of a long sentence in a secure unit before being transferred to a prison when they are old enough. Time spent in secure care could offer an opportunity to help young people understand their past, and provide short-term therapeutic services.

**80.** Secure accommodation needs to be targeted at those children for whom it is most appropriate. We heard of local variations in the seriousness of a child's circumstances resulting in them being assessed as needing secure accommodation. Although there are some local arrangements for screening referrals there is no national mechanism. The development of a national strategy for the admission of young people to secure provision would have three functions, to ensure equitable treatment of children and young people, to monitor admissions and to gain a national picture of the challenges presented by a small but significant group of young people. There are a number of projects in Scotland designed to prevent young people being admitted to secure accommodation and prison and they could contribute to a national strategy.

**81.** There are currently five secure care centres in Scotland, which have a maximum of 93 children at any time. Scottish local authorities place about 5% of young people who are subject to a secure order per year in secure care in Northern England. In this instance the placing authority should negotiate and develop a placement agreement with the provider. As the young person is a long way from home, they are likely to be helped to settle in better, if they have continued contact with their family or adults who have cared for them. As part of the care plan consideration should be given to help siblings and adults important to the young person visit them.

**82.** The demand for secure care places varies between local authorities. In 2005, four authorities averaged one or less admission per 10,000 children, whereas two authorities had a rate of admission more than three times the national average. This may suggest that local authorities have variable needs for placements and may reflect differences in thresholds for admission, policy and practice.

**83.** Following consultation and research on secure care in Scotland, Scottish Ministers announced in March 2003 that the Scottish Executive's strategy would be to modernise the secure estate to deal effectively with young people who offend, as well as those who need secure care for their own protection. This modernisation programme includes increasing the number of places from 93 to 125, developing programmes of work for children who offend, building three new secure care centres and providing a secure care centre for girls. The first of the new centres opened in March 2006, two further units will open later in 2006.

**84.** All young people leaving secure care need a suitable placement. Unfortunately it can be difficult to find appropriate placements for young people. Once they are no longer looked after local authorities do not have a statutory responsibility for them. One local authority told us they were planning to provide 24 hour supported accommodation to young people who have been assessed as having a high level of need.

**85.** In 2003, Audit Scotland's report, *Dealing with Offending by Young People* made recommendations on evaluating the cost effectiveness of secure care and reviewing the commissioning process. The Scottish Executive Education Department has commissioned research on the outcomes of secure care. *Getting it right for every child* (Scottish Executive 2005d), which lays out a number of changes to children's services and the children's hearing system proposes that all agencies involved in an action plan agreed at a hearing should be required to implement it. Further, *getting it right for every child* will require agencies to have in place an agreed action plan for which they are seeking compulsion. A hearing must be satisfied that the plan will meet the needs of the child and should ask for it to be reviewed if it does not, but the hearing will not be able to recommend its own option for implementation. These changes are being proposed to make sure that actions are likely to genuinely meet the needs of the child. It will stop agencies agreeing a course of action but then failing to implement it, and should encourage consideration of alternatives to secure accommodation, such as electronic monitoring or intensive supervision.

**Safety from other young people**

**86.** Work by Childline and other organisations has found that many young people feel unsafe from their own age group. Bullying has received increasing attention and policy initiatives in schools, but less attention in foster care and units for looked after children. The *Review of the Management Arrangements of Colyn Evans* (SWIA 2005) noted that Colyn Evans had shown sexually harmful behaviour from an early age. At the age of 15 he was sent to a residential school, which offered specialist support for young people with entrenched, and concerning sexual behaviours (SWIA 2005:6).

The report concluded that:

> *This case has highlighted the difficulties of managing a young person displaying sexually problematic or aggressive behaviour safely in an open residential setting … there is a need for a national forum to consider the difficulties posed in managing young people with the range of difficulties posed by Colyn Evans* (SWIA 2005:31).

The Scottish Executive in February 2006 set up a Youth Justice Improvement Group with different work streams, one of which is looking at resources for young people who show sexually harmful behaviour.

**87.** It is important to note that many children and young people who have been sexually abused do not act out their experience with other children and young people. But some who have not had help with their experiences may do so. Farmer and Pollock (1998) found in a study in England that during the placement, which constituted the focus of the study, one in five of the victimised young people sexually abused another child and a similar proportion of children who had already sexually abused a child repeated this behaviour. This was mainly the abuse of other residents in children's homes, the grandchildren of foster carers and other fostered children and siblings. The study concluded that:

> *In spite of these risks there was a tendency for caregivers and social workers to normalise these sexual behaviours and to develop high thresholds before action was taken. This was particularly true for sexual behaviour that occurred outside the care setting, such as indiscriminate sexual activity and prostitution* (1998:63).

**88.** Although this study was undertaken in 1998 in England, recent reports in Scotland (SWIA 2005a and SWIA 2005b) suggest that little progress has been made on understanding, care and help for children who have been sexually abused and/or are sexually harmful to other children and young people. These reports found that professionals lacked knowledge and skill in working with sexually abused children and with children and young people who acted in a sexually harmful way to others.

**89.** Farmer and Pollock (1998) found that the best outcomes were achieved for those young people who were encouraged to explore their difficult experiences and feelings both in therapeutic relationships and in their everyday life in care. The group of young people in their study who received the least help were those involved in prostitution.

> There was a real scarcity of ideas about how to engage and contain them apart from secure units. All the same it was clear that a rapid response was needed in order to try to influence the child's choice of associations before the behaviour became entrenched and before other children had been drawn in. Remoteness from the child's networks appeared to be one important ingredient of a good placement (1998:65).

**90.** The Scottish Executive is currently (May 2006) consulting on how the deaths of individual children in Scotland, and significant incidents which involve serious neglect, harm or injury should be handled by agencies at a local level and by central government. Deaths of looked after children are reported by local authorities to SWIA. SWIA leads a multi-disciplinary team, which assesses the management of the case by local authorities and other agencies and identifies where there are appropriate lessons to be learnt at either a local or national level.

## Safety for young people leaving care

**91.** Young people leaving care benefit from careful preparation. Dixon and Stein (2005) found young people who had developed their social skills and had an adult they could turn to in a crisis if needed were more likely to cope successfully with leaving care.

**92.** The Scottish Care Leavers Mentoring Project was funded by the Scottish Executive to support the establishment of six mentoring projects for young people leaving care, in partnership with local authorities and voluntary agencies. Each project would recruit volunteer mentors from the local community, who would be linked to a young person. The young person and mentor would work together for 9 to 12 months. An evaluation of the projects found that a unified sense of purpose, ownership and commitment had helped to overcome many of the problems they faced (Kendrick, Hunter and Cadman 2005). However the complexity of developing new projects for disadvantaged young people was a substantial challenge and the concept of mentoring was not easy for many young people to grasp or engage with. This project was in the early stages by the end of the evaluation and the benefits to the young people could not be assessed fully in the timescale.

## Creating safe environments

**93.** Children and young people's esteem and behaviour can be enhanced by good quality surroundings, furniture and decoration. Where possible children and young people should be able to choose the décor in their own room and make suggestions about the rest of the unit. The Care Commission already assesses the quality of living conditions for children, including residential homes and day centres. A joint report by the Care Commission and HMIE (2004), identified the components of a safe environment in residential schools. It found that, in the best examples, careful attention had been paid to creating a physical environment which combines safety and security with a 'homely' and comfortable atmosphere.

**Safe adventure**

**94.** The law defines the age at which children may take certain kinds of decisions and act independently of their parents or care, for example:

| Age | What they can legally do |
|-----|--------------------------|
| 16  | Choose where to live |
|     | Marry without parents' consent |
| 17  | Drive a car |
| 18  | Vote in an election |
|     | Buy alcohol |

**95.** Getting the balance right between safety and risk-taking is difficult for any parent. Looked after children may have been previously exposed to inappropriate risks, have carried responsibilities beyond their years, or have had little experience of adults being in control. Because of this, it may be harder for them to learn to make their own judgements about what is safe.

**96.** A recent study of the outcomes of different interventions to improve young people's behaviour (Becker 2006) found that adventure could help. Although there is little robust research evidence that shows activity and adventure has absolute or relative effectiveness, studies of a wide range of groups of children, including those who offend, have found it to be beneficial, in that it improved self-esteem and reduced anxiety. Fox and Avramidis (2003) concluded that activity and adventure represented powerful tools for reducing disaffection and promoting inclusive practice.

**97.** The young people who took part in this review valued opportunities for cultural, leisure and sports activities. Many looked after young people do not get the chance to enjoy these activities. *Time well spent* (Aldgate and McIntosh 2006) found that although the young people enjoyed their leisure, relatively few took part in community activities. This could be a lack of knowledge or confidence in how to get involved. Careful attention to this aspect of the care plan for all looked after children would ensure that their leisure needs are always considered and opportunities for them to take part developed.

**What we can do to keep children safe.**

i. Train staff so that they are knowledgeable and confident in using the law appropriately to help make sure children are safe from harm and abuse. Employers need to make sure staff are trained in good record keeping, gathering relevant information and giving evidence in court.

ii. Have rigorous policies for the recruitment and assessment of staff and carers and a clear 'whistle blowing' policy. Guidance on staff recruitment issued by the Scottish Executive will be valuable to all agencies.

iii. Make sure staff are well trained and knowledgeable about boundaries and the use of restraint.

iv. Help children and young people develop skills to keep themselves safe.

v. Make sure that adults who work with disabled children have the ability to communicate effectively with them.

vi. Ensure all children who are looked after, including those who are accommodated in secure care, are consulted about and helped to plan their future.

vii. Help young people leaving care to live safely and independently by carefully preparing and consulting them. Support for them should continue for as long as they need it.

viii. Provide safe environments for looked after children to play and learn. Looked after children often need planned and special encouragement to make use of local resources.

ix. Provide attractive and well-maintained physical environments. Children and young people who live in attractive and well maintained family homes, schools or units feel valued and responsible.

x. Encourage children and young people to participate in safe adventure which can enhance their confidence and skills.

**Key issues:**

- children and young people and local authority staff who care for them consistently told us that they wanted up-to-date guidance on overnight stays for looked after children and young people

- staff and carers who are trying to help children who have been sexually abused would benefit from up-to-date training and materials, which they could use in their work

- the changes in the provision of secure accommodation create an opportunity to develop a national strategy on the allocation and priority of places, the funding of secure placements and the range of support options for young people both in and on leaving secure care

- the accreditation and quality assurance of specialist programmes

- children and young people told us that being restrained appropriately and safely was a major concern for them. *Holding Safely* (SIRCC 2005) would lead to more consistent practice if it was followed up with national/regional seminars and workshops.

**Further reading**

Communication for disabled children – Pease, L, (2000) *Creating a Communicating Environment*

National Childrens Bureau (2006) *Tell them not to forget about us!*

Palmer, T. and Stacey, L (2004) *Just One Click,* Barnardo's, Essex

**Websites**

Scottish Institute for Residential Child Care www.sircc.strath.ac.uk

Safe recruitment pack www.savethechildren.org.uk

Fostering Network, 0141-204-1400 www.fostering.net

Bichard Inquiry  www.bichardinquiry.org.uk

Barnardo's (Just One Click) www.barnardo's.org.uk

# 4

## Nurturing our children

*Children and young people should live within a supportive family setting, with additional assistance if required, or where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.*

(Vision for children 2005)

> *They care for you like a parent should.* (Colin)
>
> *That feeling of being looked after, of being cared for. And not having to worry about how feelings were paid for 'cos at home there was never enough money and we always owed somebody something.* (Carrie)

**98.** All the contributors to this review identified the importance of caring relationships with adults, relatives and friends. However the realisation of these relationships requires careful planning, guidance for staff and carers on appropriate boundaries as well as skilled and understanding adults.

**The importance of promoting resilience**

**99.** All those who are looked after away from home will have experienced separation from parents or significant carers. If children can be helped to overcome the effects of their experiences, they are much more likely to achieve their maximum potential. Short and long-term outcomes for looked after children can be enhanced if all those who are responsible can work to support the development of their resilience. Fonagy (1994) describes resilience as normal development under difficult conditions. Gilligan (2001) suggests a resilient child has more positive outcomes than might be expected, given the level of adversity threatening his or her development.

**100.** Factors that promote resilience are found in children's own emotional attributes, in their families and in the immediate environment in which they live. Children can be helped to develop resilience by being able to contribute to their families, having a social role that is valued and by experiencing educational success. A supportive family is one of the single most powerful factors and therefore it is important that the qualities of a supportive family are re-created in every setting in which children are cared for. The majority of looked after children who are not at home are placed in foster care, which provides a substitute family for them. Some children thrive in another family, others, often older children, find it too painful to be in a family which is not their own and prefer residential care. Others were uncomfortable or embarrassed by being at such close quarters in a family. Mark explained his experience of foster care:

> *Foster carers act like they are your family at New Year and stuff like that and you feel, I don't know how to describe it, you feel, well obviously a stranger because its somebody else's family – I don't know it just felt weird. At the children's home at the New Year and everything we were all just like a big family and it was good.*

**101.** There can be positive turning points for children and young people, where small incidents or actions can make a difference. Recognising them is very important for all carers and staff who may feel that what they are doing is not enough. The young people who took part in this review told us about many minor incidents which to them made a major difference, but which probably their carers have long forgotten. One young person remembered her guidance teacher saying, *"you know you can do it."* Another remembered a worker who helped him to send a mother's day card to his mum in psychiatric hospital. One teenager, whose parents were both in prison, remembered a worker who just let her talk about what was good about her parents. One young person in a secure unit told us how valued he felt by being asked about his choices of food. The message to carers is that you can make a difference even if you and the young person do not realise it at the time.

**Providing emotional warmth**

**102.** Children develop their personal identity and a sense of self-worth through their relationships with other people. Attachments need not be to only one person. Children and young people can be looked after by several adults and cope well, even when they are separated from important people in their lives. The *Cool with Change* research project (Highet and Jamieson 2005) looks at how family change affects young people and what kinds of support are helpful. The study recruited young people who had experienced family change. The interim report found that *"informal support networks, mainly friends and wider kin, are extremely important to most young people"* (Highget and Jamieson 2005:6). It also found that *"schools are an important site for the provision of support but many children have reservations about how and by whom this support is provided. Many prefer an external person coming in from outside to support them"* (Highget and Jamieson 2005:6).

**103.** In *Celebrating success* (Happer et al. 2006) the young people identified a range of adults including social workers, residential staff and teachers as well as foster carers and relatives who had given them a sense of belonging and acceptance. They were sensitive to any sign that their carers valued them less than other children:

> *Even some children's homes, you develop that sort of idea you know, which workers are just there to work and which ones are there to help you. You can basically tell, I don't know if you do it subconsciously or just looking back on it.* (Luke)

Small signs of acceptance can make a big difference, for example Liam's foster carers gave him a key to the house. At his previous foster home, only the carers' birth children had keys. Ross told us about how his foster carer makes him feel part of the family:

> *When me and my brother are out with my foster dad and he meets his friends he says, 'These are my two laddies,' and it feels good. It makes you feel accepted, like you belong.* (Ross)

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**104.** When carers, whether foster carers, residential staff or family, were committed to the young people they looked after, and showed they championed them, young people felt good about themselves despite other problems and stresses. Amber and Colin explain:

*If I ever broke down, if I ever needed any help at all, they would help me. I know for a fact they would help me.* (Amber)

*At home you just dragged yourself out of bed and went to school, no breakfast or anything. In care … you got up, had a wash and got dressed. Your clothes were pressed for you and you got a good breakfast and everything. They cared for you properly, like a parent should.* (Colin)

A number of people we interviewed told us about the importance of trust in their relationships with the people who cared for them:

*You see, if you're in care, the thing you want is for someone to trust you. If you can see that somebody trusts you it makes you feel happier. It makes you want to get it right in your life. It makes you want to get your life sorted out.* (Darren)

**The importance of feeling secure**

**105.** Shaw (1993) and Patterson, Watson and Whiteford (2003), in studies of looked after young people in residential care found that they were unsettled by a high turnover of staff. Changes of social workers too are difficult for children to understand and manage:

*I thought that none of my social workers liked me because they were all leaving.* (Tanya)

**106.** Many employers rely on agency staff who may stay a few days or months. We found one secure service where as soon as a new staff member arrived the young people asked them if they were from the agency or permanent. Creating relationships is difficult in agencies where the turnover of staff is high (Clark et al. 2005). Many looked after children feel their parents have rejected them. Any subsequent loss of significant adults can further undermine their self-esteem:

*When you change social worker you have to start from scratch again and explain things. It's all in your notes, but if you have half a drawer full of notes it's difficult for anyone to remember. I think social workers need to develop a relationship with … the young people. They need to be there for them, they need to give them stability and support.* (Luke)

**107.** Staff turnover presents a major challenge to 'good parenting' by agencies. One of the key messages from the Scottish Executive's *national strategy for the development of the social service workforce in Scotland a plan for action 2005-2010* is that supporting workforce development can benefit employers through improved retention rates for staff and improved service delivery. Employers supporting the development of their residential care staff may help reduce staff turnover but this cannot be entirely avoided. What local authorities can do is to make sure that the ending of a relationship with one social worker and the beginning of a relationship with another is managed carefully.

**108.** A child who parts company with an adult well, and with understanding of the reasons, will be more able to make a new relationship. New workers also need to acknowledge with the child that they may miss the previous worker or carer. This may seem obvious but many of the young people who took part in this review would have liked more opportunities to talk about people who had cared for them and their loss. Management support is important to allow staff to prioritise direct work. Research on young people leaving the care system has suggested that retaining links with their residential care placement or foster home can be a critical part of gradually moving towards independence (Biehal et al. 1995). Sometimes carers provide a vital link with the child's birth family.

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**Staying in touch – support from a former foster carer**

A foster carer who had fostered a girl at the age of four and whose mother had died, kept in contact when she moved to long-term carers, and many years later came to her graduation ceremony. The young person put special value on her attendance as the carer was the only person who had known and remembered her late mother.

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**Supporting children and young people when they move**

**109.** For children looked after away from home, their first move is from their family to either a relative, foster or residential care. Many children move to strangers. Research studies (Sinclair 2005, Commission for Social Care Inspection 2005) tell us that few children have a choice about where they go. Children who become looked after in an emergency or in an unplanned way often have to go to a temporary placement. Many children are only looked after for a short period and then return home.

**110.** If children are moved a number of times there can be a cumulative and negative effect on their ability to relate to peers and adults. Siobhan was moved suddenly, and without explanation, after many years in a foster home and although now in her 20's she still thinks about the reasons:

> *You know, you have all these questions but nobody's got any answers.* (Siobhan)

Children may begin to believe they are at fault. They may feel much rejected and be unable to trust others:

> *I've had to move school quite a lot, make new friends and that. All the schools do the work in a different way so that's been hard.* (Claire)

> *Till I came here I didn't trust nobody, 'cos I kept thinking I was going to get moved again.* (Ian)

**111.** As we noted earlier in this chapter, adults who care for children and young people consistently underestimate the children's feelings towards them and often do not appreciate the trauma that can be caused by moving a child from one family or unit to another. Children and their carers who contributed to the Adoption Review (Adoption Policy Review Group 2005), told how they were distressed and unsettled by moving from one placement to another. Denial of the depth of children's feelings by adults lies partly because children and teenagers in particular, often do not show their true feelings directly, sometimes expressing them through aggression. Working with distressed children is emotionally very demanding and to survive the experience adults sometimes protect themselves by denying the strength of their and the children's feelings.

**112.** We found some residential homes which took great care in helping a child to move.

A member of staff in the new home went to meet the child in their current placement, and then the child and social worker visited. The child's current carers were invited to visit their new home and then the child came to stay for a weekend. Only after a planned introductory process did the child move in. The home also has a guest room where relatives can spend time with the child and if appropriate stay overnight. As a result the child quickly settled in.

**113.** Some of the most powerful comments from the young people came from them describing being moved from a foster home or care home. Not only does a move disrupt the daily routines and relationships, which provide security, but also equally it often leaves the child or young person with feelings of bewilderment, anger, grief and loss. Glenn summed this up when he described being taken into care:

*They split us all up. I think if we had all been together I may not have got involved in crime, drugs and smoking cannabis. I think that is where some of my anger is from.*

Luke described a different and more helpful experience, where he knew about being moved from a children's home into foster care and a plan was made to introduce him gradually:

*When I moved from the children's home – my foster parents were about thirty miles down the road from the children's home – they decided that they [social work department] would move me slightly; a week, then two weeks and the primary school I was in – I was half way through primary six at the time – they said they would keep me in that primary school until I go into primary seven, so it sort of made it easier instead of moving in one big lump.*

This plan enabled more of Luke's daily routines to be shared with his new family. Where children have to move, information about their daily routines should be shared, so that as much continuity as possible can be preserved. As one social work manager commented:

*We do share the big history, of where the children have lived and when, but we need to share children's wee history – what kind of toothpaste they like, what time they like to have their tea, their favourite foods – the small things that really matter.*

**114.** Some foster carers told us of their feelings when a placement came to an end in an unplanned way:

*At one stage we were up the pole looking for him, out in my car looking for him all over the place. And I thought I can't take any more of this. I have got other children to think about … and I said I can't take him back. I phoned social work and told them … And I never got a phone call. My family were all phoning the next morning, did you find him? And we got a message on the answer machine … saying they had found him at his aunties, which is where I said he would be in the first place. He had lived with me for eight years. And when I told the social worker I wasn't amused she said "after all, you have washed your hands of him". I had looked after him for eight years, she had only been working with him for six months!*

When a placement ends in an unplanned way it can be painful for both the child and carers or staff. The best outcomes for children can be achieved if the adults involved meet soon after the breakdown of the placement, to examine the factors which contributed to ending. There may be learning for the future both for the child concerned and other children and young people who may be placed in the family or unit. The views of the child or young person should also be sought and the possibilities of sustaining relationships explored.

**115.** The Scottish Executive has asked children's services partnerships to evaluate their performance using the indicators in the quality improvement framework for integrated services for children and young people. One of these indicators is the number of accommodated children with three or more placements has reduced. We think that this is a helpful measure. However even three placements can be unsettling for children and the deployment of resources to support them in a placement can in the long run save the resources which are required to help children who have been affected by placement moves. Many young people in secure provision have experienced breakdowns in their adoptive and/or foster placements. We discuss the need for greater resources to support substitute placements later in chapter 7.

## What helps create stability for looked after children?

### *Links with birth families*

**116.** For most children and young people, maintaining relationships with family members and other significant adults gives them a sense of identity and continuity, which contributes to their stability. Cleaver (2000) found that maintaining contact was essential if the plan is to reintegrate the young person with his/her birth family. We discuss in chapter 7 what can help children to return home and remain there safely and successfully. In some circumstances, direct contact may not be in the child's best interest but children who cannot have contact with birth parents still need to know about their family background and history (Owsu-Bempah 2005). Local authorities should help the child sustain important relationships as this will promote their welfare.

**117.** The kinship children and young people interviewed by Aldgate and McIntosh (2006) were asked to draw a map of the people who were important to them. They said that relatives, brothers and sisters (including stepbrothers and stepsisters) and even pets were important in their lives, along with significant adults in the community, such as their teachers. The children valued the time they spent with their birth families because it helped them to understand why they were not living at home. One kinship child told us:

> *I want to stay with my mum more often. We miss her, we always miss her. We all want to see our mum. I sometimes feel really sad talking about it. Now I don't want to stay with my mum because then it would be sad on my gran because I have been living with her for a long time. I still want to stay with my mum though and my gran. It's a hard decision.*

**118.** Hunt (2001) found that regular contact with their brothers and sisters can support a child's developing personal identity and they can support each other in coming to terms with shared bad experiences:

> *My baby brother's dead cute. We see him loads. He even gets to stay here sometimes.*
> (Lorna)

### Attending school regularly

**119.** Positive relationships within a child's school and local area contribute to their well-being and attending school regularly helps stability. School problems, especially frequent or long absences, cause a strain on families and carers and can lead to more moves for children. When looked after children move, social workers and carers may have to make a difficult choice between the child changing school or travelling to their present school.

**120.** Some children in Scotland attend schools which teach their faith as part of the curriculum and life of the school. Others attend classes in the evenings and/or weekends, which help them to learn about their faith. Some of the young people who took part in the review were disappointed that staff or carers had not helped them to keep up their faith. A study by Smith and Khanom (2005) found that as children get older, friends who have the same faith can become more important to them.

### Friends and social networks

**121.** Strong and satisfying friendships contribute positively to children's lives. Aldgate and Jones (2006) found that children who have experienced secure, stable relationships with adults are more likely to have good relationships with other children. Children can show a remarkable ability to adapt to their changing circumstances and make new friendships when caring adults support them:

> *I did miss people when we moved but now it's not a big issue missing them because I got friends here and now they are good too.* (Michaela)

**122.** We found in both *Celebrating success* (Happer et al. 2006) and *Time well spent* (Aldgate and McIntosh 2006) that daily routines and activities provide safety and security for children and young people, both the big things such as going to school, and the small things like watching a favourite programme with their carer:

> *You'd come out your bed, you'd go downstairs for your breakfast at half past eight, which was another good thing for me, the routine, something that I'd never ever had before.*
> (Carrie)

Those who had lived with foster carers told us about having the chance to take part in everyday family activities, such as shopping, cooking and walking the dog. Young people living in residential settings also valued the comfort and sense of normality they gained through their everyday routines and activities:

> *The staff would always sit with us and have a cup of tea and watch 'Corrie' and have a laugh and a joke. I loved it.* (Thomas)

**Securing long-term stability for looked after children**

**123.** Many children remain in foster care throughout their childhood and adolescence, or live with kinship carers. Long-term plans are required when a child is not able to live with their birth family for the foreseeable future. Children who remain looked after may be moved to long-term carers or be adopted.

Concurrent planning for children can ensure that plans are in place for them if there are difficulties in their current placement or at home. Concurrent planning enables two approaches to be developed at the same time, only one of which might be needed.

**124.** Concurrent planning was developed some years ago in the USA to try to focus planning for children who were unable to live with their families:

> *The concurrent planning strategy uses traditional good social work practice. The one notable addition is the idea of pursuing the contingency plan at the same time as efforts are made to achieve the primary plan of reunification* (Weinberg and Katz 1998).

A study in England (Monck et al. 2003) found that concurrent planning with parents did bring the issues about what was good enough parenting into the open between social workers and families. The study also found that many birth parents were not entirely clear about what they had to do to improve their parenting to the point where they could resume the care of their child or children. It also found a lack of clarity amongst local authority workers about the aims of concurrent planning, there was confusion about what the term meant. However, the study suggests that concurrent planning can provide an effective tool for better ways of arranging permanence for looked after children.

**125.** In 2001, the independent Adoption Policy Review Group (APRG) was commissioned by the Scottish Executive, partly in response to the declining numbers of adoptions. In June 2002 the group reported on the place of adoption services within the spectrum of services for children and young people, the quality of recruitment, selection and assessment procedures for prospective adopters and the quality of post adoption support. The group made 107 recommendations, almost all of which have been accepted by the Scottish Executive. In June 2005 the Scottish Executive conducted a consultation involving a wide range of groups and individuals who had experience of adoption personally or professionally.

**126.** There are fewer than 400 adoptions a year in Scotland (of which around half are to step-parents) so the majority of looked after children remain in foster or residential care. Older children who are adopted can find that this can offer them security but the risk of breakdown increases with the age of the child. Although there are differences in findings between research studies (Strathclyde Regional Council 1993, Triseliotis 1998/99) there is broad agreement that at least a third of all adoptions of children over the age of nine break down within two years. Some adopted children want contact with members of their birth families and 'open adoption' where there is some contact has increased in the past 20 years. Some authorities provide post adoption support groups for parents and young people and support the placements of older children. However the responses to the consultation on adoption found that some participants believed that Scotland lags behind England which has 11 post adoption centres. There are none in Scotland.

> *There is an urgent need to establish a post adoption centre in Scotland as a central point and resource for information, training, research, advice and support and linking with local support services … The Scottish Executive decision not to recommend that there should be a duty on a local authority to meet any assessed need is to put it mildly a cop out. In the 1976 and 1987 Adoption Acts in Scotland a duty was specified to provide post adoption services. But they are patchy, under-developed and not equally distributed.* (Adoption Policy Review Group, Scottish Executive 2005:34)

**127.** The adoption policy review group recommended a new permanence order which would give defined rights, responsibilities and stability to foster carers by providing a legal order which secures the child's placement, for which a local authority would apply. The Adoption and Children (Scotland) Bill 2006 once passed will put this into effect. The review also recommended that unmarried couples could adopt as a couple, rather than the existing situation where only one is given legal status and the other has to apply for a residence order. Same sex couples will also be able to apply to adopt.

**Providing nurturing experiences into adulthood**

**128.** Many looked after young people become independent before they reach 18 years. Therefore young people who have already experienced greater stress or difficulties in their lives have to adjust to adulthood much faster, with less reliable support from families. Dixon and Stein (2001) found, of young people leaving care in Scotland nearly half felt they had no choice about when they left care. Some felt abandoned when their placement came to an end. One said simply *"I got told I was leaving!"*

**129.** The Regulations on Supporting Young People Leaving Care in Scotland (2004) place a duty on local authorities to assess the needs of young people leaving care. Planning materials called 'Pathways' were prepared and disseminated to local authorities to help them carry out this duty effectively. Pathways are designed to make sure that local authorities, carers and other professionals and services work together. Pathways planning should take place with all looked after young people whether looked after at home or looked after and accommodated. We found many examples of workers and carers providing continuing help and support that was evidence of their level of commitment to the young person:

> *My foster parents, they've always been there when I needed them. When I was in 'uni', they would come and pick me up and take me back down. They would say 'If you want to come here for the summer it's not a problem, and you can come on holiday with us if you want'.* (Luke)

Many young adults continued to be given practical help by foster carers, residential staff and social workers after they had left care:

> *They'd come down and help me paint the place. One of the staff is a curtain maker and she made all my curtains and bedding and another one's husband came and plumbed in my washing machine. It was all in their own time, you know. But all the simple wee things, I don't know what I'd have done without them.* (Tara)

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**Columba 1400: Leadership academies for young people leaving care**

Columba 1400 delivers leadership academies to young people who are leaving or have recently left care. Leadership academies are run in Columba's centre on the Isle of Skye.

**The need for leadership academies**

There has been widespread frustration that the outcomes for young people leaving care in Scotland are not as good as they should be. Research has highlighted that young people leaving care have particular needs. There have been a number of changes to try to better support this group of young people, including the introduction of pathway planning. The Leadership Academy at Columba 1400 offers young people an opportunity to think about themselves and their lives, what their strengths are, and how they can change their futures.

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**The good practice**

Underlying the leadership academies is a belief that young people who have experienced tough realities often have strengths that they have yet to tap into. Columba involves the young people at three stages. First, support workers who are usually already working with the young person, identify who they think would benefit, and start to prepare them for going to the academy. At the second stage, young people and support workers attend the intensive week-long academy on Skye. This involves a series of individual and group challenges, setting a plan for the future, and graduating at the end of the week from the academy. At the third stage, the young person and the support worker work together in the community to achieve the young person's plan.

**The people involved**

Columba 1400 has been working with young people and their support workers from a number of local authorities across Scotland, as well as with one national voluntary organisation. Key to the success of the programme is the support workers, who help young people prepare for the experience and support them with their plans. A number of young people who have completed their leadership academy go on to work as volunteers with Columba, sometimes in leadership academies with business leaders and sometimes in promoting Columba.

**Outcomes achieved by young people**

Young people we met who had attended the Columba leadership academies were very positive about their experience. They talked about how the experience changed their thinking and the direction of their lives by helping them to get a job, go to college, or change their offending behaviour. The Scottish Executive has commissioned an evaluation of the leadership academies for young people leaving care which will focus on outcomes achieved for young people.

**130.** Some looked after young people who are serving prison sentences will also benefit from continued support whilst serving their sentence and on release. We heard of one voluntary organisation where the staff visited young people with who, they had worked, who went to prison. An informal arrangement such as this does not cater for the needs of all looked after young people who gravitate to custody. Coordination between criminal justice staff and child care staff to follow-up and support all looked after children in custody in every local authority would, in the long term, reduce their chance of becoming homeless and often returning to prison. Louckus et al. (2000) found that 45% of all young people in young offender institutions had been in residential care at some point in their lives. A recent study (Holmes and Gibbs 2004) estimated that 46% of prisoners in England and Wales had been looked after as children. Under the Children Act 1989 and the Children (Scotland) Act 1995, children in England, Wales and Scotland are eligible for continuing support while they are still in prison. The National Children's Bureau has developed a resource pack, *Tell them not to forget about us!*, to identify ways in which young people coming out of prison can be helped.

**131.** In his annual report 2004-5 (Scottish Executive 2005a), HM Chief Inspector of Prisons (HMCIP) found that 18 children under the age of 16 were held in prison in Scotland during that year. These children were generally held for short periods of time and HMCIP had no reason to believe that they were not treated properly. He pointed out that the procedures which apply to under-16s in prison were followed strictly. What HMCIP did question was the appropriateness of children being held in prison at all. The distance from home and family, exclusion from school, isolation from peers and the likelihood of children mixing with adults with more experience of criminal activity were all viewed as potentially damaging experiences. All local authorities in Scotland should have procedures which alert them to any child who is detained for any reason in prison so that they can quickly identify the most appropriate placement for the child's particular needs and circumstances.

**What we can do to nurture children.**

i.   Listen to children and young people to help strengthen their resilience.

ii.  Value children and young people by remembering their likes and dislikes.

iii. If children and young people have to be moved, explain why, so they are better placed to understand and accept this.

iv.  Learn from placements that end prematurely. Adults who care for looked after children who have unplanned moves should work together to find out the reasons for the move and what steps might have prevented them.

v.   Make sure that care plans for children and young people identify where the difficulties in a placement might arise, how these might be minimised and the support which is available for the child and the adults who care for them.

vi.  Create stability for children and young people by preserving or renegotiating relationships with their birth families if safe to do so; encourage regular school attendance, help them to keep their friends and use the law to secure their placement.

vii. Help children and young people leaving care to identify and consider their career choices, and prepare them emotionally and practically so that they either have work or a place in further education.

viii. Support children and young people who wish to continue to worship and/or learn about their faith.

ix.  Provide comprehensive and accessible post adoption support services for adults and children and young people.

**Key issues:**

- creating greater stability in the residential childcare workforce

- making sure staff have the time and training for careful and thorough assessment and care planning. Crucial times for looked after children are when they come into care, when they move or when they leave. Caring relationships are important but by themselves not enough. Each stage requires staff to assess, plan and follow through

- making sure that all those leaving care are supported whilst they continue to need that support

- assessing the impact of the current arrangements for young people leaving care in Scotland

- making post adoption support available to all adoptive families who are needing help

- making sure that looked after young people who are in prison receive support from the local authority whilst in prison and on release.

**Further reading**

Newman, T. *What Works in Building Resilience?,* Essex, Barnardo's

Scottish Executive (2002) *Growing Support*, Edinburgh, Scottish Executive

Dixon, J. Stein, M. (2001) *Still a Bairn. Through care and Aftercare Services in Scotland.* Edinburgh, Scottish Executive

Highet, G and Jamieson, L. (2005) *Cool with change, young people and family change*

**websites**

Young people's newsletter at www.crfr.ac.uk/research/coolwithchange.html

Being fostered – Children's Rights Director CSCI www.rights4me.org.uk

Scottish Through care and Aftercare Forum www.scottishthroughcare.org.uk

British Agencies for Adoption and Fostering www.baaf.org.uk

The Fostering Network, Scotland www.fostercare-scotland.org.uk/scotland

Columba 1400 www.columba1400.com/

Adoption Policy Review www.scotland.gov.uk/about/ED/YPLAC/00017972/policy.aspx

Quality Improvement Framework www.scotland.gov.uk/publications/2006/04/27135008/2

# 5

## Healthy, active children

*Children and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable health care and support for safe and healthy lifestyle choices. Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sport.*

(Vision for children 2005)

*I've got healthier and a lot, lot happier.* (Toni)

*I have done the John Muir Trust award … Walking, walking about the country and all that. It was hard. I used to complain about it because … I hate walking. I eventually started getting used to it and that. I did not think I would have done it anyway. Just trying to prove a point to myself that I could actually do it. Instead of, like, can't be bothered. I wanted to prove to myself that I could actually do it.* (Ian)

**132.** In responding to the Kerr Report, Building a Health Service Fit for the Future Volume 2 (2005h), the Minister for Health and Community Care set out one of his principal aims:

> *I also expect the changes that we are making will see the health of our population improve. I want everyone to have the same opportunity to experience improvement. Currently there are stark differences in the healthy life expectancy of different communities across Scotland. This is unacceptable* (Scottish Executive 2005g: iv).

**133.** Key themes of the Kerr report (2005h) fit with implementing the vision for children in Scotland today, for example the commitment to collaboration between the NHS and the voluntary sector, tackling inequalities, access and care designed to deliver the best outcomes and new ways of delivering rural health care. Looked after children and young people often experience poor health care and so we commissioned a research review (Scott and Hill 2006) to identify what is known about promoting healthy and active lifestyles for looked after children and young people. Most of the Scottish studies did not include discussion of looked after children living at home, but we consider that many of the ways of helping young people apply to all looked after children and young people.

**134.** Improving the health of all Scots is a national priority. In 2003 the Scottish Executive published a national action plan, *Improving Health in Scotland – the Challenge* (2003c). This is designed to help people change unhealthy behaviours and to promote better health outcomes. The Executive has set targets to reduce smoking and drug misuse, improve oral health in young children, reduce teenage pregnancy and tackle self-harm and suicide. The plan looks at ways of encouraging people to eat a healthier diet and take regular exercise, how to reduce smoking and misuse of alcohol and drugs.

## Risks to health

**135.** Children born into low-income families are much more likely to experience social exclusion, lifestyles which put health at risk, and poorer access to health services. Parents who live in more affluent areas are more likely to take up health promotion advice and child health screening. The pre-school child health surveillance programme (2003a) found that, for example, one in ten children from poorer families miss out on routine health checks six to eight weeks following birth. The proportion rises to one in four by age two, and two in five by the time children reach their pre-school year.

**136.** A survey conducted in Edinburgh found that black minority ethnic children appeared to suffer from common colds, asthma, sleep disorders and bed wetting to a much greater extent than the general population in Scotland. There were causal factors which affected the children's health, the most significant being racial harassment. Most parents who were interviewed claimed that their children's health problems were related to fear, stress, anxiety and depression. The children were reluctant to go out and play in the open (Bibi, Egan and Lee, 1996). A study of children and young people with complex health care needs (Stalker et al. 2005) found that no information on the ethnicity of the children was recorded in Scotland.

**137.** The Scottish Executive (2005e) has provided guidance *Health for All Children* (known as Hall 4) on how best to apply the recommended core programme of child health surveillance, and how to identify and target support for vulnerable children and families. The guidance also recognises the importance of encouraging young people to take responsibility for their own health. The recommendations reflect a move away from universal screening towards a more holistic approach, including health promotion, primary and secondary prevention, and targeting resources to need, especially helping vulnerable families and children. It also recognises the importance of integrated services, which make best use of available skills and resources across agency boundaries. Community Health Partnerships (CHPs) are now responsible for ensuring that there are effective pathways in place for the provision of health care services to vulnerable children.

> *CHPs should put in place plans to improve access for young people to primary care services. This could include the use of the internet and mobile phone access to health care advice as well as dedicated young people's clinics* (Scottish Executive 2005h: 201).

In some areas of Scotland, health and social care services are now combining their activities through CHPs with the intention of ensuring a more integrated and coherent approach to the identification and delivery of community based services to families.

## Looked after children and young people

**138.** The Residential Care Health Project (RCHP) was set up in 2000 in recognition that the health of looked after children is the responsibility of a number of agencies. Their report *Forgotten Children* (2004) concluded that:

> *From past research and from information gathered in the course of the RCHP it is clear that the primary cause of poor health outcomes for this group of young people is not the state of the child's health on the day they enter the care system. It is rather the history of unmet need prior to being accommodated … These are compounded by the lack of our current health care systems to adapt to the needs of a mobile population, by difficulties of tracking children and young people, and of communication between and within agencies. These issues can only be addressed by a coordinated approach to tracking and intervention, in which all areas of health service provision have a role to play* (The Residential Care Health Project 2004:73).

**139.** Children with disabilities, particularly those which are 'hidden' can be further disadvantaged if their condition is either misunderstood or overlooked when they become looked after away from home. Examples might include some genetic disorders, mild forms of autism and disorders which affect comprehension and learning, or conditions which are found in certain racial groups, e.g. sickle cell anaemia. Parents who may not be able to care for their child are still often experts in their child's health and/or disability and they should be encouraged to contribute as much information as possible.

**140.** A study of children with complex needs by Stalker et al. (2005) looked at children and young people who spend long periods in health care settings such as hospitals and nursing homes. They found that there was no clear picture of the numbers of children who might fall into this category. For children with a learning disability there was little evidence of procedures for consulting them about their care and treatment. The study found that some service managers and providers in health and social services were confused about the legal status of children and young people in healthcare settings for more than three months.

**141.** The Children (Scotland) Act 1995 requires NHS boards to notify the local authority of any children who have been living in health care accommodation for more than three months if they had no parental contact or were unlikely to do so. The child does not necessarily become looked after but the authority has a duty to determine whether the child's welfare is being adequately safeguarded. Stalker's study concluded that there is a need for a procedure whereby professionals can identify individuals who may be 'lost' in the system (for more information on this study see further reading section at the end of this chapter).

**142.** Triseliotis et al. (1996) found in a study of looked after teenagers in Scotland that three quarters of children looked after away from home thought their health was 'good' or 'very good', a view backed up by their carers. Aldgate and McIntosh (2006) found similar patterns amongst children in kinship care, where most carers assessed the physical health of the children they looked after as 'very good' to 'excellent'. Long-term conditions such as asthma had improved with better management and a smoke-free environment.

**143.** Some studies found that children and young people looked after away from home are vulnerable to drug and alcohol misuse and self-harm. In a study of young people leaving care in Glasgow, Ridley (2001) found that 50% of young people drank alcohol once a week. Meltzer et al. (2004) also found that around a third of young people have tried drugs while in care, and just over two thirds had taken drugs previously.

**144.** A study of young people leaving foster care in Glasgow (Scottish Health Feedback 2003) found that the young people reported feeling depressed, lacking in self-esteem and there were incidents of self-harming behaviour. Research in Scotland in 2004 (Meltzer et al.) found that 39% of young people in residential care had self-harmed compared to 18% of young people living with their birth parents and 14% of young people in foster care. Another study in Glasgow (Scottish Health Feedback 2001) found that a third of 13 to 17 year olds in residential care had self-harmed and that 10% of young people in residential care use self-harm as a coping strategy when distressed, compared to 1% of young people in the general population. A report published in March 2006, *Truth Hurts*, which followed a two year inquiry run by the Camelot Foundation and the Mental Health Foundation, uncovered a lack of training for health and education professionals about self-harm.

**145.** Two small studies which looked at the prevalence of psychiatric disorders amongst looked after children (McCann et al. 1996; Dimigen et al. 1999) found that children in foster care were happier, healthier, eating better, exercising more and drinking alcohol less. They were also less likely to misuse drugs than children in residential care. We need to understand this in the context that young people in residential care are more likely to have had disrupted lives, moved care placements more frequently and some have experienced rejection by adoptive and/or foster parents. We draw attention to the importance of appropriate therapeutic resources to help both the young people and the adults who care for them.

**146.** In 2005 the Minister for Health and Community Care set up the Children and Young People's Health Support Group (CYPHSG) and strengthened the role of the Scottish Executive Health Department in setting the child health agenda. All NHS boards and local authorities were asked to draw together their existing planning for children and young people into a single Integrated Children's Services Plan. This describes local improvement objectives and delivery strategies across universal and targeted services for children and young people. The Minister also asked the CYPHSG to produce an Action Framework for Children and Young People's Health Services. The action plan will focus on measurable improvements in health outcomes and health care services.

**Mental health and well-being**

**147.** Meltzer et al. (2004) found that children of primary school age who were looked after away from home were more than five times more likely to have mental health problems than children who lived at home. Some of the contributors to *Celebrating success* (Happer et al. 2006) told us about the emotional pain and distress they had suffered as looked after children:

> *I became anorexic. I coped with my feelings by not eating. It was my way of saying "stuff you" to everybody. I was very thin and really unwell.* (Siobhan)

> *I suffered from insomnia for years – really bad.* (Chris)

> *I actually tried to commit suicide because I'd had enough.* (Thomas)

**A framework for promotion, prevention and care**

**148.** A comprehensive assessment of the mental health needs of Scotland's children, known as the SNAP (2003) report, suggests that about 10% (around 125,000 young people), are likely to have mental health problems which interfere with important aspects of their lives, or cause problems with their learning or relationships.

**149.** The SNAP (2003) report recommended that measures to tackle mental health problems and promote good mental health for children and young people should be located in their communities, schools and families. SNAP recommended that mainstream and specialist services review their combined roles and redesign them in local networks, which provide comprehensive promotion, prevention and care. To implement the recommendations in the SNAP report, the Scottish Executive, with help from the national advisory forum for child health and the child health support group has prepared a framework for child and adolescent mental health services (Scottish Executive 2004a). This aims to help local authorities and NHS boards to gauge how well they are performing, and to plan how mental health services will be provided in future.

> *The National Programme for Mental Health and Well-being will continue its focus on population health. This is about promoting well-being and resilience and tackling stigma and discrimination to reduce the risk of mental illness … Specifically, we will implement the report on Children and Young People's Mental Health: A Framework for Promotion, Prevention and care, and interim targets will be identified to allow us to track progress by 2008 and 2010* (Scottish Executive 2005g: 44).

**150.** The Scottish Executive has provided funding for the development of training programmes through the voluntary organisation, Young Minds. This training aims to help frontline staff promote the emotional well-being of young people, and provide appropriate responses where young people are experiencing difficulties. The framework states that NHS mental health services should set up specific arrangements to support children looked after away from home, including those in secure care. The SNAP report recommends that young people, including those who are looked after, must be consulted and involved in any redesign of mental health services for them.

**Mental Health (Care and Treatment) (Scotland) Act 2003**

**151.** NHS boards have a duty to provide services which meet the particular needs of children and young people being treated for mental health problems in hospital. Local education authorities must provide the child with proper education if she or he is in hospital for any length of time. Health services must take steps to promote contact with parents and help to sustain the child's relationship with their carer or parent. We were told that many front line health professionals had not received any specific pre- or post registration training on mental health issues particularly in relation to young people and self-harming.

**What helps good health outcomes for looked after children?**

**152.** The developments set out below are examples of measures which have been put in place. National care standards (2002) set out what each individual child or young person can expect from the service provider in meeting their needs. The standards include eating well, keeping well – life style, and keeping well – medication. They promote healthy activity and a good diet. The Care Commission inspects all residential homes for children against these standards.

**153.** Pathways planning (Scottish Executive 2004f) for young people leaving care includes a specific focus on arrangements for health. Pathways materials have been designed to capture young people's views about what they need to make sure they stay healthy. One local authority told us it intended to provide all young people leaving care with a health booklet which contained their full medical history.

**154.** Many looked after young people find it hard to trust and engage with regular health services. Some NHS boards have set up 'one stop shops' and fast track provision, such as sexual health clinics for young people who may be reluctant to attend local hospital clinics for contraceptive and other advice.

> **One NHS board has for some years funded 'Sorted on Sex' a clinic aimed at young people housed in the centre of town. The clinic is located in a tenement and has an informal drop in atmosphere. It offers sexual health advice from doctors and nurses who staff clinics twice a week. The young people do not need to make appointments and the service is completely confidential.**

**155.** The Scottish Executive Education Department has made a commitment that schools should be health promoting. In 1999, *A Route to Health Promotion* was published with the intention to help schools improve their approaches to promoting the health of children and young people. In 2003, HMIE issued *How good is our school? Two Health Issues; education about drugs and responsible relationships and sexuality.* The Health Promoting School emphasises the importance of partnership working in improving the health of children and young people.

Some looked after children in residential schools are also benefiting from the Scottish Executive's Health Promoting Schools initiative.

A residential school has adopted many aspects of the health promoting school model, making sure both the school's physical environment and its ethos promote good physical and mental health. The school has built good relationships with specialist staff, incorporated health and well-being into the curriculum, fostered strong links with young people's families and home communities, and paid attention to ensuring the health and welfare of staff. This last aspect is important because we know that adults provide crucial role models for young people and can play a part in encouraging healthy lifestyles, reinforcing health education in schools. They can promote physical activity, emotional well-being and healthy diets, helping young people to learn how to shop and cook healthy foods from an early age.

**156.** Joint working between staff who care for young people and health professionals can help give carers the skills and confidence to provide appropriate care and help for vulnerable young people. For example, health professionals can have a greater impact by working jointly with residential staff to tackle the high incidence of smoking amongst young people in children's homes. This role could be extended to better support foster carers to help young people to stop or not to start smoking. Smoking remains a serious risk to the health of many young people. The change in the law on smoking in public places in Scotland will require all homes to review their approach to smoking.

A city council and partners, with funding from the Changing Children's Services Fund, set up an example of joint working. Mental health specialists worked alongside staff in residential care, seeing young people in their own environments and in everyday situations. The specialists were able to provide advice about promoting good mental health and responding appropriately and sensitively to young people's needs. Together, staff, specialists and young people were able to devise strategies that were effective.

**157.** Every NHS board area in Scotland should now have a lead clinician with responsibility for child protection. In some parts of the country school nurses may be involved with looked after children and elsewhere community paediatricians may have clinics for looked after children or they may be involved through permanency planning processes for adoption and fostering. Lead clinicians for child protection along with community paediatricians have an important role in working together with school nurses and general practitioners to improve the health of children and young people.

**Looked after children nurses**

**158.** Looked after children (LAC) nurses are part of the community nursing workforce. They have been appointed in many areas to oversee looked after children's health.

They:

- provide initial assessment of children's medical and developmental problems

- put children and young people in touch with other health professionals as needed

- give young people and their carers information and advice about all aspects of health and how to keep healthy

- stimulate interest in the health of looked after children.

**159.** In some areas, LAC nurses can highlight children's health needs at key decision-making meetings, such as looked after children reviews.

> **There are particularly strong links between local health services and the local authority in one part of Scotland. The nurse appointed as coordinator for the health of looked after and accommodated children routinely attends meetings where important decisions affecting looked after children are made and where resources are allocated. She also advises children and young people individually, especially those in residential care, on their health needs.**

In another area a part-time LAC nurse post has been funded by the Changing Children's Services Fund. There have been positive results both in gathering information about young people's medical histories and arranging immunisations and other follow-up treatment.

**Working in partnership with young people and their families**

**160.** *Our national health – a plan for action, a plan for change* noted that:

> *We need to talk to young people about their health needs in a language that they understand. And when they respond, we must show we are listening – we will encourage the NHS to work with and listen to young people to make sure that local services are shaped in ways that effectively meet their needs.* (Scottish Executive 2000:6)

**161.** Children and young people can be active, informed participants in assessment of their health needs and should be consulted about their care. The best outcomes for children and young people can be achieved when:

- who can give consent to children receiving treatment for health problems and medical examinations is established immediately a child becomes looked after and this is communicated to all who need to know and recorded accurately

- care plans include attention to health based on accurate and up-to-date information and assessment

- care plans are regularly reviewed with appropriate input from health professionals

- plans state clearly any actions needed, with clarity about who will carry out the tasks, by when, and any contingency plans

- local authority staff carefully consider the health needs (including mental health) of a child or young person when planning any change of their placement

- local authority staff make arrangements with health professionals to ensure continuity of health care, which is recorded in the care plan and the child's case record

- young people have accurate information about their medical history and are supported to take responsibility for their health and healthcare

- specialist services are available in a form and in a timescale which meets the needs of vulnerable young people.

**Specialist services for young people who have been sexually abused**

**162.** Some children and young people who are looked after have been sexually abused. Foster carers and residential care staff often want advice and guidance on how best to help them to overcome their experiences.

**163.** Farmer and Pollock (1998) found in a study in England that sexually abused children were more disadvantaged than other looked after children; they were likely to have experienced other forms of abuse and been in care for longer periods. In addition this group of children and young people were more likely to have severe educational problems, to have experienced rejection and disrupted parenting and to have been seen as troublesome and beyond the control of their carers. In addition the girls were more likely to have become pregnant. Once looked after, a number of other differences emerged. For example, they had more moves in their first six months in care and they showed new behaviour problems.

**164.** When Farmer and Pollock studied the backgrounds of this group they found that fewer than one in five entered care because of abuse, *"so this aspect of their history was easily overlooked"* (1998:63). Most worrying was their finding that some social workers did not know about past abuse or minimised the facts to secure placements. During their placements in residential or foster care the young people both faced and presented further risks. A third of the sample (13 young people) was sexually abused, had been involved in prostitution or were vulnerable to sexual exploitation. One in five of the girls became pregnant and a similar proportion alleged sexual assault and rape by a resident or staff member in residential care.

**165.** Although this study was undertaken in 1998 in England, recent reports in Scotland (SWIA 2005a and SWIA 2005b) suggest that little progress has been made on understanding and providing appropriate care and help for children who have been sexually abused. These reports found that professionals lacked knowledge and skill in working with sexually abused children and with children and young people who acted in a sexually harmful way to others. There is a shortage of specialist resources for all young people who have been sexually abused or show sexually harmful behaviour.

**Active children and young people**

**166.** This chapter has identified the importance for all looked after children and young people of being both healthy and active. Active can mean different things for different young people, for toddlers attending playgroup, for older children belonging to a sports club. Special attention and planning may be required to ensure that disabled children have equal opportunities to participate in out of school activities of their choosing.

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**A community-based health project**

The project's aim is to improve the well-being of looked after young people through physical activity by giving them access to leisure facilities. The project provides leisure passes, clothing allowances, transport costs and, where appropriate, one-to-one support, for young people and, where appropriate, a 'buddy'.

**The need for the project**

A local study found that some children lacked confidence and self-esteem. Research showed that physical activity reduced anxiety, improved mood and boosted self-confidence but young people also found it difficult to use local leisure facilities because of a lack of the right clothing, transport costs, fees and lack of support.

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**The people**

The project has a multi-agency steering group, with a working group, which meets regularly to monitor the project's work. Two development workers are employed to co-ordinate and manage the project, one for looked after young people under 16 and the other for young people over 16 who are leaving care.

**The outcomes**

An evaluation of the project showed that those who used the service had improved social skills and increased confidence. One particularly vulnerable young person used the project to go swimming. Here he met a friend who took him to rugby training, following which he joined a local rugby team. The support manager at his school commented on a remarkable difference in his behaviour.

**Young people's views**

Young people were asked for their views when the project was being designed. They also took part in evaluating themselves and the project.

 "I like going to the sauna and for a swim, it's my way to relax and I feel a lot better. It's good that someone comes with me."

"It's good to have a pass and tickets for the bus. I used to go less 'cos I hated asking for the bus fares."

**What we can do to keep children healthy and active.**

i.  Recognise that looked after children and young people can have poorer health than the rest of their peers and make sure that their good health is a priority for them and their carers.

ii.  Encourage children and young people to take appropriate responsibility for their own health care.

iii.  Record details about a child's health and pass this information quickly to their new carers if a child moves frequently from one placement to another, for whatever reason.

iv.  Recognise increased risk of self-harming and know where to get help.

v.  Be aware of the increased likelihood that some looked after children and young people may develop mental health problems. Seek medical help at an early stage.

vi.  Help children and young people who have experienced sexual abuse by giving them opportunities to talk about their experiences. Recognise that for some young people specialist support may be helpful.

vii.  Recognise sexually harmful behaviour and provide the specialist support that may help the child or young person to stop and keep others safe.

viii.  Coordinate local services to help looked after children and young people get the best possible health care.

ix.  Understand the full implications of a child's disability so they can be as healthy and active as possible.

x.  Ensure that looked after children get the opportunity to take part in consultations about health delivery.

**Key issues:**

- monitoring health outcomes for looked after children up to the age of 21 at a strategic level
- making sure that all health professionals have some mental health input into their pre- and post registration training generally and specifically in relation to young people and self-harm
- putting in place more specialist resources for all children and young people who have been abused, including those who have been sexually abused
- encouraging CHPs to better coordinate local health services for looked after children and young people.

**Further reading and websites**

*The child's world: assessing children in need – a reader* editor Jan Howarth published by the Department of Health, the NSSPCC and the University of Sheffield (2003) has useful chapters on *The Assessment of Children with Complex Needs, and Young People who Sexually Abuse; implications for assessment*

Medical Research Council (2000) *Teenage Health: the west of Scotland 11 to 16 Study*

Stalker et al. (2005) *Care and treatment? Supporting children with complex healthcare needs in healthcare settings* York, Joseph Rowntree Foundation
Further information on the study from Kirsten Stalker – kos1@stir.ac.uk

Scottish Executive (2002) *Choose Life. A National Strategy and Action Plan to Prevent Suicide in Scotland*, Edinburgh, Scottish Executive

NHS Scotland (2004) *Promoting the Well-being and Meeting the Mental Health Needs of Children and Young People. A Development Framework for Communities, Agencies and Specialists Involved in Supporting Children, Young People and their Families,* NHS Education for Scotland

Residential Care Health Project (2004) *Forgotten Children,* NHS Lothian

Scottish Executive (2000) *Walk the Talk. A guide for practitioners and managers,* Edinburgh, Scottish Executive

Self-harm – National Self-harm Network – national charity aims to provide support for people who self-harm and people affected including families and professionals www.nshn.co.uk

Young People and self-harm – web resource for children and young people who self-harm maintained by the National Children's Bureau www.selfharm.org.uk

SCIE research briefing 17: Therapies and approaches for helping children and adolescents who deliberately self-harm www.scie.org.uk/publications/briefings/briefing17/index.asp

Information and web links on suicide prevention www.hebs.com/suicideprevention

Extraordinary lives

# 6

## Achieving children

*Children and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self-esteem to the fullest potential.*

(Vision for children 2005)

> *The teachers helped me think about what I needed to do.* (Ross)
>
> *Education is a big thing for me. It helps when you're out there in the big wide world.*
> *I think qualifications do play a big part in where you want to go.* (Denise)

## The education of looked after children and young people

**167.** The majority of looked after children attend ordinary schools, the remainder go to special schools[7] or small day units. An HMIE report, Improving Scottish Education, noted that, *"some of the most vulnerable and challenging pupils in Scotland attend these schools"* (2006b:46). Looked after children and young people can face additional barriers to achieving success in education. Many do well in school but educational outcomes for looked after children remain poor in comparison with other children.

**168.** In 1999, Scottish Ministers set a target that all young people leaving local authority care should have attained standard grades in English and Mathematics but progress has been slow. *Improving Scottish Education* (HMIE 2006b) noted that the performance of the lowest 20% of pupils, as measured against national levels and examinations, has remained static.

> *Around 60% of looked after, and looked after and accommodated, young people who are 16 to 17 have gained no qualifications at SCQF level 3 or above. Some of these young people gain awards in courses at colleges of further education, through extended work experience, and in activities accredited by voluntary organisations. Few of these awards are sufficiently recognised in the current range of school and national measures of success* (2006b:38).

**169.** Children in residential special schools, including looked after children, still have a shorter school week than mainstream schools and, despite some exceptions, inspection has noted significant weaknesses in the quality of educational provision overall (HMIE 2004). Some schools failed to give pupils enough study time to achieve formal qualifications. Whilst in residential special schools which provide solely for pupils with social, emotional and behavioural difficulties (SEBD), pupils' successes in personal and social development can be impressive.

> *These schools help pupils overcome many barriers to their learning … where schools have been successful; they have transformed vulnerable and challenging young people into young adults who are aware of the need to become responsible citizens* (HMIE 2006b:48).

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7  Special schools provide education and in the case of residential special schools, care and education for pupils whose needs cannot be easily met within mainstream schools (HMIE 2006:46).

**170.** However, the HMIE report noted weaknesses in pupils' attainment in English in a third of day special schools, and in Mathematics in a quarter of special schools. The picture is poorer still in residential and day special schools which cater exclusively for pupils with SEBD. Important weaknesses are present in pupil's attainment in English language and mathematics in most of these schools. Weaknesses in attainment can be attributed, in part, to a number of factors. The length of the school week is shorter than in mainstream schools; pupils have often experienced major interruptions to learning before being placed in a special school; some schools experience difficulty in attracting and retaining teachers in subject specialism; and on some occasions pupils' behavioural difficulties mask undiagnosed learning difficulties (HMIE 2006b).

**171.** The report *Learning with Care* (HMIE and SWSI 2001) set out the educational disadvantages of looked after children and what could be done to help them to achieve their potential. Although published five years ago it is still relevant and important today, and below we discuss the central themes. Looked after children and young people were consulted and actively involved in the preparation of the report. It makes nine recommendations about improving the educational outcomes for looked after children. It emphasised the importance of schools, social workers and carers working together to have a shared understanding of the importance of education for improving the life chances of children and young people.

**172.** The report (HMIE and SWSI 2001) identified four key areas in which looked after young people can have difficulties in education. These are getting to school, coping there, being helped to learn and progressing to education beyond school.

i.    *Getting through the school gates* listed the key factors which can lead to non attendance and strategies which young people have found helpful in getting them back into school.

ii.   *Settling in at school* explained the bullying and discrimination, difficult relationships and distress at school which can lead to behaviour which results in the child or young person being suspended or excluded. Key factors which prevented young people from settling in school were listed together with strategies which they have found helpful in keeping them in school. These include training and support for teachers in managing challenging behaviour and in diversity and discrimination, clear guidance on the confidentiality of young peoples' personal lives, counselling and support for the young people.

iii.  *Ready to learn.* In this section, the report recognised that even when looked after children attend regularly they still face barriers both within and outwith the school. These included children and young people lacking confidence and doubting the value of education. Young people described some residential care homes as being too distracting to allow serious study.

iv. *Fulfilling potential* noted that achievement for looked after young people was sometimes limited by a mindset which linked leaving school at age 16 with timing of moving into independent living. Progress to further or higher education was restricted as many looked after young people left school feeling rejected. Those who did progress on to further education lacked emotional and financial support to keep up their studies. The strategies young people have found helpful included early help with educational difficulties, incentives and support from foster carers and residential care staff to complete homework. Encouragement to go on to further education could be provided by a much stronger focus on education at children's reviews together with ongoing practical support about how to apply.

**173.** A number of factors can contribute to looked after children becoming effective learners. These are the learning environment; family and home circumstances; health; and social and environmental factors. Each is discussed below.

**The learning environment**

**174.** Children's experiences at school have deep and long lasting effects on their social and educational development (Gilligan 1998). Some of the contributors to *Celebrating success* (Happer et al. 2006) described school as a place of refuge where they could escape from difficulties at home. Some told us about how they were helped by sympathetic responses from staff at school.

> *My school is really, really nice because they [the staff] understand me.* (Alison)

Young people also told us about the differences that particular teachers could make to their lives.

> *She said to me "It's only you that can change your future" and it sort of hit me, yeah that's true. And it changed things somehow and I've never forgotten it.* (Carrie)

**175.** The Standards in Scotland's Schools Act 2000 placed a legislative duty on education authorities to "*secure the development of the personality, talents and mental and physical abilities of the child or young person to their fullest potential*". To achieve this end, the Scottish Executive set out a vision for all Scotland's children. The vision requires agencies and services to collaborate in information sharing, joint planning and effective co-ordinated delivery. It brings together local authorities, police forces, NHS boards and other local partners in planning services for children and families at a local level. The proposals in *getting it right for every child* (Scottish Executive 2005d) promote improved assessment and information sharing. An integrated system of inspection of services for children will support improvements across children's services and evaluate the impact of the strategy. These inspections will begin in 2008.

**176.** Since the Standards in Scotland's Schools 2000 Act, the Scottish Executive has also been more explicit about expectations for the education system. Five national priorities were agreed, relating to achievement and attainment; a framework for learning; inclusion and equality; values and citizenship; and learning for life. The Scottish Executive has also provided substantial increases in funding to tackle weaknesses in provision. The policy framework has been set by *Life Through Learning:Learning Through Life* (2003e), *Ambitious, Excellent Schools* (2004g) and *Determined to Succeed* (2004h).

**177.** The integrated community schools initiatives have strengthened links between services including social work and health partners.

> **In one area, four secondary school clusters were designated as integrated community schools, and funding has been used to ensure that social workers, careers officers and part-time mental health counsellors were available to all secondary schools. Positive outcomes have included improved opportunities for young people leaving school, a reduction in the total number of exclusions from these schools and the very encouraging involvement of the schools in health promotion activities.**

*Learning with Care* (HMIE and SWSI 2001) found that looked after children who are excluded from school can be without any education for weeks or months. Alternative arrangements, such as home tutoring or placement in supported education units, often fall far short of full-time schooling. 13% of looked after and accommodated children were excluded in the year 2003-04 yet they are only 1% of all children who attend school.

**178.** *Learning with Care* recommended that all schools should have a designated teacher with special responsibility for looked after children. The purpose was to make sure that children's special needs and circumstances are met and understood and also to make sure that a teacher could attend reviews and children's hearings so that relevant information could be shared.

> One local authority in the west of Scotland set up a multi-agency group to support looked after and accommodated children and other vulnerable children. All schools had a designated teacher who had received multi –disciplinary training courses on improving educational outcomes for looked after children. As a result, the percentage of looked after and accommodated children leaving care who attained SCQF level 3 in English and Maths was higher than the national average.

**179.** In this review we found a mixed picture, whilst most schools had identified someone, not all designated teachers were clear about their role and function. Many looked after children and young people feel that they can be singled out and made conspicuous to their peers by their status. Whilst many may welcome teachers coming to reviews and hearings, others may be embarrassed by their attendance and feel their privacy has been breached. Designated teachers may benefit from training in the rights and confidentiality issues for looked after and looked after and accommodated children and young people.

**180.** The Scottish Executive's leadership agenda for schools set out in *ambitious, excellent schools: leadership – a discussion paper* (2005b) has identified the development of good leaders and managers in integrated children's services as a priority. The task of ensuring that all looked after children have the appropriate educational opportunities that they need, should be given urgent priority by senior education personnel within local authorities across the country, working together with social work services.

**181.** Statistics which measure looked after children's educational attainment do not fully capture their achievements. The Scottish Executive is working with partners to find additional measures of success. At the moment the educational outcomes for looked after children are reported only in social work statistics, not in national education statistics. In order to demonstrate that meeting the needs of looked after children is the concern of local authority as a whole we think it would be helpful if those outcomes were reported in national education statistics.

**182.** *Learning with Care* (HMIE and SWSI 2001) identified the need for a clearer focus on looked after children's education and outcomes. As a result, local authorities and the Scottish Executive have invested in new developments to tackle the deficiencies in planning and schooling for children looked after away from home. In 2002, the Scottish Executive allocated additional monies to local authorities to make sure that every looked after child, including those looked after at home, had access to books, computers and other IT equipment, learning support and homework materials. More than 11,000 children received between £500 and £2500 worth of equipment or support. In October 2004, the Scottish Executive allocated a further £6 million to improve outcomes for children and young people.

**183.** Educational provision which targets all children and young people who are slow learners, or who have been disadvantaged educationally, can help looked after children in a way which does not single them out. HMIE has a key role in raising standards in Scotland's schools for all children and young people. Together with the Care Commission, HMIE is undertaking an evaluation of the integrated inspection process for early education and child care and has implemented a new inspection model for residential special schools. There is a range of strategies in place which aim to help pupils who are not attaining to their full potential, including some looked after children. These include *A Curriculum for Excellence* (Scottish Executive 2004i), *Ambitious, Excellent Schools* (Scottish Executive 2004g), *Determined to Succeed* (Scottish Executive 2004h) and *A Curriculum for Excellence: the review of guidance and curriculum flexibility* (Scottish Executive 2006d). In addition HMIE provides support and guidance through good practice guides and their inspection processes.

**184.** The Executive has set a target to ensure that by 2007 over 50% of all looked after young people leaving care will have entered education, employment or training. In 2006, the Scottish Executive set up a short life-working group chaired by the Minister for education and young people to consider how to improve educational outcomes for looked after children. Scottish Ministers will soon publish a strategy to reduce the proportion of young people not in education, employment or training. It will build on the analysis and recommendations put forward in the 2005 report of NEET workstream.

**Family circumstances**

**185.** We found that when adults had high expectations of the children whom they looked after, this motivated the children and young people to achieve success, sometimes for the first time:

> *You don't really have high opinions of yourself and stuff like that and when somebody else points it out to you, shows confidence in you, then you do sort of follow it and say 'this is my goal, this is what I'll do.* (Mark)

Young people were helped to identify their goals and then to work, step by step, towards achieving them:

> *If I want my child to be good at football, I can't just take him along to football coaching once or twice. I have to buy him boots and a football strip and shin pads. I have to make sure he gets to every coaching session. I have to play football with him. I have to go to his matches and cheer him on. I have to praise him as he gets better and help him grow in confidence. It's a long-term commitment.* (Senior programme director Columba 1400)

**186.** Looked after children and young people who live at home or with kinship carers, may have family circumstances which can affect their performance in school. They may be worried about who is caring for their parent when they are at school. *Keeping it quiet* (Maguire 2005) a study of children and families affected by parental drug misuse, found that parents were concerned about the impact of their drug misuse on their children's education. Their drug habits stopped them from helping their children with their homework, in some cases resulting in children in their family being late, or not attending, school.

> **A local authority employed two teachers as well as adult volunteers who made links with and then visited children's homes regularly to help with homework. As a result, the children's homework improved along with relationships between the volunteers and some of the children and young people.**

**187.** For children and young people in foster care, school was much more than a route to academic success. As Sinclair (2005:97) found, it was a place...

> *where they must cope with the potential stigma of being in care, with the fact that their surname was not the same as that of their carers or the fact that could be conveyed to school in unusual ways, e.g. by taxis.*

Sinclair (2005) also noted that not all social workers and foster carers were committed to education. Where foster carers were proactive in trying to get the best education for their foster child there could be conflict with social workers about who should attend meetings and be responsible for liaising with the school. In the course of this review we heard of one example of poor communication when the parent of a nine year old boy in foster care committed suicide. When the boy returned to school after the funeral, the foster carers believed the social worker had told the school and the social worker thought the foster carers had told the school. The teacher found out what had happened when the boy wrote in his school 'diary' that his father had died. Care planning for looked after children in foster care should clarify who is taking responsibility for keeping in contact with the school and helping the child with their education.

> **A local authority appointed an education guidance worker to help foster carers and residential child care staff to develop their skills in helping children and young people. The worker offers a rolling programme of workshops in literacy, numeracy, science and IT which three quarters of all local carers attended. The worker also offers advice on career pathways and access to further and higher education.**

**188.** *Learning with Care* (HMIE and SWSI 2001) found that children and young people who lived in residential homes experienced similar problems about communication and role clarity in schools. In addition, children lacked encouragement to complete homework or take part in out of school activities. Responses from young people who took part included accounts of disruptive environments in residential homes and how they affected the aspirations and expectations of the young people who lived there.

**189.** In this review we found evidence that outcomes improved if looked after children had clear plans which explicitly identified goals, tasks, and targets and allocated areas of responsibility for implementing them. The most successful plans were found when social workers and carers worked with young people to help achieve the goals that they had identified together. Fraser and Ross both explained to us the importance of having goals and the additional support to achieve them.

*My social workers and foster carers and school planned for me to go to university from when I was in first year at school. We talked about it at every review meeting and they helped me think about what I needed to do to get there. (Fraser)*

*My social worker organised tutoring for me in maths and chemistry. This helped me get better grades and will in turn help me realise my ambition of joining the RAF. (Ross)*

**Health or disability**

**190.** The health of looked after children is discussed in chapter 4. Here we refer briefly to developments in education which can support them and meet their individual needs. In November 2005, the Scottish Executive introduced new arrangements through the Education (Additional Support for Learning) (Scotland) Act 2004 which will give additional support for learning to all children who need extra help by introducing co-ordinated support plans. The plan will include:

- the complex or multiple factors which given rise to the additional support needs for children and young people

- the educational objectives

- the additional support required by the child or young person and the persons who will provide the support.

**191.** Many looked after children will benefit from these arrangements for additional support which will require schools and education departments, social work, the voluntary sector and NHS services to work closely together. Shared training sessions for these groups of staff might help. The Act places a clear duty on local authorities to make adequate and effective provision for each individual child's additional support needs, which includes looked after children. The Act provides for an appeal process in the event of a parent considering that their child's needs have not been met which may include the involvement of a supporter or advocate. For a small number of looked after children, where parental responsibility has been transferred to the local authority, the involvement of an independent advocate to support the child may be helpful.

**Social or emotional factors**

**192.** This review, and other studies, e.g. Sinclair (2005) and McGuire (2005), found that bullying and harassment as a result of being in care is the frequent experience of looked after children and young people. For some young people, school can be a welcome respite from their home or care placement. For others, feeling different and being picked on by other children can compound their misery and affect their abilities to learn. McGuire's study found that young people of drug misusing parents reported bullying by their peers. Those who were not bullied had various strategies which included not talking about their parents, and some were anxious not to be singled out for sympathy if their parents' drug use was known.

**193.** Aspects of the school curriculum can also unintentionally create difficulties for looked after children, for example discussions in personal and social development about families and relationships. Careful care planning and effective joint working between carers and teachers can help children and young people to overcome problems which may arise for them in school. *Missing out* (HMIE 2006a) found that effective schools made well-judged use of curriculum flexibility to enhance the achievement of low attaining pupils. Schools that helped them used *"curriculum flexibility and personalised, and less linear, pathways to progress"* (2006a:5).

**194.** *Missing out* recommends that, in order to identify pupils who are affected by any or all of the factors we have been discussing, schools should assess the risks facing each pupil and how best to address their personal needs.

*Schools cannot provide all the support themselves. This is recognised by the duties placed on other agencies to work in partnership with schools in supporting those pupils who need it in order to raise their levels of achievement. Schools need to be more proactive in seeking and expecting support. In the case of secondary schools, staff must also ensure that, as new approaches are explored and adopted in pupil's support and guidance, these approaches are targeted at tracking pupil's progress and reducing barriers to learning* (HMIE 2006a:3).

A good practice guide about what is currently working in schools to support children and young people who are looked after, including those who are looked after and accommodated, might be helpful.

**Black and minority ethnic children**

**195.** A research study on minority ethnic pupils' experiences of school in Scotland (HMIE 2005) found that many minority ethnic pupils and parents experienced racism on a regular basis but their teachers tended to underestimate the problem.

**Supporting achievement for young people leaving care**

**196.** Young people going on to further and higher education is no longer the exception, but is part of our growing culture of developing the skills of every young Scot. Going to university is the norm for half of all young Scots. It should be the norm for a similar percentage of young people leaving care. We found that the level of awareness about the help that could be provided to support looked after children through further and higher education varied across the country. Everyone who has a role in supporting looked after young people should know how to get financial support to help them meet their goals. A renewal.net study (2006) found that support for young people leaving care was vital, both in practical and financial terms.

*Examples of initiatives included provision of extra support for care leavers in education including additional support for literacy and numeracy, computer rooms or the loan of a laptop for young people at university and awards ceremonies to celebrate young people's achievements* (2006:7).

**197.** Local authorities have powers to provide money to enable young people to go to college or university, provided they do so before the age of 21. We found some local authorities continuing to support young people well into their 20's. However this is a power, not a duty, and looked after young people are not entitled to financial support to help them continue their education or to get established in employment. One local authority told us that in conjunction with the training and employment unit, it was planning to provide supported, mentored employment opportunities for care leavers within the council's own departments.

**What we can do to help children and young people achieve.**

i.   Be aware that looked after children and young people are very likely to do less well in education. Make sure they get every chance to do well in school.

ii.  Help looked after children and young people with their homework. Some authorities have education workers who offer workshops on homework subjects for carers.

iii. Help children and young people do better in school by setting targets for improving performance and by providing additional support for learning and, where necessary, funding extra equipment.

iv.  Identify the particular problems disabled and BME looked after children may face and be prepared to take action.

v.   Make sure all looked after children and young people receive a comprehensive and integrated assessment of their needs, which identifies any learning difficulties and puts in place appropriate help for them.

vi.  Involve looked after children in developing their personal learning plan.

vii. Make sure that all relevant staff are trained to know how to diffuse difficult situations and provide a safe area for the young person to let them withdraw from stressful situations.

viii. Provide specific help to young people leaving care in choosing a career or on further/higher education.

ix.  Know what resources are open to young people leaving care and how to obtain them.

x.   Support young people leaving care who want and are able to go onto higher/further education.

**Key issues:**

- demonstrating that meeting the needs of looked after children is the concern of the local authority as a whole

- developing incentives to recruit and retain teachers with qualifications in subject specialism to work in day and residential special schools for pupils with social, emotional and behavioural difficulties (SEBD)

- supporting and developing the role of LAC designated teachers

- reporting on the ethnicity of looked after children and young people within the education system and developing teachers' skills in tackling racism

- identifying what is currently working within schools in Scotland to support looked after children and looked after and accommodated children

- developing a shared understanding between teachers, social workers and health professionals of each others roles in relation to looked after children and young people.


**Further reading and websites**

Renewal. net (2006) *Solving the problem – educating children in public care* www.renewal.net

Jackson, S. Ajayi, S. and Quigley, M. (2005) *Going to University from Care Institute of Education,* University of London, London

HMIE (2005) *How good is our school? Promoting Race Equality*
Published in March 2005 with an audit guide for schools

*Learning with Care* (2003) training materials for carers, social workers and teachers
Available from SIRCC

HMIE (2005) *Residential Care and Education: Improving Practice in Residential Special Schools in Scotland (with the Care Commission)*
www.buttletrust.org/research/bydegrees_–_from_care_to_university/

Scottish Executive (2001) *Learning with Care*. Edinburgh: Scottish Executive

Scottish Executive (2005) *Employability Framework for Scotland: Report on the NEET workstream*.

Who Cares? Scotland (2005) *A Different Class? Educational Attainment – the views and experiences of looked after young people*

www.thewhocarestrust.org.uk/publications has a range of information on many topics, including inter-agency working, stability, literacy, and details of nationwide programmes

Extraordinary lives

# 7

## Respected and responsible children

*Children and young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.*

Vision for children 2005

> ***It would give the kids a better chance of making it work.** (Alexander)*
>
> ***She's there to let you see your rights and that you get what you need. She gives you good guidance and stuff. There should be more of [name of children's rights officer]. She used to take us shopping and she talks to you about stuff – not real stuff just ordinary stuff. I mean real stuff too but … I don't know, its just good. She treats you like a person, you know.** (Claire)*

**Respecting children and young people**

**198.** In practice, genuine involvement of children and young people in decision-making is complex and hard to achieve. The young people who contributed to this review had clear ideas about how and when they had been respected and treated as responsible and when they had not. Chris described how his social worker made him feel respected and responsible as he was transferred at the age of 15 from an adult prison to a secure unit:

> *The good thing was, because of the relationship I had with my social worker … he knew me really well and he understood my nature and what was going to work for me and what kind of place I would respond to the best. When I first went there, when I got out of the car, they walked away from me. I mean the amount of trust those two gave me … the amount of trust they gave me was unbelievable.* (Chris)

Colin described feeling left out at children's hearings:

> *It was scary, it was strange. I remember one of the guys. I don't know if he was the main man. He was sitting in the middle of the table He was like a judge or something. About a dozen people were round what seemed like this huge table in this room. You knew everyone was talking about you but you just sort of sat there playing with your thumbs, kicking your legs and stuff. All the decisions were made.* (Colin)

**199.** *Getting it right for every child* (Scottish Executive 2005d) recognises the importance of reducing the numbers of meetings, referrals and processes involved in planning for children and young people. Yet, systems designed to help children and their families do not always do so.

> *Processing children, young people and their families through the criminal justice, children's hearings and child protection systems does not necessarily lead to good outcomes. Research evidence suggests that formal measures put in place to tackle low risk offending or low level concerns about children's welfare can sometimes be counter productive. They can lead to alienation of young people and their families from those agencies designed to help* (2005d: section 2).

**200.** Some of the young people who contributed to the review were conscious of the stigma of being looked after:

> *When you were a kid in care, you got the blame for everything anyway 'cos there was no one to stand up for you.* (Theresa)

Others gave examples of how they continually had to deal with other people's prejudices:

> *My boyfriend's mum, she had problems with me because she couldn't understand that I'd been in a home. She thought it must have been my fault.* (Siobhan)

> *People don't expect ex-care kids to be smart and polite. They think they're going to be meeting druggies and hard criminals!* (Chris)

**201.** Many young people do not become looked after because of their offending behaviour. However some do, and when a child's behaviour is causing serious concern compulsory measures of supervision through the children's hearing may be required. *Getting it right for every child* (2005d) addressed the concerns about the children's hearings' ability to deal with persistent offending behaviour. A number of recommendations were made to strengthen, improve and streamline the hearing system. Supporting vulnerable young people is widely recognised as being the most effective way of preventing them from becoming involved in crime and anti-social behaviour. It is also imperative that young people who offend are supported, engaged and re-integrated to prevent re-offending and enhance their life-chances.

> *Ministers set the current youth justice agenda in 2002. Local teams have done considerable work towards meeting the youth justice national standards by March 2006, but more needs to be done if we are to ensure that we effectively challenge young people's offending behaviour and meet their needs. We also now need to think … how we can build on the national standards and focus on the outcomes for young people we want from youth justice.* (Cathy Jamieson MSP, Minister for Justice March 2006)

**202.** Managing the behaviour of looked after and accommodated young people can be a real challenge to the staff who care for them:

> *Staff in residential child care therefore need training, advice, supervision and support in undertaking this demanding work, since they are often doing the hardest of social care jobs* (SIRCC 2005:1).

An inspection of a secure service by the Social Work Services Inspectorate (SWSI) in 2005 identified that when some young people were causing serious difficulties for staff, the police were called to assist and the young person was then charged with an offence. Some of these young people came to the service as in need of care and protection and did not have any criminal convictions on admission. Evidence from inspections by SWIA in 2005 suggests that this is also an issue in other authorities. *Holding Safely* (SIRCC 2005) recommends that all units should, as part of their care planning, record their assessment and management strategy for each child who presents challenging behaviour. Calling the police to support staff in certain circumstances when safety of staff or other young people is at imminent risk is appropriate. However each incident should be recorded and carefully reviewed. Managers and local police should review their practices of working together and seek to minimise the involvement of the police and any subsequent charges against the young person.

**203.** The control of young people in residential units is a complex subject; both the staff and young people have rights and responsibilities. As the ministerial forward to *Holding Safely* (SIRCC 2005) notes, *residential childcare is intensive and at times very difficult work.* The guidance on restraining young people recognises that:

> *… children under their care can also be creative, caring and capable, and so practitioners must engage with them in ways that help them grow to their full potential* (2005: iii).

The guidance also recognises the importance of a positive ethos and good management of a unit, which can create a climate where violent incidents are kept to a minimum. The problem of further damaging experiences whilst being looked after has been recognised for some years. The Department of Health's paper *Messages from Research – Caring for children away from home* (1998) noted that:

> *It is for example unacceptable that children in public care should be victims of abuse, emotional, physical or sexual, inflicted by carers or other children with whom they live. Nor can it be right that children should become delinquent as a result of being looked after* (1998:17).

This research recognises the complex task of staff. In particular, how staff can feel undermined by not having a say in who is admitted to a unit and being uncertain about the differential risks posed by young people individually and collectively. In the following chapter, which looks at the importance of including children and young people, we discuss these issues further.

**204.** We found that children and young people appreciated professionals who were willing to take their side and speak on their behalf, as an advocate or an adult putting their point of view in disputes or insisting on finding the right resource to help.

> *My social worker, he was going crazy 'cos there were no beds for me [in residential care]. He really knew me well. Because of the relationship I had with my social worker and because of the way he had done his report, I got the best place for my nature I could possibly have got.* (Chris)

**205.** We found that young people understood the pressures on professional staff and were very forgiving of occasional problems. But they were distressed when they thought that their workers did not really care about them. Lateness, cancellations and simply not turning up without explanation (or turning up unannounced) were common complaints. They wanted professionals to keep promises:

> *My social worker just turns up without letting me know she's coming, and then gets on at me when I'm not there!* (Ian)

Young people wanted to be treated with the same sensitivity and consideration that adults would be given:

*I mean, your social worker takes you to Burger King to talk to you and that's useless. You can hardly sit and break your heart in Burger King, can you?* (Liam)

### The right to participate in decisions

**206.** Involving young people in decisions is complex. The Children (Scotland) Act 1995 requires parents to consult their children when major decisions are being made about them or their family. Statutory guidance on community planning (Local Government in Scotland Act (2003)) states that:

*Local authorities in their initiation and facilitation of the community planning process should consult and cooperate with a wide range of interests including … bodies such as: young people and youth work bodies who already make a valuable contribution to the planning and provision of services through their involvement in youth forums and their active citizenship* (Scottish Executive 2004:8).

**207.** Looked after children and young people should be appropriately involved in day-to-day decisions in foster and residential homes. Some homes have young people's consultative groups which discuss outings, diet and menus, decor, pictures and so on. Professionals need to take account of children's age and maturity when seeking and taking account of their views, but every child is entitled to contribute. There can be a significant imbalance of power between adults and children and young people, and between professionals and people who use services. As Detheridge (2000) recognised:

*The freedom to communicate will depend not only on the availability of appropriate communication mechanisms and sensitive interpretation, but also on the power relations in the exchange and the attitudes established over time* (2000:114).

**208.** Consulting children and taking account of their views involves trying to find out and then exploring the reasons for children's views, to make sure they are properly understood. Allowing enough time for this can be important. Adults must be prepared to give time and, especially with younger children, encourage communication through drawing, toys or play. Adults also have to be alert to the pressures upon children and young people, which may inhibit them expressing their true feelings. These pressures can be many, such as fear of consequences, loyalty to parents, guilt and feeling by the child or young person that they are to blame.

**209.** Parents and carers who took part in the Scottish Executive child protection audit and review in 2002 felt they were not informed about what was happening. Some felt overwhelmed at case conferences:

> *Arrangements to provide families with support were variable as was practice in ensuring they fully understood the outcomes of the meeting. Sometimes key family members, such as grandparents, were omitted from discussions. Relatives who took on the long-term care of children often felt unsupported and felt their requests for help were ignored* (2002c:12).

Guidance states that local authorities should give children and their parents information at an early stage. This should be both orally and in writing, including advice about, and the opportunity to discuss, the various consequences of decisions they may take. They should be actively involved in assessments, decision-making meetings, reviews and case conferences. They should be given help to communicate their views and prepare their own written reports or statements for meetings (Volume 2 Guidance to the Children (Scotland) 1995 Act).

**210.** Island and rural authorities may have particular challenges in meeting the wishes of parents and/or their children, if they do not want their child placed on the mainland. Some authorities use imaginative packages of care in partnership with voluntary organisations.

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**One remote local authority which was having difficulty providing services in its area for a teenage boy who had special needs, entered into a partnership with a residential school. The school seconded one of their staff as an outreach worker. The worker stayed locally to the boy's home and spent half of each week encouraging him to take part in local activities and supporting his family to care for him the rest of the week. The workers encouraged the boy's father and siblings to join him in the activities. As a result, family relationships have improved and father and son are developing a better relationship.**

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**211.** An audit of the use of the looking after children materials found that two thirds of records did not clearly identify children's views, or indicate that children had seen reports professionals had written about them (SWSI 2004). The 2002 child protection audit concluded that:

> *… while professionals had children's 'best interests' at heart, they often did not consult with children to determine what their 'best interests' were* (Scottish Executive 2002c:12).

This review found a number of young people felt unable to influence decisions about their lives. They felt left out of the decision-making process:

> *There shouldn't be reviews as they're pointless when everyone knows what's happening and they change nothing anyway.* (Liam)

Some found it difficult to express what they thought in front of children's panel members:

*They asked me in front of everybody if I wanted to stay with my mum or my dad. How's a wee kid going to answer that?* (Thomas)

**212.** We also found examples of skilled workers who spent time and effort helping even very young children give their views in different ways and for different purposes. Some had developed their own materials to help children express their views. However there was no consistent approach by local authority and voluntary organisation staff to involving children and young people. We found one voluntary organisation using computer assisted communication for disabled young people who do not use language. This technology enabled the young people to 'have their say' in reviews and in day to day discussions with staff.

**213.** Looked after children have a role to play in shaping the services that support them. In 2005, the Care Commission held a consultation day for looked after young people in residential units. Children and young people can educate planners and policy makers about what it is like to use their services, what helps and what does not. Office for Standards in Education (OFSTED) in England is involving young people in inspections of youth services. The Commissioner for Children and Young People in Scotland has noted that:

*Involving children and young people in the community planning process is essential if you want to plan services that truly reflect their needs. In doing so it is essential that planners recognise the importance of allocating adequate resources and time to make this happen* (Scottish Executive Consultation note on engaging children and young people in community planning 2005:8).

**Children's wishes to be cared for within their families – a focus on kinship care**

*Nana takes care of us.* (Katie)

**214.** Children have been looked after by extended family for many generations. However where a children's hearing or court has formally made children the subject of an order, they are described as looked after by the local authority in kinship care. At present there is no precise definition of kinship care in use in Scotland. These placements are called different things in different local authorities – 'relative care', 'link care' or kinship care.

**215.** We asked researchers to look in detail at kinship care for looked after children in Scotland. The researchers completed a national survey of policy and practice in Scottish local authorities in working with children in kinship care. They also completed an intensive study of the experience of 30 looked after children who were formally placed with kinship carers in 24 households (Aldgate and McIntosh 2006).

*Main findings:*

- local authorities' policies on kinship care and the amount of support they provide to children and carers differ widely

- many of the 30 children in kinship care had been at risk of significant harm before being placed

- all of the children would have needed to live with foster carers or in residential care if they had not been placed with relatives or friends

- most of the 30 children were receiving full-time education and doing well

- many of the children had been living in kinship care for a considerable time and most families expected the children to remain with them permanently

- the impact on carers' lifestyles and income of looking after the children was significant and many experienced high levels of stress and money worries

- placements were often made in an emergency, without planning or preparation

- financial support for looked after children in kinship care depended on where the carers lived

- carers felt that their efforts and the costs of looking after the children were poorly recognised by local authorities and central government

- the carers found practical help, advice and emotional support from social workers made a big difference to them, especially at the beginning of placements.

*Providing services*

**216.** Some local authorities told the researchers that they tried to place children within their own families wherever possible, as an alternative to foster or residential care. The 30 children were placed with relatives or friends using a number of different legal routes, though most were looked after because a children's hearing had made a supervision requirement.

**217.** The research found that assessment practices (both of children's needs and carers' capacity) varied widely between the 32 authorities. Local authorities distinguished between occasions where they had chosen to place the child with relatives, and other circumstances where a children's hearing had made the decision. In some areas, there was evidence of family-led assessment and decision-making, where local authorities used family group conferences to help agree plans for children's care.

*Circumstances of the 30 looked after children in kinship care and their carers*

**218.** The ages of the children ranged from eight to 16 years and all were white. While this group does not necessarily replicate the experience of all looked after children in kinship care and their carers, they are a good sample. The reasons for their placements included parental substance misuse, physical abuse and neglect, and the death of a parent. The majority of the carers were grandparents in their 50's or older.

*The children's views*

**219.** The majority of the children who took part were able to tell the researchers why they had come to stay with their relatives. Fewer were clear about why they had stayed. Although children had had to adapt to living in a different kind of household, a new area, or to their carers' particular style of parenting, most had found sanctuary, stability and clear boundaries in their placements. All felt loved and had secure relationships with their carers. Their lives were positive, full of fun and achievement. Most children had a network of friends and ordinary leisure activities. All were able to identify a caring adult to turn to, usually their carer, when they had problems.

**220.** Contact with their parents was very important to the children. Most children had some contact with their birth mothers though half saw their mother less than once a month. Fewer than half had contact with their fathers. Children and carers differed in their views on contact. Most children wanted to see more of their parents whereas carers were content with existing arrangements. Although they understood the need for the child to have contact, carers were often concerned about children being let down by their parents, or disturbed and distressed by stressful or unsafe contact.

*Security in the long-term*

**221.** Aldgate and McIntosh (2006) found that carers became responsible for the children because they had a personal commitment to them and did not want to see them living with strangers. For the most part, in spite of the worries, carers said that looking after the children kept them active, and they got a lot of satisfaction from seeing the children do well. Most carers appeared to be coping well with the demands of parenting, though some reported that the stress involved had made their health worse. Older carers worried a great deal about what would happen to the children when they could no longer look after them. This confirms the findings from Growing Support (Scottish Executive 2002a) that local authorities need to do more to involve the wider family in planning for contingencies.

**222.** Aldgate and McIntosh (2006) found that financial support to kinship carers is complicated by the system of transfer of child benefits from parents to kinship carers. Carers reported considerable difficulties and delays in transfers of benefits. These delays also put strain on social work budgets. The study suggests that the merits of paying kinship carers of looked after children in Scotland an allowance through the tax and benefits system should be explored.

### *Local authorities' support for children in their placements*

**223.** Most local authorities divided their kinship carers into two groups. Those who were approved as foster carers, and the remainder. Relatives who were treated as foster carers had access to a much wider range of support. The most common source of support for kinship carers was a named social worker. Over two thirds of children in the study saw social workers as people who were helpful to them. Helpful social workers provided information, advice and counselling and access to other services and they supported carers to manage the child's contact with parents. Community-based groups were also an important source of support. One local authority addressed the need to support kinship carers through identifying a worker with specific responsibility for kinship care.

### *Paying for kinship care*

**224.** Over half the carers were living on state benefits and only five had a full-time wage. This echoes research findings from other studies (Hunt 2001) which found that kinship carers tend to be older, poorer and more likely to be single parents. They have lower incomes than foster carers and also receive less money for looking after children who would otherwise be in foster or residential care.

**225.** Both local authorities and the carers were interested in the question of how much financial support kinship carers should receive. Currently the amount of money local authorities pay to carers for looking after children differs widely. Kinship carers were generally paid less than the basic fostering allowances paid to other carers for a child's food, clothing and maintenance. In around half of the families, the local authority made no consistent payment at all towards the care of the child.

### *Assessing carers*

**226.** Kinship carers have to manage complex family relationships and contact. In some circumstances, relatives or friends are unable to meet children's needs safely. Finding the right care option for any looked after child should depend on a skilled social work assessment of the child and his or her family network and careful assessment of any kinship carers who come forward.

*Improving support for kinship carers*

**227.** Aldgate and McIntosh (2006) concluded that outcomes for kinship carers and their children could be enhanced if, first, the Scottish Executive and local authorities adopted the same working definition of a child cared for in kinship care, for instance,

> *a child being cared for by a close friend or relative where a legal order has been made, including a residence order, or where the child has been accommodated* (2006:152).

Secondly, that local authorities should support looked after children living in kinship care by paying an allowance to their carers which is at least the equivalent of the basic allowance paid in respect of looked after children placed with foster carers, currently known as the fostering allowance. Thirdly, Aldgate and McIntosh (2006) found a wide variety of approaches by local authorities to assessing the suitability of kinship carers to care. They concluded that the safety of children in kinship care would be strengthened if all local authorities reviewed their assessment procedures for kinship carers.

**228.** SWIA (2005a) inspectors have identified the assessment of kinship carers as an important factor in the protection of children. All local authorities should have a clear assessment procedure for kinship carers which is sufficiently robust to meet both the immediate and continuing care and protection needs of any child for whom the authority has a legal responsibility.

**229.** The financial support of children in their families through tax credits and other benefits are reserved matters. They are designed primarily for children living with their parent(s). In Aldgate and McIntosh's study (2006) some carers reported difficulty in getting access to child benefit which is usually paid to mothers. The researchers concluded kinship care arrangements for children are often fluid and flexible arrangements with some children living with different family members who would be helped by advice and guidance on applying for appropriate benefits.

**What we can do to make sure children and young people are respected and responsible.**

i. Treat looked after children and young people with respect. They recognise and respond to respectful treatment by adults.

ii. Only tell others that a child or young person is looked after by a local authority if it is essential for their well-being, and explain to the young person why this is necessary.

iii. Spend time with children and young people, share their interests and try to understand their worries.

iv. Offer intensive support to young people who are offending to help them to stop and become responsible adults.

v. Enable children and young people to become involved in decisions about their lives, and take time to allow children to say what they think.

vi. Recognise and act upon the communication needs of disabled children and use forms of assisted communication where necessary.

vii. Encourage looked after children and young people to contribute. Consult them about the way services are provided for them.

viii. Use kinship care wherever possible to keep children and young people within their family network.

ix. Provide kinship carers with financial assistance and support.

**Key issues:**

• improving practices for responding to challenging behaviour by young people in care homes

• the need for a national definition of a child being looked after in kinship care

• improving consistency in the assessment of kinship carers between local authorities

• ensuring kinship carers are paid enough to properly support the children and young people in their care.

**Further reading and web sites**

Centre for research on families and relationships and Childline Scotland (2005) *Children's concerns about the health and well-being of their parents and significant others, including children's responses to the research findings* www.crfr.ac.uk

Centre for research on families and relationships – the University of Edinburgh (2005) *Relationships between grandparents and teenage grandchildren – research briefing 23*

Renewal.net (2005) Solving the problem www.renewal.net

Percy-Smith J. (2005) *What works in strategic partnership for children?* Barkingside, Barnardo's

There are a number of sources of advice on how to consult and engage with young children www.earlychildhood.org.uk

Scottish Executive (2004) *The Local Government in Scotland Act 2003 Community Planning: Statutory Guidance*

Scottish Executive (2005) *Consultation on advice note on engaging children and young people in community planning*

# 8

## Including children

*Children, young people and their carers should have access to high quality services, when required, and should be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.*

(Vision for children 2005)

> *They* [foster carers] *were just being as fair to us as they would be to their own children. Like, they never really treated us any differently. They took us on holiday to Florida because they didn't want us to feel left out.* (Fraser)
>
> *It's hard to pinpoint one thing. It's all the small things. They've a comfortable family environment and it's how they talk to you, the level they talk to you. Just because you don't stay with your mum and dad it doesn't mean you have to be totally alienated from society and your community.* (Ross)

**The challenge of corporate parenting**

**230.** This chapter focuses on the contribution professionals can make towards promoting the best possible opportunities for looked after children. The concept of corporate parenting is ill defined and often misunderstood. The term originated in the 'Quality Protects' (1998) initiative in England. The initiative was a five year programme intended to improve the care of children in need, which included targets to be achieved and systems of management and accountability. For the first time the role of elected members was clarified. They were required to "*make sure that the interests of children come first and should do their utmost to ensure that children in public care get a good start in life*" (The Government's response to the Children's Safeguards Review 1998: para 8.1).

**231.** The involvement of elected members with looked after children has been limited in England and Wales. In Scotland also there is little evidence in most authorities of this aspect of the legislation being implemented in practice (Crimmens and Milligan 2005). One local authority representative did describe to us how its Joint Children's Committee had been a vehicle for change, due to the passion and commitment of the chairperson for better services and outcomes. A specially appointed children's champion had supported the chair, who played a role in heightening awareness among elected members, promoting effective scrutiny of services and supporting staff.

**232.** Many of the adult respondents to this review told us that they think corporate parenting is not sufficiently understood or applied in Scotland. Therefore we need to change how we think about corporate parenting. We think local authorities should measure all of their services for looked after children against what good parents do. Some looked after children are placed by local authorities to be cared for within the private and voluntary sectors and a co-ordinated approach for all looked after children is vital for their care.

**233.** *Changing Lives* (Scottish Executive 2006b) emphasised the importance of social work governance as opposed to management control, as:

> *A framework through which social work services are accountable to the local authority and the general public for continuously improving the quality of their services, effectively managing risk and safeguarding high standards of care, through creating an environment in which excellence can flourish* (2006b:52).

This approach could have a vital role in improving the quality of care for looked after children and their families.

**A skilled residential workforce**

**234.** The publication of the *Pin Down Report* (Levy and Kahan 1991) led to the government requesting the chief inspectors of Scotland, Wales and England to review residential care. Crimmens and Milligan (2005) suggest that the reviews were the foundation for the recovery of residential childcare in the UK.

**235.** *Another Kind of Home* (SWSG 1994) identified the importance of effective and skilled childcare staff who meet the needs of children and young people. However, the report found that although residential staff were working with Scotland's most vulnerable children, they were the least trained and least qualified of all social care staff. In 1992, when the report was published, 83% of residential care staff had no qualifications.

**236.** In the light of continuing concerns about poor practice in residential childcare the Scottish Executive proposed in *Aiming for Excellence* (1999) that residential child care workers would be amongst the first social care workers in Scotland to be registered by the Scottish Social Services Council (SSSC). The SSSC was set up following the Regulation of Care (Scotland) Act 2001. The SSSC identified three separate categories of residential child care workers who can register: managers of residential child care services, residential child care workers with supervisory responsibilities and residential child care workers. There are different qualification requirements for each of these staff groups, for example managers of services are required to have completed management training as well as holding a relevant practitioner qualification. As a minimum, all workers are required to hold at least a Higher National Certificate (HNC) level qualification plus a level 3 Scottish Vocational Qualification (SVQ). Once registered, residential child care staff along with other registered staff are required to complete 15 days of post registration training and learning (PRTL) in each three year period.

**237.** In order to provide child care workers with a reasonable length of time to achieve the required qualifications, the SSSC can currently grant registration to workers on the condition that they will achieve the required qualifications within specified timescales. Registration of residential child care workers will become mandatory once a sufficient number has made progress towards achieving the required qualifications. This will mean that all *new* entrants to this work will be required to register with the SSSC, where necessary with a condition that they achieve the required qualifications within specified timescales.

**238.** Registration of social service workers is a major part of the drive for higher standards in social services and will bring this workforce into line with their professional colleagues in nursing and teaching. However, both the registration of managers and residential child care workers with supervisory responsibilities (which started when registers opened in June and October 2005 respectively) is proving to be slow. The registration of all other residential child care staff will start in July 2006.

**239.** Many employers continue to find it hard to recruit fully qualified social workers into the residential child care sector. Of those staff who gain the qualifications they need to meet the requirements for registration many are given no financial recognition for their efforts. In a few authorities, residential staff who hold the diploma in social work are paid less than their counterparts in other service areas. In others they are rewarded equally. Many employers who are finding it hard to recruit qualified staff, recruit staff who are neither qualified nor experienced. For unqualified staff, many residential child care posts offer attractive salaries but whilst caring people make a contribution to the care of children, they may have some way to go before becoming sufficiently skilled and knowledgeable to gain qualifications.

**240.** The Scottish Executive set up the Scottish Institute of Residential Child Care (SIRCC) in 2000 as a response to the need for improved training for residential child care staff. The Institute also undertakes research. The Institute provides a full-time and distance learning social work course, which has a 'residential child care pathway', an HNC in social care, and a short course programme targeted at residential childcare staff. In recognition of the fact that some staff require additional support to re-engage with education after a long gap, SIRCC has developed a core skills compact disc (CD) for which it has won a care accolade. The CD helps individual staff analyse their training and development needs. They can then access appropriate training from SIRCC to help them prepare for successfully completing the HNC in social care. Of the 456 people on HNC courses in 2005, 307 had completed a core skills course appraisal prior to starting.

**241.** In 2005, SIRCC delivered 161 short courses attended by over 2000 residential care staff from Scotland. Many of the courses provided are one or two day courses on core subjects for residential staff. At present these courses are not assessed and the staff who take part do not accumulate credits as a result. Being assessed and gaining credit for every course they undertake could enhance their progress towards qualification. SIRCC's short courses are eligible to be counted towards the SSSC's PRTL requirements.

**242.** Changes in how SVQs are reviewed may speed up the process to qualification. A range of SVQs in children's care was launched in February 2006 by the Sector Skills Council, Skills for Care and Development and the Scottish Qualifications Authority (SQA). The new SVQs at levels 2, 3 and 4 replace the existing vocational qualifications in early years care and education and reflect the changing face of the early education and child care sector. Colleges and universities are discussing arrangements to make Accreditation of Prior Experiential Learning (APEL) more accessible so that staff are able to have their years of experience recognised and valued.

**243.** Ten years on from the publication of *Another kind of Home* (SWSG 1994), SIRCC was commissioned to carry out a qualifications audit of residential childcare staff based on the published qualifications framework. They found that little progress had been made and only 18% of residential child care staff were qualified, with a great variety of qualifications. Only 23% of those who responded were in the process of carrying out a care qualification (Hunter et al. 2004). However, the audit did show some evidence of progress. Attitudes and expectations are changing and it is becoming increasingly the norm for staff working in residential care to have, or be working towards qualifications.

**244.** The 2nd report of the national workforce group on *Scotland's Social Services Labour Market* (Scottish Executive 2006c) also suggests that there is progress in qualifying the workforce as a whole:

- 60% of staff have qualifications of SVQ Level 3 or higher, whilst around 18% have no qualifications

- of those with no qualifications, around one third are currently working towards a qualification

SIRCC plan to audit the qualifications of staff working in residential child care again in 2006.

**245.** In 2005, the Scottish Executive published a *national strategy for the development of the social service workforce a plan for action 2005-10*. The strategy requires employers to plan how they are going to address the targets for workforce registration and meet other employee development needs including PRTL. The strategy acknowledges that making sure '*we have the right people, with the right skills, in the right place at the right time*' is not easy and will take time to achieve.

**246.** *Changing Lives* (Scottish Executive 2006b) noted the importance of practitioners needing increasingly different combinations of specialist skills to meet the particular needs of their client or care group. Management and leadership skills and training are equally important to create the ethos and environment which offers the best care for children and young people and encourages staff to develop in the job. Leadership in looked after children's services is about consolidating good practice and embracing new ways of working. Sustaining and keeping skilled managers in residential child care will be a challenge to all agencies.

**247.** Increased integration of children's services should create new opportunities for delivering the right service to each child and family. However this will demand that people are willing to overcome existing boundaries to deliver services which fit together. Greater recognition of the skills of managers and staff in residential child care could lead to stronger partnerships with the families of young people. Some foster and kinship carers could benefit from flexible arrangements with a local unit and sharing of skills and expertise with staff.

> One local authority unit makes extensive use of SIRCC courses, but also ensures that all staff recruited has a minimum qualification of HNC. A private training company has been employed to provide assessors and verifiers for SVQs. Staff turnover is low. Staff are involved in the admission policies and in the outreach work with the children and their families. The team has access to skilled specialist advisors with whom they can discuss their work. As a result, the unit expects to have all staff qualified by 2007.

**248.** It is important to remember that whilst only a minority (13%) of looked after children are cared for in residential care, including secure care, the majority of these children and young people have experienced trauma, abuse and rejection. To overcome their adversities they need staff who are not only caring but skilled, qualified and confident. We think SIRCC, together with the Scottish Executive and employers, need to review their roles in achieving the outcomes of the current strategy.

> A residential school run by a voluntary organisation has a five year training strategy started in 2002 as part of the redevelopment of the school. Managers in the school are encouraged to achieve the Registered Managers Award. The School has its own SVQ centre and works closely with SIRCC releasing 10% of staff at any one time to attend day release courses. As a result, the school has achieved significant progress in registering staff.

**249.** In addition to training staff, more needs to be done to recruit and retain qualified staff in the sector. That is likely to mean creating incentives to attract staff as well as improving pay and conditions of service so they are at least equal to those of similarly qualified staff working in other social work/care settings. *Changing Lives* (Scottish Executive 2006b:93) notes that:

> *Employers must make sure that social workers are enabled and supported to practise accountably and exercise their professional autonomy. This requires: … new career pathways in practice and professional leadership linked to an agreed competence framework; and the continued development of a national recognition and reward framework for social workers reflecting career pathways and competence.*

The Scottish Executive responded:

> *A capable, well prepared and supported workforce … will require investment in developing the whole workforce, building a culture and supporting learning for practice at all levels, making sure that everyone has the necessary skills to fulfil their roles* (2006e:10).

**Fostering**

**250.** For many years fostering was a taken for granted activity which received little attention or resources. Across the UK about 73% of all children looked after away from home are fostered. Many are in temporary care and will return home, others will need a home for life. In 2005 the British Agencies for Adoption and Fostering (BAAF) and The Fostering Network (TFN) published a review of fostering, *The cost of foster care*, which pointed to the shortage of foster carers, and the costs to local authorities of fostering children. The report called for new investment to address the retention and recruitment crisis and to ensure children and young people get high quality care.

**251.** A number of reports have identified the need for foster carers to be trained and properly supported to care for the complex needs of children (*Farmer* et al. 2004, Sinclair 2005). A report in Scotland into *the care and protection of children in Eilean Siar* concluded that:

> *The placement of sexually abused children in foster homes requires intensive support and help for the family in understanding the issues the child may bring to them … Foster carers should have appropriate initial and ongoing training and support to help them to understand and manage the children they are caring for and sustain their own family. Only relatively recently has the role of foster carers' own children been recognised and the demands which foster children can make on them and their parents* (SWIA 2005a:66).

**252.** The changing role and demands on foster carers was noted in a survey by the Commission for Social Care Inspection which found that a third of foster carers said children they had fostered had a disability. A similar number found that fostered children needed help with their education. The survey also found that the most frequent advice from foster carers on how to recruit and retain more foster carers was to give better payments (2005ii.). The foster children who took part in the above study made some strong statements about their lack of involvement in what was happening to them, for example, two thirds of the sample had no choice in the decision about which foster home they should go to.

**253.** The fostered young people who took part in this review told us how much they valued being consulted and involved when they were given the opportunity:

> *What could other foster carers learn from my foster carers? Get on their level and treat them as if they were their own, if they don't already. Equality in the house!* (Glenn)

> *He got me interested in things and he would encourage my interest … and everything he could do to help me, he would do it. He even fought against the social work department to help me.* (Darren, talking about his foster carer)

We discuss ways in which children and young people can be included in plans and decisions, later in this chapter.

**254.** Fostering is no longer a voluntary activity by families who receive allowances. Some families are recruited and paid similarly to professionals in the childcare workforce. There are specialist fostering projects which are an alternative to residential care or are intended to help young people leave a residential setting, for example, one residential unit in the west of Scotland has recruited trained carers to provide placements for young people who show problem behaviours. The mix of provision in foster care is increasingly complex. Some local authorities use private, voluntary and not for profit agencies to provide foster placements. Some authorities have specific contracts for a number of places, others fund individual placements as required. Some local authority managers told us of their concern at the financial implications of increasing reliance on foster placements provided by non statutory organisations.

**255.** *The cost of foster care* (BAAF and TFN 2005) report concluded that:

> *We are calling on all four governments to provide the sustained investment we have shown is necessary in the UK's fostering services. The funding is required to secure improved outcomes for looked after children and to narrow the gap in life chances between young people who have been looked after and other young people … This funding must be seen as investment in a group of children and young people who, as adults, are over represented in prisons, the homeless and adult mental health services. Tragically, research demonstrates that many of these adults will be unable to care for their own children who may also be admitted to public care. We recommend that work be carried out to assess the cost of annually providing services to support these adults and their future children. It is likely that even 10% of this cost would far outweigh the investment which is needed in foster care* (2005:31).

**256.** The increasing number of very young children becoming looked after suggests that the demand for foster places will grow. Responses to parents who misuse drugs and alcohol may include shared care with foster carers who look after children at times of crisis or when parents are getting treatment. Shared care schemes can be beneficial to children. Careful planning for children can provide the framework for alternative care settings for some children whose parents' care can be insufficient at certain times, such as parents with mental ill health, or those who periodically misuse alcohol or drugs. Older children can be part of planning and recognising when they may need to leave home and stay with foster carers. Shared care schemes can widen the pool of potential foster carers as people can be recruited to provide weekend and holiday care.

**257.** A more strategic approach to fostering could contribute to the safety of children who may become or are looked after. This could include the setting of a national rate for fostering allowances and additional resources to make sure good foster carers carry on fostering. The recognition of helping families to look after their own children is an important theme in *Changing Lives* (Scottish Executive 2006b).

**The place of social work and social care**

**258.** *Changing Lives* recommended that the future workforce will need:

*to work smarter, developing new roles and new ways of working … together we will need to shift the balance towards a much greater focus on preventing problems and intervening early to resolve them* (2006b:3).

**259.** New and flexible approaches are needed to help and support families. Several Scottish Executive publications set out research findings and examples of good practice in supporting parents to care for their children. *Growing Support* (Scottish Executive 2002a) Appendix C contains a literature review of services for vulnerable families with children aged zero to three years. It notes that the changing pattern of people's lives has had important repercussions, with many families living away from their original communities with little support from extended families. Often neighbours now do not know each other.

**260.** Changes in some areas of social policy such as health and community care legislation have resulted in parents with mental health problems spending more time at home in the acute stage of their illness. This results in added stress for them and their children. *Growing Support* (Scottish Executive 2002a) also notes that ascertaining what works is not easy to achieve. The authors noted that there was a paucity of information on the quality and effectiveness of services, particularly in Scotland. However there were key messages, which are important:

- multi-level and multi-method approaches have most impact
- nurseries and family centres have long-term benefits for children and parents from vulnerable families when they are well, structured, involve mothers and continue for some time
- intensive home visiting by professionals or experienced befrienders is helpful
- parenting is helped when professionals seek to enhance informal network support
- interventions mainly focus on mothers; concerted efforts are needed to engage fathers
- usually input needs to last months, if not years, to have lasting effects on families with serious multiple difficulties
- much care is required to access families with the most serious difficulties or alienation and to keep them involved (2002a:118).

**261.** These findings are directly relevant to staff working with problem drug-misusing parents of young children. *Getting our Priorities Right* (Scottish Executive 2003b) sets out good practice for working with children and families affected by substance misuse. The report found that nearly 20% of new clients who made contact with services were living with dependent children. Parental substance misuse greatly increases the risk of family problems and neglect and distress to children and is a substantial risk factor for poor mental health in their children (2003b:13). The impact may vary depending on the different ages of children and whether they have additional needs in terms of health or disability. Babies and very young children are particularly vulnerable to the effects of physical and emotional neglect or injury. *Getting our Priorities Right* sets out advice to agencies about how to decide when children need help, working with families, sharing information and confidentiality, and legal resource issues.

**262.** The Scottish Executive has reinforced the need for local services to work together to protect children and promote their future well-being. *Hidden harm next steps* (2006a) sets out actions that the Scottish Executive is taking with partners such as Alcohol and Drug Action teams (ADATs), NHS boards, local authorities, police, courts and the Scottish Prison Service (SPS) to support young people affected by their parents' substance misuse.

**263.** Many of the young people who contributed to this review told us about their family problems caused by alcohol misuse. We have drawn on two recent studies of the views of children and young people of drug misusing parents to reflect the views of this group. Although there are strong similarities in the difficulties which can be experienced by all children of parents who misuse substances, the illegality of drug misuse can add another dimension of stress and of separation. A number of parents may be imprisoned and children may then be separated from their parent or parents.

**264.** We know little of the views of children and young people whose parents misuse drugs although more studies are being undertaken. Barnard and Barlow (2003) describe the experience of 36 children and young people growing up in families where parents are drug dependent. *Keeping it Quiet* (2004), a study by McGuire of children and families in Govan affected by parental misuse of drugs, examined the literature about the impact of parental drug misuse on children and interviewed family members. The study confirmed many of the things which this review has identified as being important for children, being able to take part and achieve at school, to enjoy leisure activities and to have their views and voices heard. The study makes a number of recommendations for support and services for children and their families (2004:59).

**265.** A study of older children and young people affected by parental substance misuse (Joseph Rowntree Foundation 2004) found that many of the young people who took part had been carers from an early age looking after parents and siblings. They also protected siblings and often their parents from immediate danger as well as ensuring that parents did not harm themselves. A significant minority of the sample already had a current or past drug problem. The study concluded that building an independent life was not easy, many of the children had had a shortened childhood but through becoming a carer had learned to look after themselves. The young people mostly had some kind of support from the wider family and some were fostered. The study found, similarly to this review, that what often mattered most to the young people was the quality of their relationships with caring adults, including social workers and housing support workers.

**266.** In the UK there has been relatively little attention paid to the issues of successfully reuniting looked after children with their families compared to the attention given to the question of placement. Most of the research comes from the USA. Only a small number of UK studies have followed up children who have been returned home. Although samples were small and therefore there is caution about the conclusions, between a third and a half later returned to care. Several studies have indicated that family poverty, parental drug misuse and mental ill health may be associated with a high risk of re-entry to the care system.

**267.** Many of the child protection inquiries of the past 30 years from Maria Colwell (Field-Fisher 1974), Jasmine Beckford (Blom-Cooper 1985), Rikki Neave (Department of Health 1997) and the care of the three children in Eilean Siar (SWIA 2005a) were about children who have been cared for away from home and subsequently returned home to die or experience further abuse. We know what can go wrong when looked after children return home, we know much less about what works for them. The outcomes for children who return home could be enhanced by research which could tell us what helps children and their families when authorities are planning their return home.

**268.** Research (Joseph Rowntree Foundation 2005) has indicated that many children who are looked after away from home, return home quite quickly, but if they stay for more than six months the likelihood of them ever returning diminishes sharply. This pattern has been widely misinterpreted as suggesting that the passage of time itself affects reunion. This view collapses a variety of factors, which may contribute to children remaining longer in care, including family circumstances, levels of help offered and accepted and the strength of the social work assessment. A recent literature review *Re-uniting looked after children with their families: a research review* by Nina Biehal (2005) suggests that there should be a sharper focus on this issue, given the trend for children to remain in care for longer periods than before, and given that adoption is a route for permanence for only a small minority of looked after children.

**Resourcing services for looked after children**

**269.** There are significant shortages of foster carers, therapeutic services such as play therapy and counselling, and education services that can provide full-time placements for children with challenging behaviour. The struggle of some care and health services, such as residential care and speech therapy, to recruit sufficient qualified and experienced staff, has had a significant impact on the ability of local authorities to meet the needs of looked after children.

**270.** We also know that when children who need help do not get it, there may be a demand on adult services. Young people who have experienced residential care are over represented among young offenders in prison, and amongst homeless people. The incidence of mental ill health is much greater among looked after young people than their peers. All these adult services are very costly.

**Including children, young people and their families and carers**

**271.** The importance of seeking the views of people who use services has increasingly been recognised by service providers. As Changing Lives (Scottish Executive 2006b) noted:

*we are becoming increasingly well informed and demanding consumers, yet our changing lives and circumstances present increasingly complex problems in a fragmented and ageing society* (2006b:2).

This perhaps applies more to adults than children and young people. Those who took part in this review valued being consulted and involved, but were not on the whole at all well informed about what they could expect from being looked after. Information is one important element of participation and inclusion.

**272.** There are two crucial areas for looked after children, the right to participate in planning and discussions about their own future and a second broader area about participating in policy or planning. For example, many of the young people who took part in this review objected to a rigid policy by some local authorities on overnight stays. All young people should be encouraged and enabled to take part in the former area, that of their own lives. The second is optional, however many young people have much to offer in terms of insights and suggestions from their own and others' experiences. We think that local authorities should take much stronger steps to involve young people in policy and planning.

**Private fostering**

**273.** The Utting Report (Department of Health 1997) described privately fostered children as some of the most vulnerable children living away from home. The safety of privately fostered children has been recognised in Lord Laming's report (2003) with recommendation 17 stating that the *"Government should review the law regarding the registration of private foster carers by January 2005."* The Westminster government published in 2005 proposals to change the ways local councils in England check up on private fostering arrangements. The proposals are intended to make sure that parents arranging for their child to be fostered privately are aware of the need to inform the local authority and that there will be checks made to make sure that privately fostered children are safe and supported.

**274.** Many privately fostered children have families in other parts of the world and are placed with families who have not been assessed by the local authority. A study of the views of privately fostered children (Commission for Social Care Inspection, 2005i) found that many of the children who took part proposed that:

> *Every privately fostered child should be given a social worker's telephone number on a special card, so that they were able to phone a social worker if they felt unsafe. Schools too could be given the number to call a social worker if they were worried about a privately fostered child in their school. Some children thought that private foster carers should also be given the social worker's telephone number to use if they had problems as carers* (2005i:8).

**275.** Under the Regulation of Care (Scotland) Act 2001, the Care Commission became responsible for the regulation of fostering and adoption services. This includes those fostering and adoption services provided by local authorities. Local authorities have a responsibility to oversee private fostering within their area and the extent to which they do this is included in the Care Commission's inspections. In 2005, the Scottish Executive provided information to local authorities on obligations and duties in relation to private fostering. Although privately fostered children do not come within the scope of this review it is important that local authorities and the Scottish Executive meet their needs for safety and protection.

**What we can do to help children and young people be included.**

i.    Ensure partnerships are effective in looking after a child or young person to achieve the best outcomes for them.

ii.   Develop a shared definition of the local authority as the corporate parent for each service provided by the authority.

iii.  Achieve a skilled well trained workforce for residential child care.

iv.   Encourage registration of residential care staff as part of the wider planning action requested of social service employers in the National Strategy for the Development of the Social Service Workforce Plan for Action.

v.    Value and appropriately reward front line staff caring for looked after and accommodated children.

vi.   Value and appropriately reward foster carers.

vii.  Commission research to guide workers about what they need to do to help children who are looked after return home and remain there safely.

viii. Help children make sense of their lives, understand their family problems and plan their futures.

ix.   Strengthen partnerships between foster carers, residential care and families.

x.    Involve looked after children and young people in planning and developing services for them.

**Key issues:**

- making working in residential care an attractive career option for qualified staff

- achieving quicker progress towards a well trained and well qualified residential child care workforce

- recruiting more foster carers at the same time as supporting good foster carers to carry on fostering

- recruiting more carers from black minority ethnic communities and from those with different faiths, so children and young people and their carers can be better matched

- creating incentives for agencies to develop more flexible shared care

- the need to know more about what works in helping children to return home

- making sure children, young people, carers and parents are included in decision-making

- investing in looked after children to help them become more successful as adults.

**Further reading and web sites**

Biehal, N. (2005) *Reuniting looked after children with their families: A research review.* Joseph Rowntree Foundation- published by National Children's Bureau. www.jrf.uk/knowledge/findings/socialpolicy/0056asp

Renewal.net (2005) Parenting programmes www.renewal.net

Renewal.net (2005) Good early years provision www.renewal.net

Effective early years provision (2005) renewal.net Solving The problem. www.renewal.net/

The Government's Response to the Children's Safeguards Review. Cmnd 4105 London: The Stationery Office

Sure Start www.surestart.gov.uk

What works and doesn't work in parenting programmes www.e-parents.org

Conclusion

> *I've been really happy because it's like a home, a proper home. You know you're wanted.* (Claire)

**276.** Families are still the cornerstone of our society. Despite changing patterns of relationships, a high divorce rate, and the many definitions of being a 'family', belonging to a family is a desired state for most people. Certain days of the year are set aside to celebrate mothers, fathers and grandparents. The family is everywhere. There are many different ideas about what makes a good family, but the concept of caring for children is at the core of most, if not all, of them. Children and young people who, for a whole range of reasons, cannot be cared for adequately within their own families are keenly aware that they are different from the majority of their peers. They know that many people may regard their families as having failed them and this can to lead them to feel that they too have failed in some way. Very often when children and young people become looked after they have feelings of loss and sadness. It is a paradox that much care away from home, which is intended to make up for early disadvantages and losses, ends up compounding rather than alleviating children's difficulties. We know from this review and many other studies of looked after children that this is not necessary. Children and young people can do well and many return to their families. Those who remain looked after can progress to a fulfilled adult life. The challenge faced by all who care for looked after children is to break the paradox; being looked after should always enhance children's education, health, leisure and life chances. Important factors that appear to contribute to successful outcomes include stable placements that promote good relationships, a positive experience of school, support from adults to develop life skills and career plans, support in maintaining social friendships and relationships, careful preparation for independence and the same sort of ongoing social, emotional and financial support that typical parents might provide for their own children.

**277.** The central finding of this review is that we cannot leave the care of looked after children to the goodwill of their carers and hope for the best. Corporate parenting is an uncomfortable term but the meaning of corporate is 'to belong to a group'. There are inherent risks in the care of children being held by a group, especially one which has many responsibilities and functions. There are also strengths in recognising that everyone in central and local government has a responsibility for looked after children. The Scottish Executive has a strategic role in a number of areas such as workforce planning, establishing national priorities for the recruitment and retention of foster carers and a national approach to kinship carers and private fostering. We have identified a number of key issues throughout this review which we think the Scottish Executive and others could usefully address to support changing practice and better care for looked after children.

**278.** When children and young people are looked after away from home the local authority provides them with substitute care. Although many families retain parental rights when their child is looked after, the local authority is expected to provide the same kind of care as a good parent would. We found in this review that many looked after children and young people were benefiting from the care and attention of committed adults. Nearly three quarters of those adults are foster carers; the remainder are staff who work in residential units and schools. We are asking these adults and other, often unqualified staff working alongside them, to undertake a vital task in our society, to provide substitute parenting. Many do it very well, but not always for very long. Recruiting and retaining good staff and foster carers is crucial to providing children and young people with the best 'parenting' that we can.

**279.** Each chapter of this review ends with a number of suggestions for local authorities, and their partners in delivering children's services, to consider what might best help them to improve their services and the outcomes for looked after children. Many of the suggestions are straightforward and sound easy but are harder to put into practice because they require a cultural change in the way we think about looked after children and our expectations of them. We have deliberately not sought to make prescriptive recommendations, recognising that one size will not fit all and that different practices suit different parts of Scotland. A number of the suggestions complement work already being taken forward in the Executive, such as *getting it right for every child*, the child protection reform agenda, the 21st century social work review, the adoption policy review and others. The indicators in the national quality improvement framework for integrated services for children and young people are there to ensure outcomes for all children, including looked after children, can be measured.

**280. We have concluded that the single most important thing that will improve the futures of Scotland's looked after children is for local authorities to focus on and improve their corporate parenting skills.** Different authorities might want to go about this in different ways but we think that all local authority chief executives should make an annual report to their council on the outcomes achieved for looked after children. All local authorities should nominate an elected member who will act as a champion for looked after children. Some local authorities might want to consider appointing a senior manager with a specific responsibility for looked after children throughout the authority at a strategic level. Looked after children need to belong and feel confident that everyone is working with and for them to achieve their best possible care. As we have found throughout this review, to be 'ordinary' they need extra-ordinary help and support.

# Appendix 1

**The Scottish Cabinet vision for children and young people in Scotland:**

- Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community

- Children and young people should live within a supportive family setting, with additional assistance if required or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience

- Children and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices

- Children should be active, with opportunities and encouragement to participate in play and recreation, including sport

- Children and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self-esteem to the fullest potential

- Children, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities

- Children, young people and their carers should have access to high quality services, when required, and should be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

# Appendix 2

**The SWIA review team members were:**

| | |
|---|---|
| Gillian Ottley | Depute Chief Inspector |
| Helen Happer | Lead inspector |
| Joanna McCreadie | Inspector |
| Dr Chris Robinson | Inspector (Editor from Dec 2005) |
| Professor Jane Aldgate | Seconded from the Open University |
| Miranda McIntosh | Research Officer |

# Appendix 3

**List of studies**

Aldgate J. and McIntosh M. (2006), *Looking after the family: a study of children looked after in kinship care in Scotland,* Edinburgh, Social Work Inspection Agency – a national survey of local authority policies and procedures for looked after children living with friends and relatives and an in-depth research study into the needs and experiences of children in kinship care and their carers.

Aldgate J. and McIntosh M. (2006), *Time well spent: a study of children's well-being and daily activities,* Edinburgh, Social Work Inspection Agency – a study of daily activities and routines for looked after children living in a variety of settings, including children under local authority supervision at home.

Happer, H., McCreadie, J., Aldgate J. (2006), *Celebrating success: what helps looked after children succeed?,* Edinburgh, Social Work Inspection Agency – a study of 32 people who were looked after by local authorities in Scotland, and who have experienced success in their lives.

McRae J. (2006), *Children looked after by local authorities: the legal framework,* Edinburgh, Social Work Inspection Agency (2006) – an overview of the law relating to looked after children, the legal responsibilities of local authorities and other services and the legal implications of being looked after for the children and their families.

Scott, J. and Hill, M. (2006), *The health of looked after and accommodated children in Scotland,* Edinburgh, Social Work Inspection Agency – a review of research into looked after children's health needs and outcomes.

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