EDUCATION AND CULTURE COMMITTEE

AGENDA

17th Meeting, 2013 (Session 4)

Tuesday 28 May 2013

The Committee will meet at 9.30 am in Committee Room 6.

1. **Decision on taking business in private:** The Committee will decide whether to take item 4 in private.

2. **Inquiry into decision making on whether to take children into care:** The Committee will take evidence from—

   Tom McGhee, Managing Director, Spark of Genius, Scottish Children’s Services Coalition;

   Mark Ballard, Head of Policy, Barnardo's Scotland;

   Barbara Hudson, Director, British Association for Adoption & Fostering;

   John Stevenson, Representative from Social Work Issues Group, UNISON;

   Ruth Stark, Manager, Scottish Association of Social Workers;

   Matt Forde, Director, NSPCC Scotland.

3. **Post-16 Education (Scotland) Bill:** The Committee will consider the Bill at Stage 2 (Day 3).

4. **Annual report:** The Committee will consider a draft annual report for the parliamentary year from 11 May 2012 to 10 May 2013.
The papers for this meeting are as follows—

**Agenda Item 2**

Written Submissions  
PRIVATE PAPER  
EC/S4/13/17/1  
EC/S4/13/17/2 (P)

**Agenda Item 4**

PRIVATE PAPER  
EC/S4/13/17/3 (P)
Clerk’s note
The Committee will take evidence from six organisations. The following new written submissions have been received by those giving oral evidence:

Barnardo’s Scotland page 3
British Association for Adoption & Fostering (Scotland) page 7
Scottish Children’s Services Coalition page 11

NSPCC Scotland, UNISON and the Scottish Association for Social Workers (SASW) responded to the original call for written evidence last year. Their submissions can be found on the following pages:

NSPCC Scotland page 14
SASW page 22
UNISON page 26

For members’ information, biographies of all the organisations giving oral evidence to the Committee are provided below:

**Mark Ballard, Head of Policy, Barnardo’s Scotland.** Charity providing community-based services, including: leaving care services to bridge the gap between care and ‘living in the adult world’, family activity services and disability services.

**Barbara J Hudson, Director, British Association for Adoption & Fostering (Scotland).** Supports, advises and campaigns for better outcomes for children in care, working with everyone involved with adoption and fostering across Scotland.

**Tom McGhee, Managing Director, Spark of Genius, Scottish Children’s Services Coalition.** A policy-focused collaboration between independent and third sector service providers of children’s services, including Falkland House School, Mindroom, Spark of Genius, Young Foundation and Who Cares? Scotland. The group works with stakeholders across the political spectrum to improve the delivery of quality services and advocacy support for vulnerable children and young people.

**Matt Forde, Director, NSPCC Scotland.** The UK’s leading charity, specialising in child protection and the prevention of cruelty to children. It is the only charity with statutory powers enabling it to take action to safeguard children at the risk of abuse.
Ruth Stark, Manager, Scottish Association of Social Workers. Professional association bringing social workers together to contribute to the development of good policies and implementation of best practice via events, consultation responses, seminars and study days. Largest professional association for social work.

John Stevenson, Representative from Social Work Issues Group, UNISON. Largest public sector union in the UK (with approx. 150,000 in Scotland).

Judith Payen
Committee Assistant
23 May 2013
Barnardo's Scotland

Barnardo's Scotland welcomes the Committee’s on-going inquiry into decision-making on whether to take a child into care. We supported much of the content of the committee’s recently published interim report.

There are multiple challenges regarding the decision-making process and these relate to a variety of practice and process issues. For example, how services share information and work in partnership is vital - practitioners must have a good grasp of their role and function within the context of GIRFEC, as well as understanding the impact of unmet need such as neglect.

Barnardo's Scotland believes that there are some key ways in which the decision-making process should be improved. Early intervention, robust assessment, evidence based interventions, good supervision and case scrutiny are key ingredients to improving the decision-making process and ultimately the outcomes for children at risk of or being taken into care. However there are six particular areas we would like to raise with the committee.

1. Neglect

The model developed for our Parenting Capacity Assessment work in Fife focuses on the issue of neglect, which is one of the key themes that the Committee has highlighted as part of its inquiry. Our work has highlighted the need for practitioners to be aware of the impact of neglect across a continuum of need. The issue of neglect has often been seen as a low priority or less important than other risk-based concerns such as abuse. Clear assessment frameworks that consider needs as well as risk are essential and can provide a robust evidence base for intervention. There needs to be a greater focus on neglect as part of the assessment process.

2. Assessment

In Fife we have been considering decision-making and permanency plans, and our experience tells us that a good assessment is vital. Interventions and practice need to be based on a robust evidence-based approach.

An outcome focussed approach is also essential, with practitioners being clear on an outcome measure and the appropriate timescale for change. Our experience is that, at times, decisions have been delayed due to false optimism in terms of parental capacity to change and improve and also their ability to sustain change in the long term. These delays can lead to further long term problems for the child and need to be avoided wherever possible.

Early intervention is vital and decision-makers need to be aware of pathways to access other support services to help. Barnardo’s services in Scotland provide a range of additional and targeted services, which must work closely with partners in health, social work, police and education.
3. GIRFEC and consistent decision making
The upcoming Children and Young People’s Bill can also play a crucial role in improving decision-making around care. The consistent application of the GIRFEC/wellbeing approach, based on sound practice development in relation to the duty to provide a named person and, where appropriate a single child’s plan, could deliver significant improvement in decision making processes. This crucial oversight role will help ensure earlier interventions with children at risk and also that relevant agencies are talking to each other and sharing information appropriately. However, greater clarity is still required around the relationship between lead professionals and the new planning process, how the voices of children and young people themselves will be heard in the new processes, and how the integrated approach which is at the heart of GIRFEC will be achieved consistently.

4. Children’s rights
There has been considerable discussion regarding the rights of parents and the rights of children with regards to the decision-making process. In terms of the children’s rights we believe a framework is required that puts the child at the centre and assesses parental capacity, risks and protective factors from the position of the child’s needs and outcomes, in order to ensure that rights are upheld.

Such a framework is used by Barnardo’s in Fife, where it is practice to ensure the child’s views are heard and that they contribute to the decision-making and planning processes.

It is crucial that the rights of the child remain at the forefront of a practitioner’s approach.

One way of looking at this is from an outcome and evidence based perspective, for example, through support to enhance parenting capacity is there visible evidence of a positive difference and impact on the child, do practitioners seek the views of children, do they see children on a one-to-one basis, do they encourage feedback from children that is shared with parents and contribute to assessment need.

Barnardo’s Scotland believes that all practice should be underpinned by a commitment to promote children’s rights. We hope that this is something that will become more apparent with the passing of the Children and Young People’s Bill, and its commitment to the UNCRC. The UNCRC clearly states the requirements of what children need to grow and develop rights- the key is ensuring in supervision and planning that it is very much from a child’s perspective.

5. Understanding the causes of delay
The Scottish Children’s Reporter Administration (SCRA) research on permanency planning processes published in 2011 highlighted the need for decisions to be taken
early, as well as the poor outcomes experienced by those left waiting for a permanent decision.

Our practitioners have highlighted that children that remain in care for more than six months are much less likely to be returned home. Far too often decisions are allowed to drift long after the initial six months. There is a propensity for the cases of children in foster care to be given a lower priority, as they are in a safe and secure setting, and focus on those in greater crisis. This leads to drift and delay in that child getting a permanent decision.

However, Local Authorities are under considerable financial pressure. Community Planning Partnerships have been required to prioritise early years work. It is likely that the welfare reform process will lead to more families moving into crisis. The numerous demands on ever decreasing financial resources may put pressure on local authorities to prioritise cases that are seen as the most vulnerable or highest tariff, potentially to the detriment of children young people who would benefit the most from speedy decision making.

A critical factor in improving decision-making is making sure that practitioners are clear on why an intervention is being undertaken, that progress is measured, ensuring that progress is sustained or acting on indicators of need and risk which in the long term will be harmful, as well as having clear multi-agency plans that are reviewed regularly.

6. Foster Carers

Barnardo's Scotland believes that more resources are also needed to support foster carers and adopters. There is also a need to recruit more foster carers and adopters, particularly those trained to deal with children with complex needs and challenging behaviour.

We provide a national fostering service and as part of our work in preparing this response we spoke to a number of foster carers about their role and their thoughts on the decision-making process, which they experience every day.

The foster carers we spoke to believe that the decision-making process takes too long. They also expressed concern that when decisions are made it can take a considerable length of time before these decisions are fully implemented. Delays and drift in decision-making and implementation can cause considerable stress for a child who does not know where their long term future will be. This can have an impact on the child’s mental health, behaviour and wellbeing.

Our foster carers have concern about the optimistic approach taken by social work departments towards birth parents. They believe they are given too long, too many second chances, which from their experience leaves children with an uncertain
future and all the stress and challenges that come with that. It is their experience that many of these children often end up being permanently removed.

Our foster carers have told us that the lengthy decision-making process really affects the children in their care. However they also believe that generally the decisions, when taken, are ultimately the right ones.

The foster carers agreed that decisions need to be made sooner, and that the overly optimistic approach to birth parents needs to be reconsidered. They believe the rights of the child should take precedent over the parent’s rights.

The biggest issues and challenges facing foster carers are that, often as a result of the uncertainty of their future, many children come to them with complex and challenging needs, which can be hard to address, especially when it is unclear what will happen to the child in the long term.

Richard Meade
Public Affairs Officer
British Association for Adoption & Fostering

About BAAF

BAAF is a UK wide organisation providing research, publications, training, advice and information for all those involved in providing children and young people with the opportunity to grow up within a loving family. In Scotland our services include the following:

- Delivery of training to social work practitioners and their managers, members of children’s panels, members of fostering and adoption panels, foster carers and adoptive parents, early years staff, health, legal and education professionals
- Consultancy work on the plans for individual children
- Strategic reviews of services provided by local authorities
- Scrutiny of plans for individual children on a regular basis through membership of fostering and adoption panels

Since 2011 BAAF Scotland has in conjunction with the Scottish Government established Scotland’s Adoption Register. Through our current work, indeed through the work of BAAF over the last 30 years the organisation has identified important and consistent themes about decision making for children who cannot safely grow up within their birth families, and we welcome the opportunity to share these with the committee. The committee has indicated that it may wish to explore:

- The extent to which the choice of available services and placements is determinant in decision making in relation to neglect and permanence
- What information there is on the success of different types of intervention that are available to professionals

BAAF Scotland would like to focus on the following:

(i) The way in which drift and delay in decision making for children potentially reduces the placement options available to children
(ii) The complex mix of beliefs, values and lack of knowledge about different placement options
(iii) Messages from research about the outcomes of different types of placement

(i) Impact of Drift and Delay

When children become looked after and accommodated they are usually placed with foster carers where they remain until such time as firm plans have been made for their future. This as the committee is well aware can take months or in some cases years. It means that during that time both children and their carers are living what could best be described as a ‘provisional’ existence. Carers attempt to provide children with consistency, security and predictability in a situation which is by its nature unpredictable. The impact on children and their carers can be very damaging. Children who have already experienced neglect or abuse have the additional burden of not knowing what might happen next and
who will decide. This burden may lead to increasingly difficult or challenging
behaviour as children attempt to contain almost overwhelming feelings of
despair, rage, anxiety and loss.

Due to the extraordinary efforts by many carers children in these ‘temporary’
arrangements are able to experience safety, comfort, warmth and joy and make
the most of nursery, school and friends. It is however sometimes at a cost to
carers’ wellbeing.

Once a local authority has taken the decision that a child cannot return home
and recommended a plan for permanence to be supported by an appropriate
legal framework it may be possible for a suitable placement to be sought. However the length of the legal process can mitigate against early identification
and matching as prospective carers might be waiting between 6-9 months before
permission is given for a child to move. During this time patterns of contact with
birth family which may have been put in place for the purpose of assessment
become fixed, leading to expectations that these should continue in the future,
irrespective of the implications of this when a child joins a new family.

It is BAAF’s experience that many local authorities attempt to progress planning
and decision making for children as timeously as possible but we also see
eamples where there have been staff changes, staff illness, organisational
change and changed priorities which have led to children’s plans not being
progressed either in terms of legal process or family finding. We sincerely hope
that robust systems will soon be in place in all local authorities to prevent this
happening. There can be no justification for not affording the work of securing
children in new permanent families the highest priority.

Sadly the impact of the length of the planning and legal process is that children
become older, have lived with uncertainty and potentially developed challenging
ways of expressing their distress. The task then presented to family finding
services is a daunting one. The Adoption Register provides a worrying picture of
the ages and characteristics of children requiring adoption which is not reflected
in the characteristics and capacities of waiting families. It is hard to maintain
optimism and determination to secure placements for children in the absence of
available resources.

Maintaining children in temporary fostering placements absorbs considerable
staff time particularly the time of family placement practitioners. This in its turn
impacts on the capacity to recruit and assess prospective new permanent foster
carers or adopters. There are always applicants interested in young children but
considerable staff time and resources must be expended to generate enquiries
from prospective carers prepared to adopt older children or siblings.

The consequences therefore of lengthy processes and delay are to compound
children’s difficulties and reduce capacity to generate new placement options.

(ii) Consideration of different placement options
There is now a general professional acceptance that a well-resourced family will provide a child with the opportunity to receive love and nurture, develop a strong sense of self-esteem and have relationships which could last a life time. Every effort is made therefore to consider family based care, although for older children and those with very challenging behaviour a family may not be able to meet the child’s needs.

Whilst there is currently very little dispute about the value of a family placement there continues to be some divergence of views about the respective merits of permanent fostering/fostering and adoption.

BAAF’s perspective is that the starting point should be “what does the child need in order to have a happy, healthy childhood, to develop relationships which will last for as long as they want and need?” Having identified what is required the legal framework should be one which best supports this plan.

Beliefs and values about adoption, age of child, continued contact with birth family, financial considerations, likelihood of placement, need for on-going support etc. are important factors but should not outweigh the paramount consideration of what would be best for a particular child.

Children and family workers who have limited experience of placing children in new families need support and supervision to confidently take forward permanence plans. They are helped if there is a clearly articulated set of agency principles about what aspirations should be for children. The committee has already heard evidence from young people who have experienced public care and testified to its failure to provide the life-long support and connection which are the essential characteristics of good quality family life.

One of the most effective protective measures that a local authority can take for a child is to secure them a ‘family for life’.

(iii) Messages from research about the outcomes of different types of placement

There is a wealth of literature and research on the outcomes for children who have been placed in adoption, foster care or with family members. The challenge is to ensure that professionals charged with decision making are aware of what exists, understand the implications and are able to apply to an individual child.

For example, research into disruption in adoption placements would indicate that the older a child is when she or he is placed the greater the risk that the placement might disrupt. This is not a reason for not placing older children. It does highlight the need to think about the risk factors and take action to mitigate them. Research shows that late permanent placements in adoption can offer
stability for a number of years to children\(^1\), and offer the potential of life long relationship.

BAAF is often asked to identify research that clearly supports the advantages/disadvantages of particular intervention. Sadly research does not provide instruction but it can provide guidance. BAAF believes that it is vitally important that on-going training and development is offered to all those involved in this area of work and that consideration is given to specifying particular requirements in relation to knowledge and experience so that practitioners are familiar with key research methods and findings.

Priority must also be given to family finding activity. It is recognised that work must take place continually to highlight the need for adopters and permanent foster carers and to challenge the misapprehensions that stop people coming forward. Prospective carers need to receive encouragement and become active partners in the process of becoming parents to a vulnerable child or children. Carer-led activities can create additional opportunities for children to join new families.

**Conclusion**

A number of factors contribute to placement options and outcomes for children who are permanently removed from their birth families. These include:

- The length of time and delays in the planning and decision making process
- Difficulties in recruiting and sustaining a range of families able to offer permanent fostering or adoption
- Insufficient specialist knowledge within the workforce

BAAF believes that a coordinated approach across the sector to address these could bring about major change for good.

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Scottish Children’s Services Coalition

1. Introduction

The Scottish Children’s Services Coalition (SCSC) is a policy-focussed collaboration bringing together leading third and independent sector children’s services providers, who deliver residential care and specialist education for children with complex needs. SCSC members also provide independent advocacy, advice and representation for looked-after young people across Scotland. Members of the SCSC are Falkland House School, Mindroom, Spark of Genius, Who Cares? Scotland and Young Foundations.

Together, members campaign for an outcomes-focussed approach to the commissioning and delivery of children’s services, placing the needs of the child at the heart of decisions regarding their care.

2. The benefits of appropriate commissioning

In its initial response to the present inquiry (August 2012), the SCSC welcomed its examination of a number of key issues surrounding improving outcomes for children and young people with complex needs. It also suggested the inquiry should examine:

- The need to develop a clear evidence base in support of effective children’s services commissioning and delivery;
- Increased consistency across local authorities;
- Effective transitions – a commitment to implementing a throughcare approach.

Our call for improvements in commissioning was underpinned by our conviction that an appropriate strategic commissioning strategy would underpin the pursuit of improved outcomes for children, while helping local authorities to secure best value.

3. Effective service commissioning

An essential platform for effective strategic commissioning is for service commissioners throughout Scotland’s local authorities to attain an understanding of whole life-costs and value for money. We know that financial pressures, heightened in the current economic climate, mean that services are too often commissioned on the basis of cost, rather than a consideration of longer-term outcomes. Clearly, this is the antithesis of the sort of preventative approach that service commissioners should be adopting to ensure that local authorities and the Scottish Government do not have to foot the bill for a failure to deliver interventions based on an assessment of needs.

The Education Committee’s interim report for the present inquiry noted Audit Scotland’s recommendation in ‘Getting it right for children in residential care’ that local authorities should “ensure they understand the costs and quality of all the
options available when making strategic service and placement decisions.\(^1\) This will help to demonstrate that they are achieving value for money in residential child care" and that Audit Scotland said the Scottish Government should “increase the pace of development of a national strategic approach to commissioning specialist services for small numbers of children”.

The committee’s report went on to note that “since then Scotland Excel has been developing strategic commissioning in foster and residential care” and goes on to note that there was “strong support from third sector organisations in favour of the concept of strategic commissioning”.

We would like the committee to note that rather than developing a strategic commissioning approach to children’s services, as suggested above, Scotland Excel has elected to produce a draft procurement framework that falls significantly short of delivering a coherent response to the challenges of effective strategic commissioning. In its analysis of responses to its recent consultation on the draft National Framework for Residential Services (NFRS) in children’s care, Scotland Excel stated, “We agree that the proposed national framework will be a procurement process and not a strategic commissioning process.” The Scotland Excel paper goes on to say that the proposed framework will be used to “help support the development of future strategic commissioning plans” being taken forward by local authorities and the government.\(^2\)

The SCSC is concerned that there has been little indication so far from the government or local authorities about plans for effective strategic commissioning in children’s care services. We have been told by Scotland Excel that the draft framework for independent providers is an essential step to allow service commissioners to understand the real-terms costs of children’s care, as an essential precursor to strategic commissioning. However, independent providers have consistently stated their view that if Scotland is to enjoy an effective strategic commissioning model for children’s care, then commissioners must be able to compare the costs and effectiveness of the 60% of providers in the independent sector with the 40% of providers directly managed by local authorities.

A simple question therefore remains over how local authorities and the Scottish Government will be able to develop strategic commissioning across all services when information on service quality and cost is only required from independent providers representing 60% of the sector.

\(^1\) Education & Culture Committee 3rd Report, March 2013 (Session 4): Interim Report on inquiry into decision making on whether to take children into care: 
http://www.scottish.parliament.uk/S4_EducationandCultureCommittee/Reports/edr-13-03w.pdf

Indeed, we would strongly question how an effective process of strategic commissioning that improves outcomes for children and young people can be brought forward in the near future if service commissioners are not enabled to make direct comparisons between all available placement options, whether in the independent or public sector.

4. Conclusion

While a majority of independent providers have indicated that they are broadly in favour of a national framework for commissioning residential children’s care placements, it is our view that efforts to do so must be focussed on delivering a national strategic commissioning model that allows those making decisions over the best placements for each individual child to do so on the basis of an assessment of all the options available.

In our view, the draft residential framework being brought forward by Scotland Excel misses the opportunity to do this by adopting a piece-meal approach targeted at independent providers alone, while giving no scope for service commissioners to compare them with local authority providers.

While we note public commitments from local authorities and the Scottish Government to a strategic commissioning model for the sector, we are concerned that details on a suggested approach have not been forthcoming.

We would therefore urge the committee to seek clarification about how and when a sustainable model for strategic commissioning of residential children’s care will be developed.

Tom McGhee
NSPCC Scotland

1. Are decisions made on the basis of a clear fully developed and agreed evidence base that demonstrates what is most effective for children and their families? Do all those involved in the decision-making process share common standards of training, knowledge and practice?

The decision to take a child or young person into care is one of the most serious that a local authority will ever take. It is widely acknowledged that there are inconsistencies of practice both within and between local authorities, not only in decisions about when to take children into care but in all decision-making about looked after children. For example research into reunification has shown that differences in local authority policy (which shapes decisions) is the main explanation for variation in the stability of ‘reunified’ families.¹ We are not aware of any commonly used framework of theory driven practice for social workers and managers tasked with making recommendations on the care arrangements for children at risk of significant harm. While workers are aware of the importance of good attachment and parenting practices, and the importance of understanding the limits of parental capacity to change, the results of a recent survey of social workers suggests they lack confidence in making such assessments.² There are available structured and validated tools and techniques for conducting assessments of parent child functioning, assessing risk, and tailored interventions that can improve parenting capacity and the quality of attachment relationships, but these are not routinely used in child protection cases, or at any other particular threshold for intervention.

In our experience there are variations in the training, knowledge and practice experience of individual front line social work staff and managers, with a high proportion of inexperienced staff in front line social work roles. There are no requirements around the amount of post-qualifying training that social workers should have. Neither is there any nationally accredited skills-based post qualification training for social workers in Scotland. Resource pressures including vacancy rates condition practice; an FOI survey in 2009 found high social worker vacancy rates (up to 24%) in some Scottish local authorities.³ The Munro Review looked at issues to do with organisational context.⁴ Very difficult decisions are often being made in a highly pressurised environment.

2. Is there consistency in decision-making across the country? To what extent are decisions on whether to remove children influenced by resource constraints or any other barriers?

² NSPCC survey on neglect, conducted with Community Care in spring 2012. The full findings will be published shortly.
While it is sensible to look at specific factors, we need to acknowledge the degree of complexity here, with factors often being inter-related.

Inconsistency in decision making procedures is one of a number of factors that explain the difference in the number of children taken into care across local authorities. The use of care by local authorities has always varied (measured by the rate or percentage of children who are looked after). To understand and explain these differences we need to consider the whole system of interconnected factors. Research tells us that this includes:

- local authority operational processes such as the availability of preventative services and decision-making procedures;
- the impact of deprivation (as well as need) in local authority areas;
- the cost of care placements, resources and staffing levels, and
- the wider culture including the beliefs about care and attitudes of individual members of staff.

**Resource constraints**

As indicated above, resource constraints are known to be a factor in decisions on whether to remove children and on where to place them. This is particularly an issue at the moment for English local authorities; significant variations in care costs are driving decisions to place children sometimes hundreds of miles from home. Hill (2011) reports several Scottish studies ‘pointing to limitations in resources affecting decisions and the quality of interventions’.

**Thresholds**

The issue of thresholds is a very significant one for decision-making. Variation in thresholds between different services or agencies can hinder or prevent agreement on how to act. This was recently highlighted, in relation to Supervision Requirement Orders (SRO), in the Review of Child Neglect in Scotland (2012). An application is made for an SRO if attempts to provide help to parent(s) on a voluntary basis are not leading to the required improvements. The authors note that even when a multi-agency agreement is reached that compulsory measures are required, difficulties can often arise at the Children’s Hearings stage, when Panel Members may require a different type or standard of evidence. This is a particular concern in cases of

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cumulative neglect or emotional abuse. These have extremely damaging long term effects on children but are extremely difficult to demonstrate.  

Training

The legal system is also often cited as a barrier. It is not always perceived to deliver decisions in the best interests of children. Daniel et al (2012) argue that further work is needed to explore the underlying issues in relation to decision-making both by Sheriffs and Children’s Panels. They propose that this looks at:

- training and equipping practitioners to present evidence more effectively (including about parental lack of capacity and willingness to change);
- further training for Panel Members and Reporters about the impact of different types of abuse and neglect on child wellbeing and development;
- information and training for solicitors and Sheriffs.

The suggestion here is that training may be a factor which affects the type of decisions being made at local level and therefore contributes to variable decision-making. It is important that this recommendation is taken up.

3. Can general assumptions ever be made about fitness to parent or must each situation be fully assessed on its individual circumstances?

No. The level of variability and complexity in each child and parent’s situation means assessment must always be on the basis of individual circumstances.

4. What evidence is available to demonstrate that children who are removed from the family home, whether temporarily or permanently, enjoy better outcomes than they otherwise would have had?

Once a child enters the looked after system, there can often be an assumption that their removal from home will in itself ameliorate the difficulties they face. A child entering the care system is likely to have sustained a significant degree of trauma before being removed from the family home. A number of things flow from this:

- Looked after children require high quality therapeutic input to set them on a healthy trajectory for life. However our research indicates there is a limited evidence base about which approaches are most effective with attachment difficulties in looked after children. Specialist CAMHS services for looked after children are also not widely available.
- For foster care to fulfil its potential as a high quality intervention, offering nurturing support and secure attachment, it is vital that foster carers are

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Agenda item 2

provided with on-going professional support and training to perform their role. Adoptive parents also need support for their role. This is an essential requirement to promote the stability and prevent the breakdown of placements, including adoptions, which unfortunately occurs on a frequent basis.

Having said this, there is evidence of children who are removed from their parents experiencing better outcomes than would otherwise have been expected. Examples are:

- Jim Wade’s research, at the University of York, on outcomes for maltreated children shows that they experience better outcomes in care than if they return home.
- Gillian Schofield’s research, at the University of East Anglia, on involvement in criminal justice (one of the outcomes often cited as a failing of care) shows that care can mitigate the extent to which young people become involved in criminal activity.

While we cannot know the outcomes for children had they remained in their families, we do have evidence about the outcomes for children who are returned to them. While reunification can boost a child or young person’s ‘sense of identity and personal history’\(^{10}\), on average they are worse off across a range of psycho-social outcomes including educational performance and participation, deteriorating mental health, self-harm, running away, and behavioural problems.\(^{11}\) Farmer’s study found that 46% of children who were looked after as a result of abuse or neglect suffered further abuse or neglect if they returned home.\(^{12}\)

5. How are decisions made on whether a child, once removed from the family home, should be returned to that home, or removed permanently? Is the speed of decision making appropriate?

Improving the quality, timeliness and consistency of decision-making about permanency is a critical issue. The question is not about ‘speed’ per se, but about improving the quality of decision-making – making the decisions that best meet the needs and interests of the child - in a timely way, mindful of the age and developmental needs of each child. The importance of this is underlined by the growing body of knowledge about the place of attachment in the healthy cognitive and emotional development of infants and young children.

All the international evidence shows that we don’t currently have the balance right – both in terms of making the decision about when it is in a child’s best interests to


return home, and the support needed to ensure a return home is successful. The figures bear this out. Glasgow City Council’s audit of its looked after children found that of those children returned to their birth parents, only half remained there four years later.

Many children who are looked after experience their first episode of out of home care at a very young age as a result of abuse or neglect. These children are often returned to their parents even though no significant improvement has taken place in the family’s functioning and they may experience further maltreatment. Zeanah and colleagues in New Orleans have taken a rigorous approach to assessing and intervening in families of maltreated young children (from birth to 5 years) who have been placed in foster care. Through a process of clinical assessment barriers to the development of positive attachment are identified and work is undertaken with families to remove these within an appropriate developmental time span. Assessment and support is given to foster carers to ensure this relationship supports the child’s emotional development; meanwhile tailored interventions are offered to birth families with a view to safe reunification.

We are currently testing and evaluating this model of evidence based decision-making in Glasgow in partnership with Glasgow City Council and NHS Greater Glasgow and Clyde.

Since December 2011 each child under the age of 5 years entering care in Glasgow has received an evidence based assessment of what is the most appropriate outcome for that family; reunification with their family or permanency. The assessment is delivered by two different services; one based on the specifications of the New Orleans Intervention Model, the other the enhanced care service delivered by the local authority. With Scottish Government funding, a randomized control trial is being undertaken by Glasgow University to compare the outcomes for children receiving each service.

The trial is testing:

- Whether decision-making based on a clinical assessment of the attachment relationship between the child and its parent, and a service which minimises disruption to attachment relationships, delivers better outcomes for children.
- Whether a service developed in the USA can ‘fit’ with Scottish systems including the Children’s Hearing system. We will be looking to see whether there are any beneficial effects in terms of streamlining decision making processes, and in providing a different type of evidence to Panel members.

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14 These outcomes are being assessed using standardised measures of infant mental health. They include child language, measures of neuro-cognitive functioning and measures of infant carer attachment relationship.
6. Where a child has been returned to the family home, what type of support is most effective in ensuring that the child will enjoy greater stability and security?

**Children looked after at home**

It is important to remember that the most common form of placement for looked after children in Scotland is at home with their parent(s) under compulsory supervision arrangements (34% in 2011). It is these children and young people who do least well and there are concerns about the lack of priority given to these families within current resource constraints. In his review of Scottish research into looked after children, Hill (2011) cites evidence that ‘it seems to be still the case that some home supervision cases are unallocated (by social work departments) for at least part of the period of supervision, while in a minority of cases the family or panel members would like social work contact to be more frequent.’

**Support for ‘reunified’ families**

In 2010, 62% of children in Scotland who ceased to be looked after returned home to live with their biological parent(s). Although this is the most common destination for children leaving care there remains very little research looking at the outcomes for children. One of the very few Scottish studies, by Minnis et al (2010) found that two thirds of Glasgow children who return to birth families after an episode in care will have a further period in care. In a majority of these cases, this becomes a long term arrangement. This is in keeping with UK studies which report three in five (59%) of children returning to care at least once.

We believe much greater attention needs to be given not only to improve decision-making and planning around reunification, but to supporting families in achieving stable and successful outcomes when children are returned. This is not the picture at present.

**The type of support that is needed**

A recent study funded by the Department of Education (Farmer & Wijedasa, 2012) tracked the progress of 180 children returned to their parent(s) in six local authorities in England. It found the following factors were associated with stability:

- A change in family membership since the child had entered care;

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15 M.Hill (2011) op cit.
16 Figure is for the year 1 August 2009 to 31 July 2010.
20 E. Farmer & D. Wijedasa, op cit.
- The involvement and support of foster carers in preparing children for the return;
- Adequate preparation for and support during reunification;
- Parental motivation to care;
- The involvement of another agency or professional in monitoring children.

The rate of breakdown varied considerably between local authorities, the lowest being 32% and the highest 75%. This was attributed to ‘different practices in different authorities leading to different outcomes, especially for older children’. Return was most likely to succeed with appropriate preparation, services and monitoring of children’s progress by local authority social workers. The authors’ recommendations concur with those of the Munro Review (2011); that there is a need for authorities to develop clearer practice advice and policies to guide reunification practice for children of all ages, whatever their legal status, if their outcomes are to be improved.\textsuperscript{21}

In August 2012 we published a report ‘Returning Home from Care: What’s best for Children’ which sets out the types of practice we think are needed.

- Structured, purposeful planning and effective supervision of decision-making is critical to ensuring children are successfully returned home from care. Yet returns home are often poorly planned and supported, with inconsistent approaches and different strengths and weaknesses across local authorities.
- All professionals involved in making decisions about if and when a child returns home from being looked after must be supported to ensure decisions are based on clear evidence of the risks to the child, parental capacity to change and attachment between the child and their parent.
- Continuing professional development for social workers and social work managers should cover the latest research on children returning home from care, and the need for effective support and supervision for decision making.
- Decisions about whether a child should return home must always be led by what is in their best interests. Support for children and their families prior to and following reunification must improve.
- Local authorities must ensure that foster carers and residential care workers are involved in the process of a child returning home from being looked after, and are supported to help the child prepare for a return home, where that is in their best interests.
- There must be sufficient support for parents who misuse alcohol or substances, who experience domestic abuse, who have mental health problems or who have other issues which could affect their ability to parent effectively. At the moment parents problems are often unresolved before a child returns home. UK studies demonstrate instances of children returning to households with a high recurrence of substance and alcohol misuse (42 and

\textsuperscript{21} E. Munro (2011) op cit.
51 per cent respectively), but where only 5 per cent of parents were provided with treatment to help them address these problems.

- Arrangements for monitoring children and young people’s needs after they return home must be made clear. All local authorities must have arrangements in place to ensure that support for children and their family is maintained in accordance with the needs of the child. Monitoring and support should include regular visits from a consistent key worker and the child should have access to advocacy support to ensure their views are heard.

**A new approach to practice**

Working with Professor Harriet Ward and Rebecca Brown from the Centre for Child and Family Research at Loughborough University we are developing a new framework for systematically classifying the level of risk faced by a child if they were to return home. The framework places evidence of the risk of further abuse or neglect, and assessment of parental capacity to change, at the heart of decision making about reunification and provides practitioners with a structured approach to making decisions.

We are also working with eight local authorities in England to develop innovative new practice to tackle the problems associated with children returning home from being looked after. This is focusing on three main areas:

- structured planning and preparation for children returning home;
- proactive support and monitoring once children return. Local authorities will keep cases open for a minimum of one year following a child’s return home, enabling improved support;
- Communicating with children and parents: Children’s views are central to whether or not reunification will be successful but they are often overlooked. This approach places the views and interests of the child at the centre of decision making. We will also be evaluating the impact of using more effective parental agreements.

**Other forms of evidence**

NSPCC Scotland would like to host a visit by Committee members to meet the multidisciplinary team delivering the New Orleans Intervention Model in Glasgow. This team has submitted separate written evidence to this Inquiry. We can also arrange site visits to the local authorities with whom we are developing a new approach to practice in reunification, and will be happy to discuss this with you.
Scottish Association of Social Work

Introduction

The Scottish Association of Social Work represents social workers, many offering frontline services throughout Scotland. They work in both rural and urban communities, local government and voluntary sector services and often are the gateway to local government and third sector services. SASW members are daily involved in the direct decision making about whether or not children should be taken into care. It is a highly complex task and will be different for each child as we seek to identify what is in the child’s best interest. Not only do we have to assess and meet the child’s needs, we have to assess and help manage risk and we have to do this in the context of often competing human rights issues for the child, siblings and their parents. Critical to the work is the trust that can be established between all parties to ensure the best interest of the child.

The questions posed by the Committee are difficult to answer in just a few pages as they are complex and each child is considered in their own right. These answers are just a sample of some of our members concerns to the issues raised.

Key questions

1. Are decisions made on the basis of a clear, fully developed and agreed evidence base that demonstrates what is most effective for children and their families? Do all those involved in the decision-making process share common standards of training, knowledge and practice?

Different professionals bring different skills, knowledge and expertise to the assessment of a child’s complex needs. That knowledge is influenced by the available research and the practice wisdom gained over time and experience.

One of the most fundamental difficulties for any child care professional is the lack of long term research into outcomes for young people who have been in public care not just when they are into the early 20’s but much later in life when they are in their 40’s and 50’s. This is compounded by the very nature of most child care professionals ending their practice knowledge and wisdom when the child reaches 18 or just into their early 20’s. The lack of longitudinal research and reliance on anecdotal evidence, including the writings and recordings of adults who themselves were in public care, does qualify the standards of knowledge on which decisions about children are made.

One of the strengths of social work in Scotland that was core to the post Kilbrandon Social Work Departments has been the holistic approach to services that does allow the knowledge from mental health and criminal justice services to contribute to our knowledge of outcomes for children in public care. But as specialisms have dominated how services are delivered in recent decades maintaining the importance of this crossover of knowledge
has become increasingly difficult. Add to this the different professional disciplines of health and education and this helps illustrate the skill required to coordinate complex multi-disciplinary assessments identifying how a child’s needs may best be met.

2. Is there consistency in decision-making across the country? To what extent are decisions on whether to remove children influenced by resource constraints or any other barriers?

Different solutions may be needed for different children in different parts of the country. What might be appropriate for a child on the Western Isles may not be the same solution for a child in Stirling. The issues of geography, the need to maintain contact with families and communities may well shape the type of alternative care that is offered.

Increasingly social workers are working with kinship care solutions for children. It is interesting that whilst this is now common practice, although with variations in support for families, it has always been in the principles that extended family placement was to be considered before formal application for public care solutions. Resourcing imaginatively solutions within the extended family should be encouraged and resourced. Usually these solutions will be more cost effective than formal procedures. Being looked after in their own families is often the solution of choice of the children, as long as they feel safe in that situation. Unfortunately it is a bit of a postcode lottery about what finance is available to extended family and there is a growing issue about some authorities insisting that a child is ‘looked after’ before they will pay a kinship care allowance. This is not in line with the principle in child care legislation that promotes minimal intervention and is in danger of disempowering the carer.

When there is no alternative to the child being looked after by the local authority some of the services are now contracted out to private and voluntary agencies including an increasing number of foster care placements. Foster carers are recognised as relevant persons in children’s hearings and there has been a change in how their views are listened to in the care and planning for the children they look after. Training and support of foster carers is important if their contribution is to help initially in working towards rehabilitation and coping with change of direction if this does not work out for the child.

At the older age of the spectrum there is the issue about how we help young people who are being looked after. These are sometimes the most distressed young people where early interventions have not been implemented or have not worked and where the few resources we now have now often mean moving out of their communities into residential schools. For them the challenges are then compounded by disaffection with education, poor self-
esteem and thoughts about how parents may be coping back at home, often with issues of substance misuse. Helping young people through these journeys is complex and challenging work. Advances have been made in Scotland supported by the work of CELCIS but more investment needs to be taken in supporting these young people once they leave care.

3. Can general assumptions ever be made about fitness to parent or must each situation be fully assessed on its individual circumstances? Are there any particular parental risk factors, for example drug or alcohol misuse, that would create a presumption that a child should be removed? To what extent are there differences of opinion among relevant bodies about what constitutes fitness to parent, for example, in relation to parental neglect?

   Every situation has to be assessed according to the needs of each individual child. Parental risk factors are individually assessed and checks and balances are ensured by the system of warrants, Courts and Children’s Hearings. The Courts will look at each situation individually to protect the child. Evidence has to stand up to Court scrutiny before anyone’s rights can be overridden. Every social worker is aware of the standards that have to be met before a person’s liberty can be interfered with, not to acknowledge this in practice would result in de-registration of the social worker. It is the Courts who in the end set the standard by which these decisions are made.

   In assessing and managing risk one of the key issues is the strength of the working relationship between the parents, the child/ren and the social worker. Where there is a reasonable degree of trust, openness and honesty it is easier to assess and work with risk factors; where there is suspicion, maybe born of generational substance misuse and suspicion of social workers, teachers and others this becomes much more difficult. If social workers do not have time to develop these working relationships the risk of harm to children increases.

4. What evidence is available to demonstrate that children who are removed from the family home, whether temporarily or permanently, enjoy better outcomes than they otherwise would have had?

   Children in stable environments who feel safe and secure will develop their potential. If they experience many moves and insecurity in public care they will not achieve their potential. If a child cannot live with their family the planning for their care is critical. Better outcomes could be achieved for children as demonstrated by the work of CELCIS, but there is a task still to be done in bringing their research into the vision of social workers outside of the residential workers network.

5. How are decisions made on whether a child, once removed from the family home, should be returned to that home, or removed permanently? Is the speed of decision making appropriate?
Is speed the issue or is it making sure that the right decision is being made? Courts are increasingly questioning some of the speedy decisions that are made about whether children should be placed permanently with alternative families. In respect of younger children this may involve moving towards adoption. Two questions are emerging from current practice – is enough being done to help rehabilitation once children are in public care – has sufficient been done to prove that rehabilitation is not possible? The second question is what is a reasonable time to allow for parents to change? Particularly when the irreversible decision about adoption is being considered do we take into account what the impact will be on the child once an adult and what do we know about the numbers and reasons for adults who were adopted tracing their birth parents? These are important questions as the practice for example in Scandinavian countries to invest in long term adoption so that the links with birth families are not terminated. Do we do enough comparative review of research in this important area of making sure we meet children’s long term best interest?

6. Where a child has been returned to the family home, what type of support is most effective in ensuring that the child will enjoy greater stability and security?

   Effective support is worked out with the family and needs to take into account all family members, including other siblings and extended family supports – aunts, uncles and grandparents. Community supports and use of third sector resources are too often overlooked but could aid a family reunification. Consistency in support especially at the difficult times is essential.

Conclusion

Better outcomes for looked after children would be greatly helped if social workers had time and space to use their skills, knowledge and expertise in working with children and their families

1. To use preventative interventions so that children remained with their families

2. Where action has to be taken to protect children from harm in the family home social workers need access to up to date knowledge and resources to meet the needs of children, including understanding if we can learn from the experiences of other countries about how to find best options for children.

3. Where children can be returned to family care this needs to be done imaginatively working with families so that they are involved in the solutions that fit their family requirements.

4. If children cannot move back to their families are we ensuring we are looking not just at their immediate needs but what will equip them for their adult life, including understanding their own life journeys that may impact on their adult relationships.
UNISON

Introduction
UNISON is Scotland’s largest trade union representing approximately 160,000 members working in the public sector. UNISON Scotland represents over 30,000 workers employed in social care throughout Scotland and who work for the Scottish Children’s Reporters Administration. UNISON welcomes the opportunity to respond to the Call for Evidence on whether children should be taken into care.

Key questions
1. Are decisions made on the basis of a clear, fully developed and agreed evidence base that demonstrates what is most effective for children and their families? Do all those involved in the decision-making process share common standards of training, knowledge and practice?

There are usually fora prior to admission to care which should ensure a full and shared assessment e.g. Child Protection Conferences, Resourcing and Assessment Fora; or Integrated Assessment Fora. It is difficult to say how consistent each is in terms of decision making as other agencies, including the Children’s Hearing System, often have the last say and inconsistency can creep in.

We believe that this may vary considerably across authorities: some will have systems whereby specific criteria have to be filled; others will rely on joint decisions between practice team staff and resource team staff etc. Thresholds may vary across authorities in terms of trigger points and this possibility is evidenced by the increase in referrals and children becoming looked after immediately after publicity about children having been harmed or inquiries. It would be helpful to examine whether there is an overall difference in thresholds between authorities who have had recent inquiries and those that have not.

Within particular authorities, there will be a level of common standards in training, knowledge and practice but this is not the case across agencies, especially with child protection; agencies like health and police along with social work will contribute to the decision-making process. Understanding of the legal and human rights context, thresholds, the concept of on-going therapeutic work and knowledge from research of what works best varies enormously between these agencies. It is our members’ experience that the social work decision making process necessarily takes into account not only the here and now, but also the future of the child and family – whereas the views of other agencies are often focussed primarily on the here and now because they do not tend to hold on-going responsibility after the initial child protection event.

The issue of parental contact is critical in most circumstances where a child becomes looked after and accommodated and this presents staff with some of the most difficult challenges in turning what is known from research into a reality. The contact may be an essential part of the plan to change parenting behaviour and secure an early return home. Where that planning is not appropriate, it may be about maintaining identity or it may serve several purposes across a spectrum. It is rare that adequate resources are available to manage contact at realistic levels and in child-friendly environments appropriate to the purpose of that contact.
The issue of contact is often a confused issue in terms of court and Children’s Hearing decisions where our members regularly report that they believe these decisions are often taken with first regard to the rights of parents as opposed to the paramountcy of the welfare of the child. Legal fora often seem to struggle with the concept that children, as well as adults, have human rights.

In terms of emergency protection of children, we are aware that there is a wide variation in the use of Child Protection Orders throughout Scotland. However, we understand that SCRA figures show that the vast majority that are taken are confirmed as necessary and most led to children being placed away from home.

We are aware of the principle that orders should only be made if it is better than making no order at all and we support our members who seek to work with families on a voluntary basis and in partnership.

However we are concerned that the variation may mask either explicit or implicit policy issues in terms of the blanket use of s25 of the Children (Scotland) Act 1995, i.e. ‘voluntary’ arrangements to accommodate children, in agreement with parents. Some members have raised concerns that an agreement with parents under s25 underpinned by an explicit statement that a CPO will be sought if agreement is not given, is not informed and freely given consent and is not adequate protection for a child.

This raises a number of concerns. One is that there is no independent scrutiny of the decision. Parents may not fully understand their rights and they do not have the ability to seek legal recourse with s25 as they do with a CPO. Another is that the child is not safely secured and protected, in that the parents can legally demand the child’s return ‘at any time’. This can leave the child vulnerable as well as carers or family members who are looking after the child. The wording of the legislation suggests that the local authority could refuse to return the child if it did not consider the parent ‘able’ to care for him/her but we are not aware of this being practised widely and in any case there is no forum for the parent to challenge this.

2. Is there consistency in decision-making across the country? To what extent are decisions on whether to remove children influenced by resource constraints or any other barriers?

It was difficult to answer this question because of problems in obtaining information from all authorities, and we think it would be helpful for research to be carried out to look at this question as we believe that decision making does vary from area to area and does depend on a number of factors. These include thresholds; resources (both to support children at home and to place them in care) and practice cultures. There used to be more opportunity for social work and other staff from different local authorities to come together at conferences/training events etc to share practice and to learn from each other. However, resource constraints have meant that external training is no longer available to most social work staff as local training is cheaper to run.
The available figures tell us very little in their current form. A higher proportion of children looked after at home as compared to those looked after away from home can mean that authorities are avoiding the need to accommodate children. However, a lower proportion of children looked after at home could also reflect an authority’s success in early intervention. Deeper analysis of the figures is needed to come up with any reliable conclusions.

The figures also need to be seen alongside key factors leading to children becoming accommodated, e.g. the level of chaotic drug/alcohol use in the area, the availability of extended family supports and, crucially, the level and availability of adult services to assist parents in dealing with substance abuse, mental health issues etc.

An examination of the relative availability of fostering and residential services across authorities may assist in understanding any resource barriers. In 2004, staff in at least one authority raised a collective grievance in which they claimed such resources were under so much pressure that staff started from the assumption that there would be no place to put a child if she/he was accommodated.

One of the critical, and often unforeseen, effects of the GIRFEC approach and more focus on early intervention is that higher threshold problems are identified at an earlier stage and children who might have gone under the radar are being accommodated. As such the expected outcome of less children becoming accommodated is not being realised and there is a real possibility of a considerable increase at least in the short term.

Another factor with the potential to lead to more children becoming accommodated is where staffing at practice team level has improved to the extent that staff can make early thorough assessments, again identifying children who may otherwise have gone under the radar. A comparison between authorities of this kind of data may be helpful.

Society’s expectations and thresholds regarding chronic neglect have changed significantly in recent years and some of our members report that this has led to children being accommodated (correctly) who might previously not have been. Anecdotally, it appears that courts and hearings are more willing to take action in terms of evidence of neglect but difficulty remains in evidencing and convincing systems of the presence of – and the extremely damaging effects – of emotional abuse.

One of the major barriers to best practice and positive outcomes is the inability in most circumstances to have a positive choice of placement to best match the child’s needs. All too often children are accommodated in the only resource available at the time, whether that is a foster carer or a unit. In 1999, the Edinburgh Inquiry recommended that residential units should operate consistently below capacity so that there could be a genuine choice of placement for a child. We are not aware of this ever being enacted in any local authority.

3. Can general assumptions ever be made about fitness to parent or must each situation be fully assessed on its individual circumstances? Are there any particular parental risk factors, for example drug or alcohol misuse, that would create a presumption that a child should be removed? To what extent are there
differences of opinion among relevant bodies about what constitutes fitness to parent, for example, in relation to parental neglect?

Every situation is different and needs to be assessed on individual circumstances. However assessments should be evidence based and underpinned by what we know from research. We know more now about such issues as parental neglect and the adverse impact that long term neglect can have on children, but there are still differences in thresholds for action across relevant bodies and, we suspect, different local authorities. This is another area that would benefit from further research.

The primary assessment needs to be a parent’s ability to put their child's interests first. We know from research and experience that this ability is severely affected by substance abuse issues. However, there are parents who can prioritise their children when they have an addiction under control and appropriate supports to maintain their progress. As such, each case needs to be assessed individually.

Judgements need to be taken on the effects on the child and the potential for stability and improvement. There tend to be widely varying views between social work and other agencies on this issue and this is largely related to the focus on agencies working with the adult and judgements as to whether they are ‘deserving’ or not within that agency’s frame of reference.

Another major issue is one of defensive practice where staff seek to take the safest action possible at the time (irrespective of the consequences for the child) for fear that they will face action against them if things go wrong. There needs to be a greater understanding of the nature of risk and the fact that it can only ever be managed and never be totally avoided.

A hugely neglected area is where a parent or parents have mental health problems. There appear to be few effective supports for parents in this situation and there is also a concern in some situations where medical professionals’ focus is (somewhat understandably) on their patient’s needs rather than the needs of their child.

4. What evidence is available to demonstrate that children who are removed from the family home, whether temporarily or permanently, enjoy better outcomes than they otherwise would have had?

There is growing evidence that children looked after away from home do better in education than those looked after at home, but there are still concerns that compared with the non looked after population, children who have been looked after do less well in adult life and are over-represented in the unemployment statistics; the prison population etc. However, it is not clear whether that comes as a result of children being looked after or relates to their experiences before coming into care and this too would benefit from greater research.

It is dangerous to rely on educational outcomes as the only measure of whether accommodated children do better than they might have done if they had not been accommodated. Berridge (2007) notes “The socio-economic risk factors that are linked with family breakdown and admission to care also predict low educational achievement, such as social class and poverty. Social mobility and transition to adulthood are increasingly problematic in England, making it difficult for care leavers
to improve their social position. Parental maltreatment is strongly linked with educational failure. Other countries may do no better than England does. Thus, it is by no means obvious that the care system necessarily jeopardizes looked-after children’s education."

Outcomes relating to personal satisfaction, emotional intelligence, stable relationships etc are very difficult to research and evidence, but these are the key indicators of good outcomes and more research is needed on these. Children tend to be accommodated for negative rather than positive reasons i.e. they are accommodated after harm has occurred or to prevent reasonably predictable harm and very often as a last resort. As such, the fact that the child does not suffer continuing harm would tend to be evidence that the outcome was better than remaining at home.

It is possible that the increased use of kinship care will have a significant effect on the indicators mentioned above.

5. How are decisions made on whether a child, once removed from the family home, should be returned to that home, or removed permanently? Is the speed of decision making appropriate?

Our understanding is that this too differs from area to area, and although the statutory looked after review system should, in theory, ensure that plans are made timeously for looked after children this may not always happen. Some authorities benefit from having Looked After Review Managers who chair these reviews and hold a focus on good long term planning, together with specific social work teams who hold only “permanence” cases. This seems to improve the planning, especially for younger children who cannot return to the care of their parents and who need long-term care through adoption or other long-term means.

The systems for addressing planning and avoiding ‘drift’ vary across authorities. A range of systems will be involved in these decisions, e.g. Children’s Hearings, LAAC reviews and Permanency Panels. As such there should be some level of consistency.

We are not aware of any research that has assessed whether those authorities with specialist Permanency or Looked After Children teams have improved planning, compared to authorities that continue to ‘mainstream’ such work. There will always be the tension as to whether or not it is helpful to structure in a change of social worker for a child when their plan changes.

We believe that most authorities have some form of system for ensuring that planning decisions are made at appropriate times and without delay (e.g. independent LAAC review chairs responsible for chairing reviews but also with a quality assurance role). Clarity in children’s plans, especially about expected timescales, is critical to this planning and to managing the inevitable risk inherent in returning children home as soon as possible. It is well known across a number of studies that being accommodated longer than six months is one of the factors associated with failed return home and this will generally inform practice. What is less clear is whether this always relates to the inability to effect changes at home within a timescale appropriate to the child, or whether drift is also an issue.
In terms of permanency, there appears to be some widely varying practice. Some authorities make far more use of POs and POAs to secure children's futures than others who appear to rely on the Children's Hearing system for maintaining children in long term care.

While there can be delays in progressing permanency plans through POs due to pressures on staff preparing complex reports, the major delays reported to us are related to the court systems. Courts almost routinely fail to meet the required timescales. Even if they do, cases can drag on through continuations due to parents delaying in getting legal representation, appeal processes, and at times cases continuing with little chance of being defended for very long periods before the parent or their legal representative withdraws.

There are cases where we have been advised that the process has taken three years. With courts apparently very reticent to use their powers to allow children to be moved to prospective permanent placements during this time, the effect on trying to ensure children's sense of security is very damaging.

6. Where a child has been returned to the family home, what type of support is most effective in ensuring that the child will enjoy greater stability and security?

This is difficult to say as every child and their family will have different needs. Once children return home there is a danger that services are removed too quickly, however, because support for children who are looked after and placed away from home is prioritised.

We believe there is a need for greater resources to be made available to ensure greater consistency across authorities and other agencies, including additional staffing levels, and set out below a list of areas where we feel these resources could help:

- There are insufficient resources in terms of social work and support staff; good foster and other care placements and support services for children at home. Social workers often carry caseloads which are too high and which do not allow them to build the necessary relationships to ensure constructive engagement with children and their families. They are constantly juggling to prioritise cases and often it is the children and their families with whom they are working preventatively who drop off the edge, without other supports being available.
- There is not enough research on how to get the best outcomes for children and young people who are looked after. More needs to be done to establish why children looked after at home do less well than those in care; and to look at cross authority differences in outcomes.
- Opportunities need to be re-established for sharing of good practice across authorities through training and conference type events. There is too great a focus on local training and a danger that this can lead to “silo” thinking without any opportunity to learn from good practice elsewhere.
- More time and resources need to be invested. It has long been evidenced that a positive relationship between the social worker and children and their families is a key issue leading to better outcomes. Building such relationships takes time and
is nigh on impossible with some of the reports of caseloads we hear from around Scotland.

- Universal services for adults that allow them to mobilise their caring abilities e.g. parenting support, drop in centres etc. Specific health services for maintaining abstinence and practical and professional support for parents with mental health issues.

- On a broader front, social policy that addresses poverty, housing issues and community regeneration.

- Universal services for children: effective support from schools able to provide enough flexibility to keep children and young people in mainstream education and helping to reduce stresses at home.

- Targeted services to support families either in the medium term or as a bridge to universal services. Child and family centres, outreach and skilled crisis support at evenings and weekends which is able to step in to avoid children having to be accommodated. All too often, the ‘nuclear option’ of accommodation is all that exists in a crisis.

- Outreach, network and on-going support services for extended families and kinship carers to enable families to find their own solutions to providing safe and emotionally secure care for children and young people.

- Overall, accessibility of services and help when they need it: When families are in crisis or have longer term difficulties, they are often asked to do the very things that they are finding hard to do in the first place as a prerequisite for getting the help they need. For example; attending a range of meetings and appointments instead of these being brought together; little thought being given to the structure of meetings to make them people and child-friendly; having to attend distant resources (e.g. hospital mental health services for adults and children) with attendant transport costs; long waiting lists which sap motivation etc.