



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Education and Skills Committee

**Wednesday 21 September 2016**

**Session 5**



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**EDUCATION AND SKILLS COMMITTEE**

**5<sup>th</sup> Meeting 2016, Session 5**

**CONVENER**

\*James Dornan (Glasgow Cathcart) (SNP)

**DEPUTY CONVENER**

Johann Lamont (Glasgow) (Lab)

**COMMITTEE MEMBERS**

\*Colin Beattie (Midlothian North and Musselburgh) (SNP)

\*Ross Greer (West Scotland) (Green)

\*Daniel Johnson (Edinburgh Southern) (Lab)

\*Richard Lochhead (Moray) (SNP)

\*Fulton MacGregor (Coatbridge and Chryston) (SNP)

\*Gillian Martin (Aberdeenshire East) (SNP)

\*Tavish Scott (Shetland Islands) (LD)

\*Liz Smith (Mid Scotland and Fife) (Con)

\*Ross Thomson (North East Scotland) (Con)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Mike Burns (Social Work Scotland)

Duncan Dunlop (Who Cares? Scotland)

Mary Glasgow (Children 1st)

Iain Gray (East Lothian) (Lab) (Committee Substitute)

Malcolm Schaffer (Scottish Children's Reporter Administration)

**CLERK TO THE COMMITTEE**

Roz Thomson

**LOCATION**

The Robert Burns Room (CR1)



**Scottish Parliament**  
**Education and Skills Committee**

*Wednesday 21 September 2016*

*[The Convener opened the meeting at 09:46]*

**Interests**

**The Convener (James Dornan):** Welcome to the fifth meeting of the Education and Skills Committee. I remind everyone to turn off mobile phones, as they can interfere with the sound system. I have received apologies from Johann Lamont, and Iain Gray is attending as her substitute.

The first item on the agenda is a declaration of interests. As this is the first meeting of the committee that Iain Gray has attended, I invite him to declare any relevant interests.

**Iain Gray (East Lothian) (Lab):** I have no interests to declare.

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** I draw members' attention to my entry in the register of members' interests. I am a social worker registered with the Scottish Social Services Council.

**Decision on Taking Business in Private**

09:47

**The Convener:** Agenda item 2 is consideration of whether to take in private item 5, during which the committee will discuss its approach to engagement and media work as part of its pre-budget scrutiny work. Do members agree to take that item in private?

**Members** *indicated agreement.*

## Children's Services

09:47

**The Convener:** Agenda item 3 is a panel session on children's services. This is the fourth of six overview sessions and follows earlier panel sessions on skills, post-16 education and attainment. The overview sessions will inform consideration of our future work programme and will conclude with a session with the cabinet secretary.

I welcome the panel. Mike Burns is vice convener of the children and families standing committee of Social Work Scotland; Duncan Dunlop is the chief executive officer of Who Cares? Scotland; Mary Glasgow is director of children and family services and external affairs at Children 1st; and Malcolm Schaffer is head of practice and policy at the Scottish Children's Reporter Administration.

Members will be aware that in August I met Mary Glasgow and three kinship carers, and Gillian Martin met Duncan Dunlop and young people who had experienced care. We then both had a session with children from Cowdenbeath primary school, in which we used kitbag, which is an emotional literacy tool promoted by Children 1st. I put on record our thanks to everyone who met us; we were both very affected by the experiences of the people whom we met and the way that kitbag was used by the children.

We now move to questions. I will ask a couple of questions first and then my fellow committee members will come in.

I start by asking Duncan Dunlop and Mary Glasgow to share their perspectives on how the fact-finding meetings went.

**Mary Glasgow (Children 1st):** The feedback from the kinship carers was that they found it immensely helpful to speak to members of the committee about their experiences. They felt heard, and they welcomed the opportunity to raise the issues that their families face, particularly that of the lack of early help for their own children, which led to their grandchildren being placed in their care. They were really keen to emphasise to the committee that the lack of community-based family support for families and children, and for kinship carers at the point of placement and beyond, is a real issue for them.

**Duncan Dunlop (Who Cares? Scotland):** As usual, our guys found that when they are able to speak to MSPs—whether in a committee room or, in particular, outside the Parliament—they can really engage. They had a great conversation with Gillian Martin, so thanks very much. They are

happy to do that again anywhere so that people properly understand the issues that affect them.

**The Convener:** As I said, Gillian and I found the sessions rewarding and interesting.

My next question is for all the panel members. What do you see as your role in helping to close the attainment gap?

**Malcolm Schaffer (Scottish Children's Reporter Administration):** Our role is to intervene when children are not receiving sufficient care, and in particular when there is a need for compulsion. Some children are not attaining because of circumstances at home that are of significant concern. We identify children who need to be brought before the children's hearing and who are in need of compulsory supervision measures.

**The Convener:** Can you give a practical or concrete example of how the work that you do has helped to close the attainment gap?

**Malcolm Schaffer:** Some children are not attaining because of circumstances at home. For example, they might be neglected because a parent is abusing drugs or there might be domestic abuse in the family. When services have tried to help on a voluntary basis but the door is shut and they are not getting anywhere or there is no improvement in the child's circumstances, that is where the children's hearing system can come in. We may need to identify an alternative placement. In particular, we consider whether the child needs to be in substitute care or whether there is alternative family care that can offer a more nurturing experience and allow the child to attain properly.

**The Convener:** Is there any way of monitoring the impact that that has on the child's attainment, or is that too difficult?

**Malcolm Schaffer:** The national convener of Children's Hearings Scotland is looking at that. He is considering his duty to report to Parliament, particularly on the outcomes for children who have been referred to the hearings system and whether that has made a difference. That is not an easy question to answer, but we are grappling with it. We are looking at the outcomes that we want and at how those can be appropriately measured. That is work in progress and a very important question for us.

**Mary Glasgow:** At Children 1st, we see our role as twofold. First, we are a provider of national and local services across Scotland to children and families. We offer practical and emotional support to the families whose children are furthest away from attaining in school: those who are affected by poverty, domestic violence and abuse, long-term trauma and attachment difficulties in their family

relationships. We view our role as being to help those families to tackle some of the barriers that prevent their children from doing well in school, and we have a range of supports available to do that.

As a second aim, we feel that we have a duty to bring the voice of the child and the family to discussions such as this one. Most of the families whom we work with want their children to do well—I hardly ever come across families who do not want that—but they face incredible challenges of poverty and disadvantage. They tell us that they need us to speak for them to committees such as this and to the public in general to say that they need very real practical resources so that their children get the best possible help.

In delivering practical and emotional support, we use things such as kitbag in schools, which the convener and Gillian Martin saw. That work encourages teachers, educators and all of us to realise that those children have incredible strengths. They often find it difficult to have their voices heard, but when we allow and encourage them to develop their emotional literacy, that can change the culture in schools. It can encourage teachers to view those children with more compassion and understanding and to see their problems less through a lens of behaviour and more as a communication of their distress. The other part of our role, which we take really seriously, is to be a strong advocate for children and families.

Professionals, politicians and other people often describe those children through the lens of one issue that they are affected by but, in our experience, the children whom we support and who struggle in school are the same children who are affected by neglect, poverty and domestic violence. It is really important that those children are viewed through a lens that not only relates to attainment but enables us to see their whole lives as part of families and communities that face disadvantage. The approach to supporting them and tackling the attainment gap needs to be very broad.

**The Convener:** I think that there is a recognition of that. My next question is similar: how do you measure the role that you play in closing the attainment gap? Is there a way of measuring that, or is it too early to do so?

**Mary Glasgow:** As a third sector organisation, we have to report in great detail to our funders and those who commission our services on the outcomes that we achieve. We have an outcomes framework. Our work involves designing bespoke support packages alongside children and families, and we seek to record the aims of that work and track those children and families to ensure that we are on track.

The convener and Gillian Martin saw some of the work that kinship carers do. Most of the children in kinship care will have a support package. We meet kinship carers and aim to offer practical support to help children recover from the trauma that has led them to be looked after away from their birth family. We also help to get children into nursery places, ensure that children access all the health support that they require, and get children to school on time. We have a mechanism by which we can track and measure those outcomes.

The most important elements are the feedback that we get from children and families and our direct observation. We can see clearly what relationship-based support can offer a family—we notice the sense of relief and the families' increased ability to understand why they have got themselves into difficulties. We also see the hope that we can offer those children—hope that life can be better in the future. That is probably the most important thing that we can measure. Although it is not always the easiest to quantify, we are convinced that we can see it, and children tell us that it is what makes the difference.

**Duncan Dunlop:** Who Cares? Scotland represents the care-experienced population. We do not deliver any care services directly to those people; we help them to connect together and to find their voice and identity, using a number of routes.

The first thing to note about that population is that they are often about five years behind in their educational journey or life course in comparison with where they should be. That is because education is not a priority for someone who is living in a house in which there is domestic abuse, or for a young carer aged six, seven or eight who is looking after their wee brother and sister.

For those people, what is going on at school is not a priority. They go to school, which is often a safe haven, but paradoxically they have issues at school. They do not have the social behaviours and skills to fit in as they have not been taught those behaviours, so they are up to eight times more likely to be excluded from school, which is the one place where they feel okay. There is a big barrier in that respect, because they do not necessarily have the skills and tools to fit into that environment. Our children all understand that culture because we teach them from the very early days, through the love and stability that we are able to give them in our homes, how to connect within it.

One of the main things that our organisation does in that regard is provide corporate parenting training to educate all corporate parents. As part of the local authority's responsibility, schools are certainly corporate parents, and they need to

understand what is going on in those children's lives. Instead of looking at a child's behaviour and just seeing it as a problem that is disrupting the classroom, the teacher can think about and see the qualities in the child or young person and ask how they can help them to integrate and overcome some of those issues.

I know of some really lovely examples. Yesterday, I spoke to a girl who is heavily involved in our organisation. She felt that her high school up in the Highlands was her home. Every young person who makes it through to adulthood by surviving, never mind thriving, has found love somewhere. Love is a really important feature. Those young people may have mainstream social work services and other services involved in their life, but the vast majority of them go to school. At that high school, that girl found that she felt at home—for example, she could dry her hair in the maths teacher's office, she had her own teacup in the staff room by the end of fifth year, the cook gave her toast in the morning and the janitor cut her keys. There were numerous examples—she even ended up doing her washing at school. She moved numerous times—she lived in five different houses in her last year—but she felt loved and connected in that school. Sometimes we have to realise that professionals might come with one purpose—to educate, for example—but they can play a huge number of roles in understanding what is going on with children and helping them to thrive.

10:00

In the past 18 months, we have worked with the widening access commission. Using a corporate parenting focus in our work, we asked the commission to understand the barriers facing care-experienced people and why going to university is an aspiration that they never even dream of. We were really proud of what came out of that as, from next year, the Scottish Government will be looking to give those young people full bursaries to go to university.

There are a number of ways in which we want to continue to educate and inform the Scottish public, corporate parents and the Scottish Parliament about what needs to happen and what life is like for care-experienced people. Until we understand their perspective and how they see and understand life, which is different from how the vast majority of us see it, we will continue to exclude them.

**Mike Burns (Social Work Scotland):** Social work has to be focused on outcomes. From that perspective, we need social workers who are passionate about attainment, we need teachers who are passionate about inclusion, and we need to be passionate, from pre-birth through the early

years, in all our services—particularly in health and social care constructs. We need to focus on making children ready to learn. Within social work, we know that, if children attend nursery and attend and attain well in school, their care circumstances and needs will be more highly promoted. There are some really good examples around kinship care and homework clubs, with people who are focused on helping children to attain.

We work closely with colleagues in education to assist with attendance and attainment, and there are some good examples of mainstream schools holding on to young people. At times, measuring that involves looking at the reduction in exclusion. For children in residential care and foster care in our authority in Glasgow, we have been looking at benchmarking not just school attendance—at a particularly high level—but attainment. We see that as being absolutely intrinsic to what we need to do as a profession and as a provider of services.

**Liz Smith (Mid Scotland and Fife) (Con):** In the two previous sessions of Parliament, there was a lot of discussion about how we can better look after youngsters beyond the age of 16. As you know, there was legislation to reflect that. What progress has been made in ensuring improved life chances for youngsters beyond the age of 16?

**Duncan Dunlop:** In the previous parliamentary session, there was a seismic moment—in fact, it happened in this committee room—with the Education and Culture Committee regarding future social policy not just in Scotland but beyond. When the Education and Culture Committee was looking at the Children and Young People (Scotland) Bill, members came out to Who Cares? Scotland's offices to speak and listen—listening was their main role—to care-experienced people. Many of those young people were aged 16 plus or in their early 20s, and they spoke about what life was like before care, during care and after care.

When the bill was eventually passed, it was a remarkable moment—there were emotional scenes for us, too. One provision raises the care-leaving age to 21. I am trying to remember the dates, and I think that we first gave evidence to the committee in December 2012, and our final evidence session was in June 2013. After listening to people's stories, we asked for the care-leaving age to be raised to 21 and it was announced on 6 January 2014 that the bill would be amended to do that. That took just six months, which—to my knowledge—is extremely fast given how the process works. We wondered how on earth that had happened and we realised that it was because care-experienced people had finally found their care identity, their voice and their collective consciousness.



We then thought about what we would do next and, having looked at the party manifestos for the Scottish Parliament elections, we decided to ask for return to care—we wanted to look at that, and it is still something that very much matters. What came out of our deliberations were questions: what is return to care, and why do we have to put the right to return home in the statute book? Surely there is something fundamentally wrong with the system when people have to pick up a piece of paper and a policy document to say, “I have the right to come back to your house and live with you.”

That brought to light the whole issue of what the system is based on. Given what is happening now and the growing care consciousness, we want the Parliament to look at that fundamental issue. The entire system has evolved over 150 years. We started to have residential and institutional care during the industrial revolution. It has changed since then—I am not saying that it is the same at all—but the structures of care are well over 100 years old; in fact, they are 150 years old. We celebrate the really innovative things that Barnardo’s did in basically setting up the early form of foster care—there was always kinship care in that sense—and then we looked at institutional care. However, why are we still using the same structures of care? Why do we still presume that they are fulfilling their purpose in what is a very different society in which childhood is different?

We have moved from trying to make children economically viable entities for our society to look after so that they could service the empire. It was only in 1970 that we sent the last boat to Australia with children from our care system. In the 1980s and 1990s, we started to look at abuse, which suddenly started to be uncovered in our institutions, and the culture of care became protectionist. However, not one piece of our legislation, policy practice or guidance has been informed by care-experienced people, apart from the provision on the care-leaving age in the 2014 act.

We have an ask: why do we not stop and look at the entirety of the care journey? Would that not be a cathartic and really solution-focused approach? We could look at the process from the named person to child protection, the children’s hearings system, looked-after children reviews, kinship care, foster care, residential care and secure care. We could look at looked-after people at home and the child who goes right through the cycle numerous times. We could look at education outcomes and whether they are good or not in nursery, primary school, secondary school, further education and higher education. We could look at whether people are unemployed, and at their mental health, sexual health and physical health. The list could go on. We could look at justice,

housing and homelessness. There are many more such issues. Care-experienced people or those on the cusp of care could be asked how any social or wellbeing issue that the Parliament looks at affects them.

We could look at the entire journey of our care and protection system and all the consequences and outcomes from it and say, “The one piece of magic that we found so empowering came from looking at care-experienced people and asking those voices to tell us what should be done.” We ask you to look at what life is like from the care-experienced perspective and to learn from the beginning, from prevention work—the one thing that has been absent in the controversy around the named person is the voice of the child—right through to aftercare and the person’s life course as an adult.

We know that the cost is off the scale. Two years ago, the previous children’s minister said that the cost was £2.5 billion. However, we are asking you not only to look at post-16 outcomes and return to care but to take stock. We understand that the Parliament and the previous committee released the care identity and that this is a liberating movement for a socially just country, which should accept and embrace that and say, “Let’s look at people’s lives and understand that we can change the entirety of the care and protection system”.

**Liz Smith:** Thank you very much for a comprehensive answer. What parliamentary process would you like to see in order to do that?

**Duncan Dunlop:** There are several layers. There must be a root-and-branch review—members are best placed to say whether that can be done through a commission, an inquiry or something else—that places care-experienced people right at the centre. We must not focus on those people exclusively—others need to be involved—but we have never given access to their voice.

This has to affect and fuel every single Scot. This is about attitude shift. A consequence could be that the vast majority of the bureaucracy that is constraining our system from loving our children will be removed. The bureaucracy talks about attachment, wellbeing, social pedagogy and nurturing. Not one of those words is used in the playground of the school that my children go to. They talk about love, but that word does not exist for all our children in care—our most vulnerable children; the children who have been traumatised. Why? Because people such as us, with our titles and our suits, do not want to talk about that—we do not have degrees in it. Love is a controversial word.

We are saying that we have to look at and potentially draw back a lot from our legislation. We have to engage with Scots and show that we have the political leadership to say that this is okay. We have to show that there is strength in these children and enable them to feel part of our communities and our society. We have to feel able to love them and that they are loved, and we must connect with them. That is where the political leadership comes in. There is a need for a shift in culture and attitude, which can be driven by legislative reform, but there needs to be a review of what is going on.

**Liz Smith:** Our predecessor committee took a substantial look at kinship care and produced major reports on some aspects of it. Would we need to broaden the appeal of any commission that we, as a Parliament, were to set up?

**Duncan Dunlop:** If you want to look at the subject, you should look at the entirety of the care and protection system from a care-experienced perspective. Kinship care is one small piece of the jigsaw of things that affect the lives of those children.

Children do not normally sit in one care placement—68 per cent have three placements a year. They will go from looked-after home care to kinship care to foster care, back to being looked after at home, and then to residential care. They do not sit in one place.

We do a lot with our membership. In less than two years, 1,100 members who are care experienced have joined Who Cares? Scotland. When we ask them not what their current care placement is, but what care placements they have existed in, the vast majority name looked-after home care, kinship care and foster care. They have been in several places.

Again, if we want to look at one piece of the jigsaw, we have to look at it from the children's perspective. They are saying, "I have been through many parts of this journey; please look at it from my life."

**Gillian Martin (Aberdeenshire East) (SNP):** I echo what the convener said about the meeting with Laura and Shaddelle—I have not stopped thinking about it since. It was great to see the "Who Cares" documentary on STV last night—it was very affecting and I would recommend to anyone that they should catch up with it. It was great to hear those two amazing women tell their stories. I echo what Duncan Dunlop says: their stories are the most important thing in the whole conversation.

The importance of early permanency came through very strongly in what Laura and Shaddelle said to me in the time that I spent with them. Shaddelle had achieved early permanency with a

foster mum who she now calls Mum, but Laura had not, and her life was different. The fact that Laura is now a parent herself and is in a loving relationship is an absolute miracle after what she has been through.

Will the work that has been done in achieving early permanency and greater stability for young people help to create positive outcomes? How do you see it working? I would like to hear your general thoughts on how that is working out.

**Mike Burns:** It is about the whole system. With regard to continuing care, we recognise that early permanency is critical. It is about being decisive, in the early years, about the management of risk. That is critical, but the point is that it is about the whole system. Early permanency contributes to a system. Kinship care has made a massive contribution in assisting a whole raft of children to remain with their families, and that has enabled the system to focus.

The challenge on continuing care is absolutely massive in relation to putting in the investment for early family support, where we remain locked in. Everybody recognises and supports the aspirations of the Christie commission, but we have been really poor in terms of failure demand and in terms of making an impact. The early decisiveness around permanency must have a moral and social element to it, and that is about the scale of family support that is needed in the community. We must be able to take an ethical position in which we can say to a family that we have supported them as best we can and that we are now in a position to make the decision to move towards permanent care.

The point has been made that, consequently, we have made really good progress in relation to continuing care. Young people are remaining in care for longer, and more and more are in care at 17, 18, 19—up to 21. We have replicated that with the finance for kinship care. The picture is positive—there are solid foundations.

To me, love is an action. It is the compassion of the Parliament and elected members in relation to the investment in kinship care and residential care, and in the case of care inspection in relation to foster care. That was reflected in last night's programme. There are an immense number of really positive stories in Scotland that we need to celebrate and promote.

10:15

**Malcolm Schaffer:** Early permanency has implications for the hearings system and, in particular, for our decision making. We have made moves to get a better understanding of the impact of attachment. Early decisions are important for children. We need to prevent delay, and children

being moved back and forth. Once a child is before a children's hearing, how many moves does that child have to make before they establish permanency? What we have seen in our permanency research is that too many moves are taking place. Too many children are being shuttled between different carers and do not have the stability of having one carer. One of the key messages from last night was the difference that just one person who is always there can make.

**Gillian Martin:** What came across strongly for me was how frightened some of those people said that they were when they were moved.

**Malcolm Schaffer:** Absolutely. I was struck by the impact on the child when the social worker, taking the child to a new home, said, "You'll know why." There are lessons for us all.

In the SCRA, we employ modern apprentices— young people who have been in care—partly to work for us but also to advise us on issues to do with recruitment and policy.

We are in the process of establishing a young people's board, which will look at our work as corporate parents and whether we are fulfilling our responsibilities in the course of the young person's experience of a hearing.

**Iain Gray:** I want to come at that slightly from the other side. Duncan Dunlop said that 68 per cent of care-experienced young people that you work with saw three placements a year. That is an astonishing degree of impermanence. From your perspective, and reflecting the experience of those in the care system, how do you stop that? It is one thing to talk about early decisions and getting it right first time, but that might increase the risk of getting it wrong first time, which might be difficult to correct. How can a balance be struck? If anything is going to undermine the possibility of somebody feeling loved, it is constantly being moved from pillar to post, which must leave people feeling that the system, and society, have no place for them. How do we strike a balance between taking decisions quickly, and ensuring that they are the right decisions that will have a good outcome?

**Duncan Dunlop:** It is about the perspective that we have on this. We talk about children's rights being paramount. In reality, they are not. Article 12 of the United Nations Convention on the Rights of the Child talks about the right to be listened to and be heard. There were more than 36,000 hearings last year. In fewer than 2 per cent of those, the child had an advocate present. Their voice was not heard. It is a formal procedure, which is all about the child, what is in the child's best interests and people trying to do the right thing, and no voice is being articulated for the child. Not all of those children are babies or very young; some of

them are old enough that they could get their perspective across.

If we were to go to court, we would have a lawyer. Imagine if only 2 per cent of us had a lawyer in court. If we had an issue at work, we would have the right to have someone there to represent us, but we do not do that for our children. The advocacy provisions in the Children's Hearings (Scotland) Act 2011 were meant to be commenced around 2014. We have been involved in some research with the Government, but I am a bit worried that it is going to produce an outcome that is far too low-brow and focused on the hearing itself. We have to look at how to give children a voice. One of the best means of protection is someone independent from the system. A child needs someone independent to whom they can speak and say whether things are good or not.

Our inspection regime is not primarily looking at the quality of relationships but of the environment—for instance, whether it is a comfortable place to live. It does not look at whether a child is being loved in the place where they are living. If we want to look at care in those terms we have to look at it from the child's perspective.

Children tell us time and again, particularly if they are older, that when we come into their lives they are taken into care because of crisis—but we knew that the issue was there. We may have been monitoring or involved with the family for quite a while, but the resources were not there for us to help the mother overcome her addiction or get out of an abusive relationship or really take some practical steps to make her life better. There are some great initiatives going on around the country in that regard but it is not wholesale—people do not get the support that they want.

What children and young people say to us is, "Why did you not try and really intervene, not just monitor it? If you had intervened and managed to fix my home life—great. If you did not, why did you not take me to one place?" Shaddelle asked that question last night in the "Who Cares" programme. Children can go to short-term foster care—for two years. That is not psychological stability. Children ask, "Do I belong here? How do I find my identity?" We are saying that there is very much a need for them to have a voice and I appeal to the committee to really look at the level of advocacy that will come out of the full implementation of the act. It needs to happen relatively quickly, in our opinion.

We must also open the matter up to Scotland. The reason why we participated heavily in the documentary shown on TV last night is that we realise that there are a hell of a lot of good Scots out there who do not understand care. The

rhetoric out there is that these are damaged, dangerous and difficult children. They are not—they are our children. When we get difficult behaviour we need to get closer. We really believe that we could easily enough get foster families or whatever they will be called—caregivers, in the end—who would get close to those children. It is not just that; whether it is through running a football group or any other group in the community, people can accommodate and understand their behaviour and get closer to those children. I believe that there is a far bigger and broader conversation to be had in Scotland, as well as looking at how we give the children a voice.

**Mary Glasgow:** Following on from what Duncan Dunlop said, one of the issues that we see very much is the impact of trauma. Those children have not got to where they are because their lives have been simple or without difficulty. The uncomfortable truth is that it makes those children sometimes difficult to look after because they display their distress in a way that adults find difficult both to understand and to deal with. There is a huge lack of trauma-informed and attachment-informed support for families to deal with that.

Just yesterday an email came across my desk about a kinship carer who has her three-year-old grandchild as a result of her daughter's death from drug and alcohol use. The carer said that the child is completely out of control and described tantrums and difficulty settling at night. What she describes is a distressed child who has not made sense of what has happened, and her absolute inability to get any support for that child that does not medicalise the child or put her on a waiting list for a child and adolescent mental health services appointment.

One of the most important things that are needed is to think about making sure that all professionals, wherever they come across children, are attachment-informed—that they understand relationships and what children need for their development to thrive and grow. We talk a lot about it; we still have a view that people need some help to distil that information into practice.

We also need to think about trauma recovery services for those children and the families who look after them. We need to stop waiting until they get into school, where it may be decided they are difficult or badly behaved children who are then excluded. We need to think about early trauma recovery that recognises that those children are how they are as a result of some of the experiences that they have had. We should not wait until they need a CAMHS appointment and then view them through a medical lens, which pathologises their long-term family difficulties as if they are the child's own mental health problem.

We advocate the committee to think about early years family support—intervention as early as possible but also really good, high-quality trauma recovery. Those young people go on to be parents. They are remarkable and I wholeheartedly agree that their survival is a remarkable thing, but we then expect them to become parents without helping them to overcome some of their trauma. As parents, they quickly get back into that loop of child protection, neglect and the system because they have not had help.

**Iain Gray:** Can you please explain to me what you mean by trauma-informed recovery support that is not a medicalised model? To me, that sounds like psychological help but that is clearly not what you mean. I am interested in exactly what intervention you think is missing.

**Mary Glasgow:** I do not deny that there will always be a need for skilled psychological support for children. However, when I talk about trauma-informed recovery, I mean every professional understanding a child's behaviour and attributing it to something that has happened to that child. As carers, nursery teachers, primary school teachers or whatever, we must recognise that children are not inherently badly behaved—they do not display behaviour to make all our lives difficult, although it does make our lives difficult. They are trying to communicate distress. When they have lived in a situation in which feelings have not been discussed and they have not had love and care routinely and regularly modelled for them, it becomes difficult for them to describe their feelings and they do not have control over their emotions—they are not contained in the way that those of us who have come from loving, secure families are.

When we talk about trauma-informed support, we mean encouraging adults to listen carefully to what children say or display and spending time trying to understand what that might be about. We want them to be curious about why a child is unable to sit still in class or is violent or disruptive, recognising that we should all engage with them by being compassionate, thoughtful, loving, kind and not blaming and by getting into conversations with the child about what is really going on. They should then try to access early help for the child's family.

**Iain Gray:** You are suggesting—I am trying to think of a way of putting this that is not pejorative—a lack of skill, understanding, training or expertise among those who engage with the children rather than a whole separate service.

**Mary Glasgow:** It is two things.

**Iain Gray:** It is about teachers, doctors and health visitors understanding trauma recovery and

how to deal with it rather than about a missing service.

**Mary Glasgow:** It is a bit of both. There is a huge lack of family support resources to offer early help to prevent the children from coming into the system in the first place. Duncan Dunlop mentioned culture. We know more than we have ever known about how children develop, how brains develop and how humans need to connect, feel loved and engage with other human beings. However, we have not really disseminated that science in practical ways across the professional spectrum that children come across. We need to get better at making sure that all our training for all the professionals who work with children—and with all of us—is attachment informed and trauma informed. The science is rapidly developing, but the evidence is incontrovertible that the most important things for children are being loved, being cared for and having consistency.

We hear right across the services that we provide that, when the worst happens—and it does—there is a huge lack of trauma recovery and support services for parents, carers and children that allow them just to talk about what has happened. The kitbag work that we offer in schools, which some members of the committee have seen, is a practical tool to encourage children to develop emotional language to describe the things that worry them. They do that individually, in families and in schools. It is not particularly clever or difficult, but it is not that easy either. We must encourage everybody to get better at talking about the difficult things that have happened to them.

Sometimes, the talking itself provides the recovery. If children wait until the distress is so compounded that they are self-harming, are unable to attend school or have various difficulties that prevent their engaging with ordinary life, it is probably too late for specialist support to come in. We need trauma-informed professionals and specific trauma recovery support at a community level that targets families.

10:30

**The Convener:** We will move on to some questions from Fulton MacGregor. We have a lot to get through today, so it would be good if everyone could keep their questions and answers a bit sharper.

**Fulton MacGregor:** I am interested in hearing the panel's views on permanency, which we touched on earlier. It is a difficult and sensitive area and, having experience of working in it, I know that it is not easy to make the decision or to be involved in that. What does the panel—and perhaps Mike Burns in particular—believe it would

be helpful for Parliament or the committee to look at? How can we ensure that practitioners across the various services feel confident to make earlier decisions about permanency? There is a fear of getting it wrong—I think that Iain Gray touched on that.

**Mike Burns:** I think the point that you are making is that it is a dilemma. It is a traumatic and painful decision and we should never underestimate how challenging it is for the children's hearings system and the court system to get it right. I think the issue that you are raising is that we need to be decisive and that it is paramount to proceed in the best interests of the child.

On child protection reviews and the issue of neglect, it has been identified—rightly—that the children's hearings system and particularly the children's hearings improvement partnership need to look at permanency in the context of child protection and in the context of neglect, because they are all parts of the same issue.

As I said earlier, we need to create first-class family support in order to be in a position where we can make decisive permanency decisions. To pick up on Mr Gray's point, we then need to monitor the placement movement for young people, so the matching process at the start is also critical in relation to permanency. If we get those decisions right for children, we will subsequently be in a position where we can act decisively and give them the childhood that they deserve.

**Fulton MacGregor:** Following on from that, I want to touch on the marrying up, if you like, of the child protection process and the children's hearings system, which are two of the most formal processes that a young person can go through. Steps have been taken in the past few years to ensure that the two processes work in alignment with each other, but I think that more can be done. For example—I do not know whether this already happens in some parts of the country, but it certainly does not happen everywhere—the attendance of a local children's reporter at child protection conferences would be a massive step forward.

**Malcolm Schaffer:** I agree that work still needs to be done, particularly on everybody's understanding of what are not two different systems but parts of the same system and the same process. It is a question of understanding where one hits the other.

As I said, the hearings system comes in where compulsion is needed. There may be an identified problem such as a child neglect issue that agencies can work on. The call is to decide when enough is enough and when the level of concern

is such that we need to take it on to the next level. Is it when we are not getting co-operation or when we are getting co-operation but it is not achieving change?

In particular, we sometimes drift in cases of neglect. It is much easier to deal with specific incidents that are definable. In cases where there is a continuous pattern of behaviour, when is enough enough? When should we intervene? It is important that reporters have clear links with agencies.

I have been to child protection conferences, and sometimes they are valuable sources of information, but routine attendance might not always be necessary when the reporter does not have much to contribute—they might not know about the family, for example. I entirely take your point about the core element of the reporter's role being to be in touch with and have dialogue with local agencies, but I suggest that physical attendance at child protection conferences is not always needed.

**Fulton MacGregor:** My point was not really about whether a reporter would attend an individual conference. I was trying to bring together the comments that have been made today about how the two processes are very intense for young children and their families to go through. I know from my experience as a social worker—sometimes having to go in and make the case twice—that both processes are intense and serious, and quite rightly so.

Rather than consider individual circumstances, I was trying to get at whether the panel thinks that the committee can help to marry the two processes, so that young, vulnerable children do not need to go through two processes and so that children's voices are heard. I am a big supporter of the advocacy agencies, but when no advocacy is in place, I think that the majority of social workers who work in children's services advocate well on a child's behalf.

**Mary Glasgow:** We have been considering at which point decisions are made and talking about child protection case conferences and children's hearings. A point that kinship carers and family members regularly bring up with us is the difficulty that parents and carers have in engaging with those processes, because the processes are incredibly formal, as you rightly said, with a large number of professionals needing to be in the room to discuss a family's most complex, distressing and private matters. People often say how difficult it is to contribute to those conversations.

We were pleased to see the idea of family decision meetings in the Children and Young People (Scotland) Act 2014. A practical way of ensuring that the wider family can be involved in

making decisions about children—or even step in and offer support—at an earlier stage is through family group conferencing. Children 1st would like there to be more emphasis, across the country, on developing those practical ways in which the wider family can get involved in planning for children's safety and contribute to the formal decision making processes in the child protection and children's hearings systems. As Mike Burns said, it is really important to make the right decision for a child, and we need to ensure that all alternatives have been explored.

**Duncan Dunlop:** May I make a brief point on that? There are points in the processes, particularly in the children's hearings system, when things can happen suddenly. It can be all change for a child or young person, who might not have realised that change was coming or even an option. A child might leave not just their house and their parents but their school, their pets, their grandparents, their friends and the physical environment that they know. That can be a traumatic experience for a child.

We need to make the processes work in a more extended and fluid way, by looking at them with an understanding of the child's perspective and making them a little more natural—or if not natural, a little less alien. How can children get to know potential caregivers beforehand? How can we stop a sudden change, as so often happens when there is a crisis? If we can see problems building up in a family, we can start to predict where a child might need to end up, whether that is with a kinship carer or in a foster care placement.

It is really about how we introduce a child to the possibility of a new reality in a more organic and natural way. There are different ways in which we could look at that, instead of everything being defined by the point in the process when a child moves. If we looked at things from the child's perspective we might come up with a different answer.

**Colin Beattie (Midlothian North and Musselburgh) (SNP):** I want to ask about staffing in the broadest sense. Perhaps I could start by addressing the witness from the children's panel. I understand that there are about 2,500 volunteer children's panel members at the moment. We have all seen the adverts in the press desperately seeking more; I think that they are looking for another 560 members. Is that to top up the numbers or is it to introduce additional members?

**Malcolm Schaffer:** I cannot speak with complete authority because obviously that is not our work but that of Children's Hearings Scotland. However, my understanding is that that is the normal number that it looks for per year across Scotland. It may be down to a combination of replacing panel members who have served their

term and are not continuing and replacing panel members who have moved on because of their life circumstances. I am not aware from Children's Hearings Scotland that there is an increase in numbers. My suspicion is that it is more about replenishing numbers after people have moved on.

**Colin Beattie:** I am curious about the figure because it is also the case that the number of referrals is at an all-time low. I am curious as to whether we are increasing the number of panel members for a particular reason or is it, as you say, about maintaining numbers? There seems to be a difficulty around recruitment.

**Malcolm Schaffer:** The referrals have dropped, but the number of hearings and other types of business has remained more steady. The referrals that are dropping are those that would not end up at hearings anyway. The number of people who appear at hearings is still a level number.

I cannot answer your query about whether Children's Hearings Scotland is adding extra panel members, because I do not know. There are certainly demands on panel members—we know that. Through the years, we have seen a huge number of members of the public coming forward.

**Colin Beattie:** Do any of the panel members have any information on that point?

**Duncan Dunlop:** We are involved in training the new tranche of children's panel members. Every day, we do one section. There are seven parts to the training. We do part of the recruitment and selection, too. From my understanding, recruitment of new panel members is in order to replenish the pot—there is about 20 per cent turnover.

What is really interesting is that we focus quite a lot on the children's hearings processes and how we make them better. All credit to the SCRA and Children's Hearings Scotland for what they are trying to do—the young people's board was mentioned earlier.

However, that is a moment in time. It is very easy for us to legislate and to look at the process. It matters how someone goes through the process and how accommodating it feels to the young person and the family who are in it, but we also need to consider the wider system of which they are part. The young person needs to know whether the service will help the family to overcome the issues and the trauma that the young person has experienced and whether there really is a quality foster family that meets their needs available.

On staffing, I was disappointed to see that this year, even in Edinburgh, there was recruiting of

professional foster carers—it is seen as a career. I do not see parenting as a career.

**Colin Beattie:** There is a question about availability of foster carers. An increasing number of children are going into foster care—although it can often be a good thing. I believe that the target in Scotland for 2016 is 800 foster carers. I presume that that is 800 additional foster carers.

**Mike Burns:** The issue of scale and what is then required in terms of foster care is really important. I go back to the point that in Glasgow we have 1,000 foster carers and we now also have 1,000 kinship carers who look after 1,300 children. In some respects, no matter the quality of our marketing and our profiling within the city—which has received awards—at some point recruiting foster carers becomes more difficult.

The committee needs to grapple with the fact that numbers are easy to move around, but having 15,000 children in care is massive for the country in terms of meeting need and matching and reducing placements.

10:45

**Colin Beattie:** I am trying to understand whether supply and demand are at work or whether we have a significant problem in those areas.

**Mike Burns:** There are other issues of which to take cognisance. I am often struck by the fact that in Glasgow the number of children on child protection orders has gone from something like 3,500 to 1,900. The demand for social work under getting it right for every child has meant that more and more children are in care under voluntary measures—under section 25 of the Children (Scotland) Act 1995—and consequently are not seen by the children's hearings system.

On children who are on the edge of care, Glasgow has something like 295 social workers dealing with 12,500 open cases. The issue is not just about the number of children who have been profiled as "looked-after" and who have been accommodated in the children's hearings system; it is also about the number of children in care under section 25, who are on the edge of care and who are open cases across a range of social work departments. That needs to be understood.

**Colin Beattie:** Do you think that that to some extent hides the scale of the issue?

**Mike Burns:** I do.

**Colin Beattie:** Do we tend to focus just on one side?

**Mike Burns:** There are issues around percentages and particular things that give a snapshot but, again, the point that the committee

has constantly put to us is that we need to understand whole system if we are to understand what is going on. You might talk about relationships, but the fact is that relationships are based on quality, and quality is based on time. If social workers are completely saturated with the level of need that they are dealing with, that erodes their ability to meet a range of needs—from the early stage for those who are on the edge of care, right through to permanency. I would say that that is a feature across Scotland's 32 local authorities.

**Colin Beattie:** I was coming to social workers. On paper, there is a record number of social workers, but we hear that they are handling ever more cases. Some of the headline figures that we see do not really show that.

**Mike Burns:** That goes back to the need for a shift in, and transformation of, the whole system. That has been one of the issues with the named person scheme, which is about facilitating early family support and the kind of work that colleagues such as Mary Glasgow are doing in the third sector. We need to be able to prevent and divert, but if the infrastructure does not exist in communities, the work escalates into social workers doing early family support and their being asked to meet a whole range of needs and duties. What people like Mary Glasgow and I are saying is that if we are serious about the early years and family support there needs to be infrastructure.

What is slightly unique about social work is that our profession is saying to everyone—politicians, the media and the community—"We are not the solution, and you can't keep throwing social workers at these social problems." We need a whole-system response that provides a level of family support.

**Colin Beattie:** You seem to be indicating a major shift—

**The Convener:** Colin, can we pull this to a close?

**Colin Beattie:** I will be brief. What is the major shift that you would like to see in order to make that step change?

**Mike Burns:** I would like work on early years, earlier intervention and more robust family support.

**Duncan Dunlop:** We have a deficit of 800 foster families. To go back to culture and our attitudes to the issue, I think that a really interesting challenge faces our country and our leadership. On the refugee crisis that has been affecting the wider UK over the past 18 months or so, I believe that over the UK the number of families who have been willing to support and aid refugees is equivalent to our deficit in foster

families. The reason is that we know why the refugee child and family need that support. We have seen them being bombed out in various places in Syria and we have seen them in dinghies in the Mediterranean. We have seen people dead on a beach in Turkey and we have seen them in an ambulance after they have been bombed out. We have seen them in the Jungle in Calais.

The problem is that we do not have in Scotland a discussion going on every day about those in the early years right through to those who need care—as Mike Burns mentioned—and about what our most vulnerable children who are in care and protection need. We can make it a lot simpler and a lot easier. We can access understanding of what those care-experienced children need and if we look at things from their perspective, we can enable them to connect with their identity and tell their stories.

What will come of that is a simplifying of the bureaucracy and some of our overprotective measures. The other day, I was given the example of a woman who got divorced 25 years ago being told that her ex-husband had to give her a reference on whether she would be a good foster carer. That sort of thing happens—it turns people off engaging with the system. She was a very good person who would have given a loving and caring family to a child, but she said, "No thanks. If that's what's going to happen, I'm not going to engage." We know that that is the way that some cases play out. We really have to look at overprotection in a system that is protecting us—it is protecting our roles, our professions and our organisations but is not necessarily providing access to the most loving homes and protecting the children.

**Ross Thomson (North East Scotland) (Con):**

I want to touch on allowances for kinship carers. I know that changes were made so that they are equivalent to what is paid to foster carers and that is what local authorities are doing. In Aberdeen, the cost of that is £0.5 million. It was welcome to hear that the Scottish Government had provided funding to help, but there was still a shortfall of about £142,000.

I would like to get an idea from you of what the situation is like across all local authorities. Is there disparity in provision across local authorities? Is there more that we can do in relation to resources?

Looking at the recent figures, I see that the number of children in kinship care is falling back slightly. What do you think the reasons are for that?

**Mary Glasgow:** Children 1st manages the national kinship care service and delivers local services to support kinship carers in communities



across Scotland. We welcomed the allowances provision that was made in the 2014 act, but it applies only to kinship carers who have formal care arrangements—it does not include the many thousands of kinship carers who care informally for children. The biggest single issue is the inconsistency across the country in financial support and access to longer-term family support and support for children who display difficulty and need trauma recovery. There is a real problem of disparity in provision for kinship carers up and down the country.

Kinship care is one of the provisions for children that can have good outcomes because the children can be reared within their own families and can maintain those connections. However, there can also be complex difficulties; although it often looks as though the quick and simple solution is to take the child from one part of his or her family and place them in another, there are often good reasons why that family has had difficulty in the past. It is important that the assessment at the time of placement takes account of what led to the whole family getting into the situation.

I could not agree more with Mike Burns about the time and resources that we need for early years family support and intervention to help families at the earliest possible stage, but we also need it for social workers. At the point of assessment in times of crisis, social workers often struggle to have the time to get into the depth of what is really going on in a family so that they can make the best possible decision for the long-term. Placements that are made in haste often break down and lead to all the concerns about children having to move on that we have heard about.

**Mike Burns:** The £10.1 million that was made available for moving to equivalency was welcome, but Ross Thomson was right to say that it caused a number of authorities some significant challenges in a difficult financial settlement. However, there was real consistency of commitment from elected members across councils. Within Social Work Scotland and across local government, there has been eagerness to reach consistency in application for people across Scotland.

With that previous challenge, what was agreed was that there should be local equivalency: equivalency—in Aberdeen, Glasgow or Dundee—was with the foster care payments that were made in those places. However, foster care payments vary significantly, so the Scottish Government has subsequently recognised that we need to reconcile the plethora of foster care payments so that the kinship care and foster care arrangements are streamlined and simplified.

**Richard Lochhead (Moray) (SNP):** Much of the discussion has been about the systems and processes for dealing with children who need protection or care, but will you comment on the underlying trends in the causes of children needing care and protection in the first place? In your careers and experience, have you in recent years noticed specific trends and socioeconomic factors? I accept that we will always have problems with families in society.

**Malcolm Schaffer:** I have been a reporter for 41 years, so I have seen a huge change in the reasons why children are referred to us. Without question, the most significant advances have been in the understanding of children's circumstances. It is not that the problems did not happen before; it is that we were not picking them up. When I started as a children's reporter, referrals were overwhelmingly about children's behaviour—about children who were offending and were outwith parental control—and the focus was very much on children being the problem. Now, however, we have a greater understanding of the problems that lie behind that behaviour—for example, we have a greater understanding of the impact of domestic abuse on children. Ever since domestic abuse was introduced as a ground for referral in the Children's Hearings (Scotland) Act 2011, we have been able to clarify and see the impact of that. It is now one of the most common sources of referral.

Perhaps more significant in recent years has been the impact of parents who have substance abuse problems. The referral trends show that far more action is being taken in relation to under-ones than there used to be, and the trends in child protection orders show positive evidence of far greater early identification of problems than existed before.

I stress that, in respect of many of the issues, it is not that they were not there before; it is just that there is now more understanding of them.

**Mary Glasgow:** I agree. I have been a social worker for 25 years, first in the local authority or statutory sector and, for the past 15 years, in the third sector. One of the key trends has been much greater understanding of the impact on children of their experience. Many important improvements have been made in professionals' understanding of that.

I definitely agree about the trend of increased understanding of the impact of domestic abuse on children and on wider society, although there is still much work to be done on that. We do a lot of work with children and families who are in the formal justice system and we see continuing inconsistency between the way in which families, or parents and children, are treated in the hearings system and the way in which they are treated in the criminal justice system. There is lots of

protection in the justice system for vulnerable witnesses, but in the hearings system the women and children might well be in the same room as the perpetrator. There is work to be done and improvements need to be made, but I definitely agree that there is a trend of greater and improved understanding of the impact of issues.

11:00

One thing that we have certainly seen recently in our early intervention family support service is the increasing impact of material and emotional poverty on families and communities. Back in my early days as a social worker in Pollok in Glasgow 25 years ago, we saw terrible material poverty, but that improved over the years. Now we are back to seeing in family homes levels of deprivation that are well beyond what is acceptable. The situation has shifted back to somewhere that we should be nowhere near, with children sleeping on the floor with no mattress, without enough food and using food banks, and with families having insecure tenancies and having to move around. That growing trend towards material poverty has a huge impact on the areas that the committee is concerned with in terms of attainment, child protection and all those processes. We have to do something about child poverty, so we welcome the forthcoming child poverty bill and look forward to what it will do, but there needs to be a collective push to tackle that growing trend.

**Duncan Dunlop:** I would like to look at a broader issue. We understand that a strengths and assets-based perspective is needed. In the care and protection system, although we must work in the best interests of the children and do our best for them, they are not seen as active participants. If we could engage them and make them understand that they have a vital role to play in their own lives and their own development, that would help, but there is a clear lag in the development of measures such as independent advocacy services to give children that voice.

We believe that the young person's participation and their care-experience perspective, not just when they look back on what they needed but on a continuing basis, can give us a really different solution from the one that we currently have. That would be much more comfortable and natural, and we should invest in that.

**Mike Burns:** I have been in social work for 30 years and I have worked in six local authorities in Scotland and in Melbourne in Australia. To look at some of the trends, I think that we have tended at times to focus on drugs, but we know that our problem relates to alcohol. Another thing that we need to concentrate on much more effectively is the role of men and what it means to be a father in 2016. We need to nurture and encourage that.

Glasgow City Council has done some outstanding work on recovery conversations with young men that get them to begin to talk about what it means to be a dad.

Mary Glasgow articulated well the issues of the inequality gap and child poverty, but I have never been more optimistic than I am at the moment, given the foundations that we have built in Scotland around kinship care, foster care, residential care and early years. About 10 years ago, a colleague said to me, "We now know what we need to do. We need to support parenting." I am not sure that there is a more difficult task in life than being a parent, and that is the task that every one of us—health visitors, nurseries, teachers and society at large—needs to support more effectively. As Mary Glasgow said, the inequality gap in some communities is a disgrace, and we need to make a difference on that, but the foundations are there and the solutions are facing us. We need to be decisive about taking the steps forward.

**Fulton MacGregor:** Mike Burns mentioned the role of dads. You will be aware of the work that Barnardo's has done in Polmont. It had a reception in this very room recently during which it showed members and others who came along a video about its work, which I encourage anybody who did not get to that event to watch.

My point follows on from Richard Lochhead's comments about the changes in referrals. A lot of that is to do with advances that have been made in joined-up working across services. Both Mike Burns and Mary Glasgow spoke about their experiences. From when I started as a social worker, there was a consistent change in joined-up working, and the amount of training that became joined up with health services and others was positive. Do the panel members think that that will continue and does each of their agencies promote it?

**Mike Burns:** This is where we need to be optimistic. I now work in a health and social care partnership, so we work collectively with health visitors. We see the quality of the work that they do day in, day out in relation to earlier identification, earlier intervention and early engagement.

The early engagement skill set is critical to assisting people when there are challenges. I always say that every parent, including me, is defensive. That is a kind of natural set that we have, so the engagement skill is critical. One of the things that we are saying in health and social care partnerships is that they are partnerships not just between social work and health services but between social work, health services, education services, the third sector, housing services and the

police and—above all—the partnerships are with parents.

**The Convener:** Are you seeing all those other agencies taking part in health and social care partnerships or is that what you would like to see?

**Mike Burns:** Getting it right for every child has created a culture and an ethos. Ten years ago I was line managing health visitors, school nurses and CAMHS in Glasgow, and the outcomes that we wanted were the same, as is the case now. That goes back to one of the first questions, which was about educational attainment. It is not either/or but and/both that we want for children. The relationships that social work has with education and health are all there to take us forward.

If we consider the Christie commission, where we can really make an impact is in the scale of investment that is needed in the work that the third sector is doing to be in a position where it can support parents and give them a range of choices, which allows them to engage. Up to now, that has probably been a bit haphazard. We need to move from a project approach to much more of a programmed approach. In relation to structures, we know that some authorities have engaged with education and some have engaged with health. We are clear that it is the attributes of the professionals and the adults that will be critical in whatever structure is designed.

**The Convener:** I am really comforted to hear that. When I was in community health and care partnerships eight years ago, that was not—unfortunately—the culture, although there was lots of good work.

**Mike Burns:** The experience is different now.

**The Convener:** Does anyone else want to come in?

**Mary Glasgow:** What has been said is right but, from the third sector perspective, we still tend to see commissioning and the development of services through budgets and structural constructs that relate to who has the money for what. We are keen to see co-design of what works for families in a relational way alongside them, so that communities are encouraged to develop the solutions for the problems that we face. We still all too often see imported programmes or approaches landed on some of our most vulnerable communities in a way that they do not feel connects with them.

Some great improvements are being made but, from a third sector perspective, there is a bit of a perfect storm right now. We know exactly what works—multidisciplinary, relational community-based services can make a huge difference—but resources have never been tighter.

We very much welcome the named person scheme in principle, but we have a concern that, the better we get at noticing what is really going on for children and families and the earlier we notice the need for help, the more we need to be prepared to have early help available for them—otherwise, the scheme will not deliver on all the laudable principles.

**Ross Greer (West Scotland) (Green):** I have been struck by the level of comfort and security that a number of young people feel when they are at school, very much as Duncan Dunlop said earlier. In the case that he talked about, a lot of informal support was given to the young person. If we think about the formal support and services that schools can provide, or the other services that they can direct young people to, have you seen consistency between schools in how they support young people?

**Duncan Dunlop:** I am really interested in building on that. People often get sucked into a bubble that is about health and social care, which will work with social work. Who Cares? Scotland tries to get people to understand the care experience for young people, and their life is not with social work—they do not interact a lot with social work. Even if they live in the care system, more than half their life is spent outside the house, in a school or in other places.

We see improvements when the whole country becomes more care conscious. That may involve corporate parenting, but it is more of a community parenting perspective. We need to make progress on huge issues with the police, but they are engaging in that journey with us. There are ridiculous situations that involve the police being called out to residential houses for the most trite reasons that members would not believe; I will not give too many examples.

There are travel issues for children and young people. How do they get around? How do they access leisure facilities? There are similar issues with housing, education, culture and jobs. We have to look at a number of issues with regard to bringing up our children. We all have a role to play in that; it is not just the role of a public sector employee whose primary task is to deliver one thing, whether that is a bus service or work in a classroom. To be honest, that comes down to individuals.

I have seen great teachers who really embrace things and say, “Thank you for this. I can champion it in the school,” or, “I want to do it from the primary school to the high school,” while another teacher says, “Really? You expect me to do more on top of everything else I’ve got to do? No, thanks. That’s not my job.” That comes down to an attitudinal perspective to what our culture expects of individuals and what they will do.

Beyond the classroom, the teacher needs the support of their colleagues and the headteacher, as well as support from parents. Some parents will come in and complain about a child who has caused problems for their child. There is the advocate parent—the pushy-parent type—who says, “My child’s education’s been disrupted.” Would it not be nice if that same parent started to look at what they could do to help the teacher with the child who was a bit more disruptive and to include them? That is about the attitudinal perspective, the conversation that we need to have more of in our country and various training and awareness-raising measures.

**Mary Glasgow:** The issue often comes down to leadership in schools. Where there are committed and informed headteachers who can create a culture of compassion and love in their school for the most challenging children, whom a lot of teachers just want out of the classroom because the pressure is on to raise attainment, we can see really good results. However, our work in schools tells us that there is inconsistency in school cultures.

It is important that we recognise that, in the attainment challenge, the school’s engagement with and support for parents is incredibly important. Schools need to see such children as part of a wider family system and a wider community. There are many great examples of in-school work with good results where the engagement with parents is respectful, encouraging and genuine.

We need to do much more of that, because it is one way in which we could really tackle the attainment gap. We need to remember that the issue is broader than the exam results that children come out with. For some children, attainment depends on how often they get to school, which depends on their parents’ ability to have the wherewithal and the resources—emotionally and physically—to get their children up in the morning, give them breakfast and make sure that they are wearing the right clothes and have their gym kit, that they have done their homework and that they get to school.

Many children can walk into a class and be greeted by a row for being late or a telling-off for not completing their homework, but they have often gone through and survived a morning that most of us would struggle to cope with. We need to broaden our understanding of what attainment and achievement mean. The family being supported by and engaging with schools must be one of the most important elements that we focus on.

11:15

**Daniel Johnson (Edinburgh Southern) (Lab):** I have one broad question and one specific question, which follow on from what Mary Glasgow said in response to the question about there being a tension between the drive towards a relational approach and being stuck in a budgetary, institutional context. Across policy making, there are tensions between the measures that we have and what we need to do to affect them. That is apparent in this context.

At the start, we talked about the need for a focus on outcomes. I agree with that, but what comes out loud and clear is that the way in which we can really tackle that is through relationships and love. That is possibly at its starkest when we hear—as on last night’s programme—that someone who is care experienced is more likely to go to prison than to university. From listening to the people who were on last night’s programme, it was clear that we need more relationships and love in the system.

My question is from two directions. At ground level, given that we are stuck with institutions—that is how we make the interventions—how do we structure in love and relationships? We have had some answers—we talked about trauma recovery—but I am interested in how we expand that across services.

On the other hand, from a policy-making perspective, how can we measure such things? What can we do to understand, at a macro level, how much love there is in the system, if you do not mind me putting it in that way?

**Mary Glasgow:** We have created a bit of an industry around this thing called parenting. It has become a formal construct that we think that we can teach people. Although the intention behind that is good, there have been unintended consequences. I was struck by a book that I read recently by a developmental psychologist in the States—I have also read an interview with her—who talks about an approach to parenting in which she uses the analogy of carpenters and gardeners.

On the one hand is the carpentry approach, in which we think that we can shape children, mould them, fix them if they break and do a lot of work with them to make them into the citizens that we want. Alternatively, there is more of an organic, natural, gardening approach, in which we create an ecosystem that is nurturing, supportive and loving, which gets rid of some of the practical barriers for parents and which allows children to flourish in their families and communities.

In the past 25 years, we have gone round in circles. We know what works. We know that families need the emotional and practical

resources to bring up children, but we have tended to think that we can apply short-term solutions to people, as if they are all the same. We think that we can put them through programmes and we have invested a huge amount of money in formal programmes that we have often imported from other parts of the world. We have squeezed the love, compassion and relationship out of engagement with children and communities.

The evidence is incontrovertible in relation to attachment, child development and brain science. If we really listened to it, we would go back to strengthening communities. We would tackle poverty and inequality, give people decent houses to live in, connect people with each other and stop treating people as if they need to be fixed. We would support families and communities to develop their own solutions to problems.

I grew up in Wester Hailes in the 1980s, which could be a really difficult environment. What made my childhood supportive was the fact that there were community workers, community centres and parents who volunteered and delivered lots of support locally. Despite what its external challenges looked like, for me as a child growing up, that was a neighbourhood that felt like somewhere that I was loved, cared for and nurtured. There were challenges, but there was connection.

We have overprofessionalised a lot of the work that we do with families. We need to invest much more in community-based support so that we encourage the assets that people inherently have. People want to help each other. Squeezing the love and compassion out through overprocessing things because we are terrified of what might go wrong will have unintended consequences.

**Duncan Dunlop:** I will say a couple of things. We are not stuck with the institutions, but we believe that we are stuck with them. Many of them are 150 years old. I have been involved in a review of the New Zealand care system, which is based on our structures because we exported them there. New Zealand looked at cost and asked what was going on. It has a different structure of government, so the care system is all in central Government. People there said, "Who is costing us most in lifetime costs?" They came back to those who are in their care system and said, "Crikey—we're in charge of that. What's going on?" The outcome of that review is that New Zealand is aiming to end secure care.

I do not remember the exact figures, but there are fewer than 80 beds in this country for secure care, which costs something like £20 million a year. We have no idea of the outcomes of that. We could probably find a lot of the people who have been in secure care, and they will not all be

in a good place; many of them are in Polmont and other places.

Why do we assume that we need secure care? We do not need it. I have talked to people who have been in prison and in secure care and they have said that secure care was worse than prison. It was a very enclosed, low-ceilinged place to be and it was different.

The question is why we have all those institutions. Mary Glasgow said that, because we have driven out the love and compassion, we do not expect that of staff. On Monday in Westminster, foster carers were asked whether they want to become unionised and to have sick pay and holidays. How would that look to me if I was a child? How would it look to me if someone wanted sick pay and respite care for me so that they could go on holiday and leave me behind? Some crass things go on that send really bad messages to children, which they take in subliminally.

We have no expectations of staff that they will love a child. Residential care is managed and run by staff. Many foster carers are paid an allowance, which is fine. They have to have skills to overcome what Mary Glasgow talked about in relation to trauma, and we have to get communities to understand what such children are. That is why a different type of conversation that is based on love and listening is needed. We could get a very different answer from what we currently have.

From where we are starting from, there is not the expectation that we will necessarily have all the same structures and institutions of care. If the system is to work, it will definitely need what Mary Glasgow described from Wester Hailes back in the 1980s; it will need community support and the understanding in schools that we talked about, with people going above and beyond and with the leadership to do that. The approach starts there and goes down to all our public and community services.

There is a really exciting opportunity. As Mike Burns said, we know what we need to do. The thing that will give us the courage to do it is what we are doing by listening to those who have been affected by the system. There will be a constructive conversation, which can be led by the care-experienced voice and that of those who are on the edge of care.

**Daniel Johnson:** I want to follow up on outcomes for care-experienced people in further and higher education. The figure for those in higher education is only 4 per cent, and the drop-out rates are quite high. That brings us back to what children need when they are taking that next step, which is support and relationships. That is what an awful lot of these young people seem to

be lacking. What can we do to support our care-experienced young people in their steps into tertiary education? Are there specific things that we should be looking at?

**Duncan Dunlop:** Dame Ruth Silver's widening access commission made some very good specific recommendations on access to further and higher education, including full bursaries—a grant to get to university and not just assistance with loans. The Scottish Further and Higher Education Funding Council has also done a lot of work to help. There is the tick the box campaign, and I think that it is the University of Dundee that now says that it is not just people who were in care just before going to university who can tick the box to say that they are care experienced.

We have to understand that “care experienced” is a loaded term. The care identity is not like, say, the lesbian, gay, bisexual and transgender community, or disability or race. It is a very new term and I and a lot of care-experienced people are nervous about it. People might think, “Why would I want to tick that? Why do they want to know that about me? That has never been something positive.” There is a cultural shift that we have to go through.

However, the question that I would like to put to the committee is why we need that approach. If not every child from, let us say, a less-wealthy background gets a grant to go to university, why are we giving them to our care-experienced children? The answer is that we know that the system is not going to help them to succeed and get to a point where they can go to university and thrive like every other child in the country.

It is exactly the same if we look at mental health. There is a huge focus on that at the moment. Why will 50 per cent of five to 17-year-olds who are in care have a mental health problem? The point is that the way that care processes are happening to them is adding to the trauma that they are going through. We can look at any social wellbeing issue and it comes back to the child.

That is not to denigrate the initiative at all; it is a really great initiative. The widening access commission did good work in a lot of other areas, too, but why do we need those things? It is because something has not worked earlier on. Physiologically, these children are the same as any others when they are born. We may well be taking more of them into care when they are younger, but look at what is happening to them. We still find that, when they get to 16, 17 or 18, it does not work.

Ashley, who was in the programme on STV last night, had four attempts to do the access course and get to university. She is doing great now in her third attempt at university. We had to give that

support, but what a lot of trauma she had to go through and experience in order to do that.

Our point is that it is great to make that change, but our ambition really ought to be that, in 10 or 15 years' time, we will not need that type of additional benefit for care-experienced people. It should be happening earlier in their journey through life.

**Mary Glasgow:** There are two things that we can do. One, which was mentioned earlier, is to provide access to support for children to recover from the emotional trauma that they have experienced. The other thing that can help is something that we heard about in the TV programme last night. Children talked about having one key relationship that will stay with them over a long period. We see the key difference that volunteer befrienders and mentors from outwith the system can make in helping children to focus on their future, encouraging their aspiration, supporting and mentoring them, and pushing and encouraging them to achieve their goals. One very practical way that we can support young people is to give them a relationship where somebody is just interested in them achieving their best. That is often something that they have lacked.

**Mike Burns:** This is still about fine judgments. We made the point earlier that we need to be decisive in the early years. One thing that we recognise from research and reality is that, sometimes, people then have to be pragmatic. We have been stepping in at 14, 15, 16 and 17, and young people still end up going back home. The scale of the investment for a secure bed is £250,000 a year. For high-cost care, it is £200,000 or £150,000 a year. When we add that up year on year, we may see that the outcome that we have achieved is in no way commensurate with the investment that we have made.

I have to be wary about the notion of rescuing all the children in Scotland. I live in a world where, at times, there need to be really difficult judgments and painful compromises. Social workers will tell me as the head of service that we are facing those things day in, day out. In a sense, we are still saying, “Where do we need to be decisive? Where do we need to get it right?” There are instances where we need to be pragmatic and say to front-line social workers that they cannot operate at times, whether in relation to learning disability or older people, and that they have to understand the public pound. At times, that pragmatism also needs to be replicated in childcare.

**Ross Thomson:** The statistics on outcomes for care leavers show that there was welcome progress from 2009 to 2012, when the percentage going to a positive destination rose from 57 per cent up to 78 per cent. From 2012 to 2015, the percentage remained fairly static; there was a slight dip from 78 per cent, and it is now 77 per

cent. I am interested in getting your comments and thoughts on why it has remained static over such a long period and what might have caused the slight dip.

**Mike Burns:** It is immensely challenging. I remember saying to an economist, Alan Sinclair, who has done a lot of work on early years, that education is the route out of poverty. He said, "It's not, on occasions. It depends on what the education system inherits." That takes us back—again—to the criticality of the early years and earlier intervention, because we recognise that, on occasions, education can only deal with what is inherited. That means that, as Mary Glasgow has articulated throughout, young people have to overcome at 15, 16 and 17 obstacles and challenges to do with trauma, their behaviour in school and so on.

As you highlighted, Mr Thomson, progress has been made. I have seen that in Glasgow with the use of mentoring for employability across the council family and the work of the Wheatley Group. At present we are looking at mentoring within health and social care. As corporate parents, we are beginning to look critically at how we facilitate people into employment and lift aspirations and life chances. There is progress, but we have a lot more to do to sustain young people in school for longer and to marry that up with the good mentoring that is around.

**Duncan Dunlop:** I think that we need to take some of the statistics with a dose of cynicism, to be honest. If we strip out training and activity agreements, the 77 per cent figure will fall, and we would be pushed to get it nearer to 60 per cent. That brings us back to the need for the significant relationship that we have talked about a lot this morning to set the child aspirations and help them to engage. I have yet to meet a care leaver who does not want a job. At the stage when they are leaving care, they want to get on and do it. They might not have the toolbag to do it, but they really want to go on and achieve.

11:30

We employ a lot of care-experienced people. Around 30 per cent of our staff are care experienced and, over the course, probably 20 per cent have been care-experienced trainees. That is some journey. It is brilliant: it gives the heart and soul to our organisation. We find that we teach them how to work. They have brilliant skills when we get them there and what they can do in that environment is brilliant. There is then a sense of where we go next.

We need to go back to the question, "Where were the relationship and the aspiration?" As Mike Burns said, a lot of care will involve saying, "Right.

I've ticked the box and sent the form. They've left care" or "They've gone back home." Within three months, all the therapeutic work and everything else can be undone by the behaviours and the environment that the person will live with when they get back home.

**Ross Thomson:** It is interesting that around 36 per cent of care leavers go into further education. That is quite a substantial number, and it is welcome. However, I mentioned a slight dip in positive destinations. Has there been any impact in respect of changes that have been made in the college sector? We have seen a reduction in flexible and part-time places. From your experiences, has that had an impact on people looking to get a place in college? Has it presented challenges?

**Mike Burns:** A positive from the colleges' perspective is that they have begun to recognise that young people who are coming through the experience that they have had need more than one attempt. They need a level of sustainability.

In Glasgow, we have had some positive feedback about that beginning to be understood well and comprehensively by colleges, and the required level of patience at times. We recognise that our young people need to be allowed to make a mistake and not get something right first time. Again, there is a lot of progress to be made on that, but the situation is a wee bit similar to what we have talked about. Whether we are talking about schools or nurseries, it is about replicating best practice.

**Duncan Dunlop:** We have done a lot of work with the Scottish funding council, and we are now reaching out to all the colleges and universities across Scotland. What has been really interesting is that they are beginning to recognise that care identity is, in a sense, a protected characteristic under human rights legislation. That really helps matters. If they can help care-experienced people to state that they have care experience, they have designated people who really understand care. Therefore, people get more chances. They are accommodated more if they do not turn up to courses. There is support around them and the supported person will be looked for. There is real progress, but there is also strain on the number of places that are available.

**The Convener:** Thank you very much. We will finish off with a question from Gillian Martin.

**Gillian Martin:** I want to allow you to talk about corporate parenting. Duncan Dunlop talked about some positive outcomes of that. We are only just over a year on from that officially being put in place. How has it impacted on the ground? Will you focus in particular on the thrust behind it, of

allowing young people to have their voices heard? I am interested in your views on that.

**Duncan Dunlop:** There has been a great learning journey for us with corporate parenting, as it has enabled us to get care-experienced people in front of decision makers—people with power, such as members of the committee. In respect of local authority community planning partnerships, we are connected with chief executives, such as chief executives of health boards, in just about every local authority area. That has an impact. People's voices are heard and various things happen.

A champions board network is also developing. The Life Changes Trust is supporting the development of that. Children who are in care and those who have been in care recently are enabled to come together in weekly or fortnightly groups two or three times a year with the people who lead corporate parents so that they can understand their lives and experiences and make differences with them. A bunch of people are making great progress with that. For instance, the Scottish Qualifications Authority, as a named corporate parent, celebrates exam results day with children in care. That is a small example.

There is a list of, I think, 24 or 26 corporate parents, but that breaks down to more than 120 different agencies. The SCRA is trying to do something with the children's hearings system, and we want to have our own care-experienced board to hold us to account. That is great, but how do we replicate that for 120-plus agencies, all of which need to understand care-experienced lives? We need to have a broader and longer conversation. The care-experienced voice and identity has flipped the conversation on corporate parenting. How do care-experienced people experience life? They come into contact with every agency from the police to the health service. All parts of the public service interact with their lives and, when we understand how they experience life, we get a better understanding.

We would like the committee to meet the care council, which is our national champions board. It will come and meet you—whether you can fit it into your schedule once or twice a year—to help you to understand how various people uphold corporate parenting duties.

The more that we find our voice as a care-experienced community, the more pressure we will put on. For us, the major question is how the committee can help to ensure that the Scottish ministers in particular, who are held to account for the matter, care proof what goes on in our society, really question the value of certain things—such as secure care and other forms of expensive care—and ensure that children who are in care have a voice. We need to ensure that they have a

voice in all the processes, and independent advocacy is not at an acceptable level.

**Malcolm Schaffer:** We feel positive about the corporate parenting duties that are placed upon us at the SCRA. The fact that we have been trained by Who Cares? Scotland not only enables us to develop ideas about ensuring better participation of, and a better experience for, children and young people at hearings but enables somebody to check whether we are doing it properly and fulfilling our promises.

That is where the young people's board comes into play. It enables us to sense check what we are doing with the source that can speak most authoritatively about it. It is in the early days of development. We are doing the work jointly with Children's Hearings Scotland so that there is an overlap and it covers the entire system. It is producing a number of significant cultural and attitude changes to how we involve young people in the process.

**Mike Burns:** I echo some of the points that have been made. We are now inspected on corporate parenting, which illustrates the focus on it. Measures such as the children's champions board and the training for elected members have shifted attitudes so that what used to be seen as primarily the responsibility of social work services is once again owned across the council family. With the new arrangements for health and social care, and with education colleagues, we have been able to profile it with colleagues in adult services, particularly in relation to mental health, addiction and transitions.

In Glasgow, £14.2 million has been invested in 13 brand-new, state-of-the-art residential units. Going back to the point that Ross Thomson made about the kinship care allowance, there was a desire to match the funding and to see that through.

That is all part of a hugely positive trend and those are solid foundations on which we can continue to build.

**Mary Glasgow:** I agree. We were involved in drafting the guidance on the legislation on corporate parenting and the discussion in the room between partners across the different agencies was incredibly heartening. There was a real commitment from people to take their responsibilities as corporate parents seriously. There has been much improvement in that area. There is always more to do, but things are going in the right direction.

**The Convener:** That finishes our evidence-taking session. I thank you all for attending and for your evidence, which was useful.



That brings us to the conclusion of the public part of the meeting, so I ask the public to leave the gallery.

11:39

*Meeting continued in private until 12:06.*



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