

## Education and Culture Committee inquiry into decision making around children in care.

### ADSW response to the Scottish Parliament's inquiry

#### Introduction

ADSW is pleased to contribute to the Scottish Parliament's Education and Culture Committee inquiry into the circumstances under which children are removed from their family homes and the decision making processes involved.

#### Summary of key points

- The nature of the questions posed by the inquiry raised some concern for ADSW in that they implied a neatness and order around the circumstances and decision making involved in removing children from their home that simply does not exist. Our submission therefore aims to ensure that the true complexity of the issues is recognised otherwise the solutions and recommendations proffered by the Committee will not have the impact they need to.
- ADSW is aware that the issue being considered is an emotive one, and we would ask that the committee is steered in its work by research, evidence and practice based knowledge. It is this which should influence change not anecdote, or media portrayal.
- Any work we embark on should be focussed on achieving the best outcomes for looked after children and should not be focussed on processes. This requires a shared vision for helping looked after children reach their full potential and should be rooted in a knowledge of how disadvantage presents itself. Measurements and indicators of success should not be confined to the number of academic qualifications that looked after children gain at a certain age.
- Looked after children often require intensive and ongoing interventions that are suited to their particular needs in order to address the damage caused to them through neglect and abuse. The lack of a positive childhood experience has a significant and sometimes lasting impact upon good development and health.
- One approach alone (e.g. early intervention) will not address the issues and everyone with a role in helping the child (education, social work, health, parents etc) need to be informed and educated of their potential contribution to providing a better quality of life and experience for the child.
- The scale of the problems that lead to a child being looked after, coupled with a shortfall in resourcing, presents a challenging problem in some areas. With this understanding, ADSW is committed to working with others to identify and address factors that lead to variability in the quality of practice nationally.
- ADSW recommends that research on the outcomes which different approaches deliver for looked after children be commissioned by the Scottish Government.
- ADSW acknowledges the skill, knowledge, tenacity and resourcefulness required by social workers in this area of work and, consequently, the responsibility of organisational leaders to support them in their task. This should take the form of individual, system and organisational supports.
- ADSW would like to draw the Committee's attention to the difficulty that local authorities and others experience in retaining competent experienced qualified staff in frontline child care practice. We believe that this is influenced by the fact that there is no professional or financial advantage for social workers to remain in this field and whilst other professional functions are challenging, none have the sustained emotional demand and professional risk of child care practice. This can lead to situation where many of the child care staff are newly qualified and once they have gained both practice experience and post qualifying awards, a significant number transfer to other areas of practice.

## Response to specific questions

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

Children are not a homogeneous group- individual characteristics such as genetic predisposition, personal circumstances, family problems and level of support, community and environment all work to create an individual who responds in a unique manner to very particular circumstances. No research can produce an evidence-based 'template for action' that can be effectively applied. Decision –making does not take place at a single point.

Attempts at developing a standard tool for sharing information and for professional decision making on children has been found to create, rather than solve problems. The Munro review into child protection in England, published in 2011, observed that social workers work in a target driven culture; within systems designed from 'failures to protect' rather than ones based on improvements; where compliance with procedures is valued. Standard assessments have grown out of this environment and the review found that they take the social workers away from positive, direct contact with families and limit their ability to make professional judgements.

There is, none the less, undoubtedly a role for a structured approach when working with children and families. The development of assessment tools such as 'SHANARRI' (well being indicators – safe, healthy, active, nurtured, achieving, respected, responsible and included), risk assessments, resilience matrixes etc provide direction when working with quite chaotic complex situations. They are, however, just frameworks within which professional judgements still require to be made; they do not replace the need for professional judgement and experience.

Knowledge of the importance of professional experience and judgement comes with a responsibility to provide for the training and development needs of the current and future workforce on whose skills we rely. Systems of staff supervision/ CPD and opportunities for access to expert consultation are available for staff; external standards for practice exist that require a portfolio to be kept which evidences ongoing training and development.

Scotland has a low rate of child deaths from abuse and neglect in comparison with many other countries and the widespread sharing of learning from significant case reviews helps us to make decisions as to whether children should remain at home. There is much to be proud of in relation to our ability to protect and support children in Scotland.

There is, however, anecdotal evidence that improvements can be made in two particular areas – the preparation of students/ newly qualified social workers for working with complex family situations; and the delivery of high level training that meets the needs of the most skilled risk managers and practitioners.

The new Social Work Degree has been developed to address the need to raise standards of learning within the profession. A review of placement learning and a more structured period of 'probation' may be warranted. In relation to higher level training- the increased emphasis on interagency training may have diverted attention away from the needs of more experienced staff. Courses at post graduate level are available but relatively few practitioners have an opportunity to benefit from these. This issue requires local and national consideration.

Children at risk present with multi faceted problems and potential solutions must mirror this complexity. Cumulative protection models are needed, in the widest 'public health' sense, to reduce and prevent the risk of family breakdown. In this respect – whilst the public/ other services may not be involved in 'formal' decision making processes on children, by default, their contribution to the common cause of supporting family cohesion will have a significant impact. Each has a role as joint architect of environments that support children and families-whether it be in developing inclusive and accessible leisure opportunities or in designing appropriate housing.

Many areas have already developed practices that lead to shared, more holistic goals and planning – supported by 'Getting It Right For Every Child policies' and through Community Planning Partnerships/ other forums. The 'corporate parenting agenda' has led to a wider recognition of responsibilities to young people leaving care and for their outcomes. In addition, a renewed focus on increasing community capacity gives potential to a whole system approach that can promote inclusion and cohesion.

There is an ongoing need, however, for focused training and education across services, communities and in particular with parents, on good child care practice and on how to build resilience in children who have experienced adversity. We are taught how to drive a car but not how to maximise the potential of our children through good parenting.

There is also a role for government in the drive to place children at the centre of planning. Children who may need to be looked after are amongst the most vulnerable in society. History has shown that the most vulnerable are disproportionately affected by economic downturn, by welfare reform policies and other centrally- led decisions that further reduce an already limited capacity to cope. It is crucial that each element of the whole system places children's well being at the centre of their decision making.

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

ADSW is aware that there is variable practice across Scotland around decision making about children who may need to be looked after.

It must be acknowledged, however, that environmental issues have an impact on demand and also on the prevalence of the behaviour that can lead to a child being looked after. For example, research evidences that living in an area of high crime increases the chances of a young person becoming involved in offending taking cognisance of other factors involved. Areas that produce higher rates of offending and child abuse/ neglect may not be areas that have higher numbers of foster parents. Inevitably, the availability of resources and threshold levels will be influenced by the environment.

As social work works within a wider system when making decisions on the need for a child to be looked after, any consideration of discrepancies in decision making should include Children's Hearing and court decisions.

The task for Hearing members has arguably become more onerous over the last decade, with GIRFEC policies resulting in more effective diversionary practices- thereby the formal Hearing system focuses on the very complex cases. Issues raised by social workers include Hearing members who are unduly swayed by parents at hearings who present, unusually, as dedicated to their child, resulting in the established and consistent failure of the parents to place the child's need first, being given less importance. This has resulted in undue delays to more permanent decisions being made and in the child being given confusing, at times distressing, mixed messages about their future.

Consistently good decision making is a challenge and the responsibility of both the Hearing members and social workers. Social workers must present a concise picture of very complex situations at hearings with professional confidence, engendering trust and understanding. Undoubtedly there are issues here of appropriate training.

The problem of childhood neglect is arguably one that most urgently requires consideration in relation to national, organisational and professional attitudes and practices. The impact of living, over time, in degrading circumstances can adversely, even permanently affect a child in numerous ways. It is a situation that requires ongoing assessment and review to prevent professional immunity to the circumstances that too many children find themselves in.

As stated in response to Question 1, universal services are well positioned to detect, prevent and address neglect and abuse at an early stage. UK research evidence shows that nursery nurses, for example, are a major source of referral for early behavioural problems; with Health Visitors being able to detect early signs of neglect and compromised development/ behaviour problems that are often indicators of neglect (Daniel et al 2009). However, research also evidences that many health visitors are unable to effectively detect issues as they have insufficient time to spend with the families "*calling into question the premise, upon which progressive universalism rests, that all families receive a sufficient service for pro active health promotion and for additional needs to be identified in a timely way*" (Cowley et al 2007).

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

No, general assumptions cannot be made; each situation must be individually assessed for the reasons already stated. The points made in relation to neglect in Question 2 are particularly relevant to children affected by parental substance misuse. The importance of ongoing assessments over time cannot be underestimated here, along with case reviews by managers and possibly peers to ensure the individual worker does not become immune to circumstances of poverty and neglect.

Social workers are not automatons. The humanity that enables them to engage effectively with the most challenging of people, a skill that can never be replaced by frameworks, similarly leaves them vulnerable to subjective decisions. There are many pitfalls to avoid – one being the ‘start again syndrome’ – identified by Marion Brandon – where successive children are viewed optimistically as a fresh opportunity for parents to succeed.

Such a professional challenge is neither a matter that requires a punitive approach, nor one that can be addressed solely through rules and procedures. Rather, leaders of organisations need to ensure that professionals who undertake such complex work that is reliant upon their engagement with families have a system of support built around them that both acknowledges their vulnerabilities and provides a decision making safety net. It is an approach that is familiar to the psychiatric profession and one that has application for other staff working at the cutting edge of human relationships. If we are to encourage our best staff into children’s services and to remain there, we must develop a culture of continuous improvement rather than one of blame.

Research is able to provide us with a useful ‘ready reckoner’ of factors to be alert to when considering risk to children. Sharon Vincent’s overview of serious case reviews, 2010 uncovered themes within the family situation where a child dies or is seriously injured. These included- age and gender of the child and position in family; disability/ health problems; poverty; housing issues; criminality in family; parental mental health; substance misuse; parental disability; domestic violence; previous maltreatment; failure to co-operate etc. However, only a skilled assessment and effective professional engagement can identify the relevance of these factors for an individual child.

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

The existing, largely international studies show inconsistencies in findings, making it difficult to draw useful conclusions, particularly within the Scottish context. Our legal systems are unique to this country and therefore the interface between process and placement options are particular to Scotland.

In addition, as previously stated, many variables operate in these situations and result in different outcomes for children presenting with similar behaviours in the same type of placement. The impact of pre-placement experiences, for example, can affect ability to establish relationships and also ability across a range of domains. When considering outcomes, it is essential to understand the long term effect that neglect, abuse, poverty, violence, poor parenting and discrimination can have on children. One consistent message from research is that children who are burdened in this manner cannot easily be ‘fixed’ by a more positive living and caring experience. Psychologists and psychiatrists have long since established the links between early adverse experiences and adult depression, criminal behaviour and difficulties in forming attachments.

More recent extensive studies in neuroscience have pinpointed dramatic physical changes in a child’s brain that can be attributed to early traumatic experiences and lack of developmental opportunities. In short, their investment in survival at an early age robbed these children of an opportunity to invest in healthy growth and emotional well being. These changes to the developing brain in early years can be responsible for learning and behaviour problems throughout life. Researchers have shown that abused and neglected children perform less well on standardised tests and achieve poorer school marks even when other relevant factors are taken into account (Mills 2004; Gilbert 2009)

It is not simply a case, therefore, of reassuring and building trust with these children (although that is an essential part of their rehabilitation). New neurological pathways need to be formed and this becomes less possible as time passes. The importance of investment in children's early years and swift and informed decisions about whether or not to remove them from their family cannot be underestimated.

Achievements with this group of children cannot adequately be measured by the attainment of academic qualifications. Resilience research has emphasised the importance of the development of self esteem, self efficacy, empathy, confidence, communication skills etc as new 'building blocks' that will enable the children to achieve in a wide range of domains. We must progress a truly personalised approach for this group of children and young people that is supported by monitoring, regulation and inspection processes.

Understanding the challenge that individual children may present does not, however, negate the need to develop the best resources and practices to assist them. The potential for improvement will always be a relevant consideration in deciding if the child should remain. The Education and Culture Committee's recent Inquiry into the Educational Attainment of Looked After Children highlighted the importance of supporting families to provide for their children—e.g. addressing literacy issues for parents.

A study was commissioned by the former Dept for Children, Schools and Families and Dept of Health in 2010 to strengthen the evidence base on effective interventions when working with child abuse and neglect. It focused on the consequences of decisions to reunify children who have entered the looked after system for abuse or neglect, comparing the progress and outcomes of a sample of maltreated children who either went home or remained in the looked after system.

Findings suggested that outcomes for maltreated children who remained looked after away from home were better than those who went home with respect to stability and well being. Those who had more than one breakdown at home fared worst but even those whose reunifications had endured had lower levels of well being than those who had not gone home. This was especially so for neglected and emotionally abused children. Well planned reunifications, based on clear evidence of sustained change in parenting capacity, and provision of support services to assist parents and children were factors associated with stable reunifications over the follow up period.

This and other studies highlighted the importance of providing services to support the return home, often at high intensity and for as long as is required. If this group of children are to be helped at home or away from home to achieve their potential, then a major investment in appropriate resources is required with an expectation that these may well be required over a long period. A continuum of graded interventions is required. Longitudinal research is needed, as part of a wider Scottish research programme to increase understanding in this area.

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

As stated in previous answers, each situation is unique and best decisions rely on effective and skilled assessments from professional staff informed by other partners and colleagues. Previous comments in relation to decision making at Children Hearings have relevance here (see question 2). Research knowledge on the impact of neglect and poor parenting on children's development, particularly younger children, needs to be of central consideration when considering rehabilitation. Clear expectation and defined timescales to prevent drift in planning are required.

There is new, compelling evidence from the trials of the Family Drug and Alcohol Courts (FDAC), as evaluated by Judith Harwin (Brunel), that a very structured and authoritative approach to making decisions about care, with timescales set relevant to age and needs of the child, involving a 'fair test' for parents- can lead to good decisions in a reasonable timeframe appropriate to the child's developmental needs.

The Scottish Reporters Administration (SCRA) reviewed that process of care and permanency planning for looked after children in Scotland to identify areas for improvement in 2011. The Looked After Children Strategic Implementation Group (LACSIG) is currently working with the judicial system to reduce unnecessary delays.

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

See previous comments on intensive and ongoing support (question 4)

Skilled transition work between residential and community living is essential to prevent change that is purely dependent upon a particular environment with work being undermined following a return to the home situation. The Ofsted Study – ‘Edging Away From Care’ – highlights the central importance of integrity and the quality of the professional/ family relationship.

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