

NSPCC Scotland response to the Education Committee inquiry into the educational attainment of looked after children

October 2011

NSPCC Scotland welcomes the opportunity to respond to the Education Committee inquiry into the educational attainment of looked after children. Looked after children form one of the NSPCC's seven strategic priorities; with our particular focus being on ensuring that looked after children are safe and protected from abuse and neglect.

The poor educational outcomes realised by looked after children is a significant issue. We believe that the best way to tackle this is to consider these poor outcomes, not in isolation, but as symptomatic of a larger issue, often stemming from the harmful early experiences of looked after children and young people, and a lack of effective support.

We believe that the cycle of poor outcomes experienced by many looked after children will not be sufficiently addressed via school or classroom based initiatives on their own. Rather, it requires a focus on early intervention, and investment in evidence-based therapeutic interventions which work effectively with looked after children.

About NSPCC Scotland

The NSPCC aims to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential. We are working with partners to introduce new child protection services to help some of the most vulnerable and at-risk children in Scotland. We are testing the very best intervention models from around the world, alongside our universal services such as ChildLine¹, and the NSPCC Helpline. Based on the learning from all our services we seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours so that all children in Scotland have the best protection from cruelty.

NSPCC Scotland response

There has been an increasing focus on the needs of looked after children in recent years. Much of this focus has concentrated on educational attainment, however we believe that equal attention should be paid to looked after children's emotional and health needs. Looked after children often experience traumatic experiences before entering into the looked after system. Once they become looked after, the level of support they receive can vary greatly.

The poorer outcomes and attainment of looked after children can be linked back to a lack of early intervention, where risk-factors and negative experiences in the early years were not sufficiently identified or addressed. In particular, we believe that the difficulties faced by looked after children should be tackled by recognising attachment difficulties and providing support around to support better attachment, as outlined below. This would help to provide a more stable foundation for children and young people, which may go some way to improving their outcomes more generally.

¹ Until March 2012, ChildLine in Scotland will be delivered by Children 1st, on behalf of the NSPCC.

The importance of attachment and permanence

There is a growing body of evidence which highlights the significance of attachment and permanence for children, particularly in the early years, in providing a secure and protective foundation from which a child can grow and develop².

Where an infant experiences trauma in the early years of life, there is evidence to show that this can impact on the child's mental health, harming brain development, as well as having longer-term impacts on physical health. Secure attachment acts as a protective 'buffer' for a child to withstand better external stresses, while impaired attachment increases the risk of child maltreatment or neglect.³

Evidence has shown that looked after children are likely to have more insecure and disorganised patterns of attachments⁴. This may stem from their experiences before entering the looked after system, or from their experience within the care system, such as the upheaval of multiple placements.

Poor attachment increases the likelihood that a child or young person will have low self-esteem; find it difficult to make and sustain close relationships with their peers; to be at risk of psychosocial malfunctioning; be identified as bullies by their peers; be hostile and aggressive; be vulnerable to further abuse as they seek closeness in inappropriate relationships; and may deal with the anger by self-harm, offending behaviour or risk-taking behaviour.⁵ Poor educational attainment can likewise be seen as linked to these wider social and emotional difficulties.

The link between looked after children and attachment difficulties was recognised in a report by the Chief Medical Officer, which stated that "children who require to be looked after and accommodated are among the most developmentally vulnerable... These children are less likely to develop protective factors such as good peer relationships because they may have particular difficulty forming new attachments, attachment figures may be unavailable, particularly in residential care, placements are often changing and there can be repeated rehabilitations into chaotic homes with variable competencies in parental care."⁶

Similarly, Prof. Susan Deacon, in her review of the early years agenda, recognised that "the key is to provide the child with the care, nurture and attention that they desperately need [...] Placing an increased focus on the needs of looked after children and the invaluable role of kinship care is vitally important."⁷

² See Bowlby, J. (1979). *The making and breaking of affectional bonds*, London: Tavistock Publications; and Zeanah, C. and Emde, R.N. (1994). *Attachment disorders in infancy and childhood*, in Rutter, M, Hersov, L. and Taylor, E. (eds) *Child and adolescent psychiatry*, 3rd edition, Oxford: Blackwell.

³ Shonkoff, J.P. and Phillips, D.A. (2002). *From neurons to neighbourhoods: the science of early childhood development*, Washington, DC: National Academy Press

⁴ Hughes, D.A. (2004). *Facilitating Developmental Attachment: The Road To Emotional Recovery and Behavioural Change in foster and Adopted Children*. London, Rowman & Littlefield

⁵ NSPCC (2010) *Scoping report: looked after children and young people* (unpublished), p 32

⁶ Chief Medical Officer (2007) *Health in Scotland 2006: Annual Report of the Chief Medical Officer*, Edinburgh: Scottish Government, p12

⁷ Deacon, S. (2011) *Joining the dots: A better start for Scotland's children*, p11

We believe that no long-term, meaningful change for looked after children will be brought about by focusing only on what happens in the classroom. Rather the focus should be on improving children's early experiences, offering interventions which promote and develop their attachment needs.

Key to this is the need for quicker and better decisions to be made about permanence, once a child enters the looked after system. A recent report by the Scottish Children's Reporter Administration on permanence planning underlined the importance of securing decisions about permanent homes for looked after children, but found that there were delays in making such decisions. Over half (53%) of children in the study took more than four years to achieve permanence. Nearly half experienced at least three moves and over a quarter at least four moves, before achieving permanency.⁸ We also would draw attention to adoption as an intervention which is evidenced to improve outcomes across developmental, educational and social measures across the lifespan.

To inform and improve decision-making about permanence, NSPCC Scotland is testing an innovative service model. In partnership with Glasgow City Council and NHS Greater Glasgow and Clyde, we are piloting the New Orleans Intervention Model which provides tailored family support on the basis of assessments of attachment relationships, shows promise in improving outcomes for children who have been maltreated. Our service will be subject to a robust evaluation carried out by staff at the University of Glasgow to help inform permanence decision-making more widely. The service will begin in November 2011 and run until March 2014.

Early and effective intervention for looked after children and young people

Given the importance on attachment and permanence, it is crucial that services intervene early to support children and young people. A focus on the early years, however, does not mean that services cannot intervene with older children and young people who are currently looked after.

Early intervention does not solely mean intervening in the early years, although this is the earliest opportunity to intervene, but also at an early stage where difficulties arise. Interventions can take place at various stages:

- **primary prevention** services take a universal approach to offering support, advice and information;
- **secondary prevention** targets services at children and families who are particularly at risk before any maltreatment occurs; and
- **tertiary prevention** seeks to offer effective therapeutic interventions with children who have experienced maltreatment to prevent abuse reoccurring, and to minimise the harms caused.

Children who are looked after will likely have experienced abuse or neglect, and so services will be engaging with them at the tertiary stage. Such services require high-quality therapeutic input to set children on a healthy trajectory for life. Nevertheless, our

⁸ SCRA (2011) *Care and permanence planning for looked after children in Scotland*, Stirling: SCRA

research indicates that there is a limited evidence-base on which approaches work effectively with attachment difficulties in looked after children.⁹

Once a child enters the looked after system, there can often be an assumption that their removal from home (or other setting) will ameliorate the difficulties that they faced. There is often little acknowledgment that a child entering the care system is likely to have sustained a significant degree of trauma *before* being removed from their family. The clear emphasis is on 'normalising' the child in care without any apparent grasp of the sometimes profoundly *abnormal* circumstances that have characterised their lives. This means children struggle to get the help they need at an early stage as a right and have to wait until serious behavioural or mental health problems emerge.

Not all looked after children are cared for away from home. In Scotland, a significant proportion (39%) of children who are looked after are looked after at home in their usual place of residence¹⁰. Such children have poorer outcomes still compared with those who are looked after elsewhere, as recognised in the Scottish Government report 'Looked after children: we can and must do better'¹¹. This highlights a particular service need to provide support to children and families where children are looked after at home, to support parenting and promote better attachment.

We believe that there should be improved access to counselling and therapeutic services for all looked after children. Minimising the harmful consequences of previous experiences on children's emotional health and risk-taking behaviours not only supports that child, but also reduces risks for the next generation.

Furthermore, it would be helpful to consider what specialist preparation and support should be provided to family, kinship carers and foster carers to promote positive outcomes - particularly in helping carers meet children's needs in terms of attachment.

Conclusion

The educational attainment of looked after children in Scotland is a challenging issue. We believe that educational interventions will not tackle this issue sufficiently by themselves, but rather a wider emphasis on early intervention, particularly focused on the need to support attachment and permanence, is required.

As part of its inquiry, we recommend that the committee considers these broader issues, which we feel have more potential to break the cycle for looked after children and young people in Scotland.

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⁹ NSPCC (2010) *Op cit*, p32

¹⁰ Scottish Government (2011) *Children looked after statistics 2009-2010*, Edinburgh; Scottish Government

¹¹ Scottish Government (2007) *Looked after children: we can and must do better*, Edinburgh: Scottish Government, p 46