

Education and Culture Committee
Inquiry into decision making on whether children should be taken into care

National Society for the Prevention of Cruelty to Children (NSPCC)

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?

1. The decision to take a child or young person into care is one of the most serious that a local authority will ever take. It is widely acknowledged that there are inconsistencies of practice both within and between local authorities, not only in decisions about when to take children into care but in all decision-making about looked after children. For example research into reunification has shown that differences in local authority policy (which shapes decisions) is the main explanation for variation in the stability of 'reunified' families.¹ We are not aware of any commonly used framework of theory driven practice for social workers and managers tasked with making recommendations on the care arrangements for children at risk of significant harm. While workers are aware of the importance of good attachment and parenting practices, and the importance of understanding the limits of parental capacity to change, the results of a recent survey of social workers suggests they lack confidence in making such assessments.² There are available structured and validated tools and techniques for conducting assessments of parent child functioning, assessing risk, and tailored interventions that can improve parenting capacity and the quality of attachment relationships, but these are not routinely used in child protection cases, or at any other particular threshold for intervention.
2. In our experience there are variations in the training, knowledge and practice experience of individual front line social work staff and managers, with a high proportion of inexperienced staff in front line social work roles. There are no requirements around the amount of post-qualifying training that social workers should have. Neither is there any nationally accredited skills-based post qualification training for social workers in Scotland. Resource pressures including vacancy rates condition practice; an FOI survey in 2009 found high social worker vacancy rates (up to 24%) in some Scottish local authorities.³ The Munro Review looked at issues to do with organisational context.⁴ Very difficult decisions are often being made in a highly pressurised environment.

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?

¹ E. Farmer & D. Wijedasa, The reunification of looked after children with their parents: what contributes to return stability? *British Journal of Social Work*, first published online June 11, 2012.

² NSPCC survey on neglect, conducted with Community Care in spring 2012. The full findings will be published shortly.

³ Unison Scotland, June 2009. <http://unison-scotland.blogspot.co.uk/2009/06/social-work-vacancies-hit-danger-point.html>

⁴ E. Munro (2011) The Munro Review of Child Protection: Final Report: A Child-Centred System. Cm 8062 (London: The Stationary Office).

3. While it is sensible to look at specific factors, we need to acknowledge the degree of complexity here, with factors often being inter-related.
4. Inconsistency in decision making procedures is one of a number of factors that explain the difference in the number of children taken into care across local authorities. The use of care by local authorities has always varied (measured by the rate or percentage of children who are looked after). To understand and explain these differences we need to consider the whole system of interconnected factors. Research tells us that this includes:⁵
 - local authority operational processes such as the availability of preventative services and decision-making procedures;
 - the impact of deprivation (as well as need) in local authority areas;
 - the cost of care placements, resources and staffing levels, and
 - the wider culture including the beliefs about care and attitudes of individual members of staff.

Resource constraints

5. As indicated above, resource constraints are known to be a factor in decisions on whether to remove children and on where to place them. This is particularly an issue at the moment for English local authorities; significant variations in care costs are driving decisions to place children sometimes hundreds of miles from home. Hill (2011) reports several Scottish studies 'pointing to limitations in resources affecting decisions and the quality of interventions'.⁶

Thresholds

6. The issue of thresholds is a very significant one for decision-making. Variation in thresholds between different services or agencies can hinder or prevent agreement on how to act. This was recently highlighted, in relation to Supervision Requirement Orders (SRO), in the Review of Child Neglect in Scotland (2012).⁷ An application is made for an SRO if attempts to provide help to parent(s) on a voluntary basis are not leading to the required improvements. The authors note that even when a multi-agency agreement is reached that compulsory measures are required, difficulties can often arise at the Children's Hearings stage, when Panel Members may require a different type or standard of evidence. This is a particular concern in cases of cumulative neglect or emotional abuse. These have extremely damaging long term effects on children but are extremely difficult to demonstrate.⁸

⁵ J. Tunstill et al (2010) Promoting and safeguarding the welfare of children: a bridge too far?, *Journal of Children's Services*, Volume 5 (3):14-24; G Schofield et al (2008) Permanence in Foster Care: A Study of Care Planning and Practice in England and Wales (London: BAAF); J Dickens et al (2007) Children starting to be looked after by local authorities in England: an analysis of inter-authority variation and case-centred decision-making, *British Journal of Social Work*, 34(4): 597-617; C Oliver et al (2001) Figures and Facts: Local authority variance on indicators concerning child protection and children looked after (London: Thomas Corum Research Unit, University of London Institute of Education).

⁶ M.Hill (2011) Scottish Research on Looked After Children since 2000 (Online: CELCIS).

⁷ B.Daniel et al (2012) Review of Child Neglect in Scotland (Edinburgh: Scottish Government).

⁸ M.Brandon et al 2008, 2009, Farmer et al 2008, Ward et al 2010 cited in D. Turney et al (2011) Social work assessment of children in need: what do we know? Messages from research (London: DfE).

Training

7. The legal system is also often cited as a barrier. It is not always perceived to deliver decisions in the best interests of children. Daniel et al (2012) argue that further work is needed to explore the underlying issues in relation to decision-making both by Sheriffs and Children's Panels. They propose that this looks at:
 - training and equipping practitioners to present evidence more effectively (including about parental lack of capacity and willingness to change);
 - further training for Panel Members and Reporters about the impact of different types of abuse and neglect on child wellbeing and development;
 - information and training for solicitors and Sheriffs.
8. The suggestion here is that training may be a factor which affects the type of decisions being made at local level and therefore contributes to variable decision-making. It is important that this recommendation is taken up.

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

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

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?

10. Once a child enters the looked after system, there can often be an assumption that their removal from home will in itself ameliorate the difficulties they face. A child entering the care system is likely to have sustained a significant degree of trauma before being removed from the family home. A number of things flow from this:
 - Looked after children require high quality therapeutic input to set them on a healthy trajectory for life. However our research indicates there is a limited evidence base about which approaches are most effective with attachment difficulties in looked after children.⁹ Specialist Child and Adolescent Mental Health Services (CAMHS) for looked after children are also not widely available.
 - For foster care to fulfil its potential as a high quality intervention, offering nurturing support and secure attachment, it is vital that foster carers are provided with ongoing professional support and training to perform their role. Adoptive parents also need support for their role. This is an essential requirement to promote the stability and prevent the breakdown of placements, including adoptions, which unfortunately occurs on a frequent basis.

⁹ NSPCC (2010) 32.

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

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

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

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?

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

14. All the international evidence shows that we don't currently have the balance right – both in terms of making the decision about when it is in a child's best interests to return home, and the support needed to ensure a return home is successful. The figures bear this out. Glasgow City Council's audit of its looked after children found that of those children returned to their birth parents, only half remained there four years later.

15. Many children who are looked after experience their first episode of out of home care at a very young age as a result of abuse or neglect. These children are often returned to their parents even though no significant improvement has taken place

¹⁰ J. Thoburn (2009) *Reunification of children in out-of-home care to birth parents or relatives: A synthesis of the evidence on processes, practice and outcomes* (Deutsches Jugendinstitut).

¹¹ I. Sinclair et al (2005) *Foster children: Where they go and how they get on* (London: Jessica Kingsley Publishers).

¹² E. Farmer et al (2008) *The Reunification of Looked After Children with their Parents: Patterns, Interventions and Outcomes. Report to the Department for Children, Schools and Families* (School for Policy Studies, University of Bristol).

in the family's functioning and they may experience further maltreatment. Zeanah and colleagues in New Orleans have taken a rigorous approach to assessing and intervening in families of maltreated young children (from birth to 5 years) who have been placed in foster care.¹³ Through a process of clinical assessment barriers to the development of positive attachment are identified and work is undertaken with families to remove these within an appropriate developmental time span. Assessment and support is given to foster carers to ensure this relationship supports the child's emotional development; meanwhile tailored interventions are offered to birth families with a view to safe reunification.

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

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

18. The trial is testing:

- Whether decision-making based on a clinical assessment of the attachment relationship between the child and its parent, and a service which minimises disruption to attachment relationships, delivers better outcomes for children.¹⁴
- Whether a service developed in the USA can 'fit' with Scottish systems including the Children's Hearing system. We will be looking to see whether there are any beneficial effects in terms of streamlining decision making processes, and in providing a different type of evidence to Panel members.

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

Children looked after at home

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

¹³ C. Zeanah et al, 2001.

¹⁴ These outcomes are being assessed using standardised measures of infant mental health. They include child language, measures of neuro-cognitive functioning and measures of infant carer attachment relationship.

for at least part of the period of supervision, while in a minority of cases the family or panel members would like social work contact to be more frequent.¹⁵

Support for 'reunified' families

20. In 2010, 62% of children in Scotland who ceased to be looked after returned home to live with their biological parent(s).¹⁶ Although this is the most common destination for children leaving care there remains very little research looking at the outcomes for children.¹⁷ One of the very few Scottish studies, by Minnis et al (2010) found that two thirds of Glasgow children who return to birth families after an episode in care will have a further period in care. In a majority of these cases, this becomes a long term arrangement.¹⁸ This is in keeping with UK studies which report three in five (59%) of children returning to care at least once.¹⁹

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

The type of support that is needed

22. A recent study funded by the Department of Education (Farmer & Wijedasa, 2012)²⁰ tracked the progress of 180 children returned to their parent(s) in six local authorities in England. It found the following factors were associated with stability:

- A change in family membership since the child had entered care;
- The involvement and support of foster carers in preparing children for the return;
- Adequate preparation for and support during reunification;
- Parental motivation to care;
- The involvement of another agency or professional in monitoring children.

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

¹⁵ M.Hill (2011) op cit.

¹⁶ Figure is for the year 1 August 2009 to 31 July 2010.

¹⁷ E. Farmer & D. Wijedasa, The reunification of looked after children with their parents: what contributes to return stability? *British Journal of Social Work*, first published online June 11, 2012.

¹⁸ H. Minnis et al (2010) cited in M. Hill (2011) *Scottish Research on Looked After Children Since 2000* (Online: CELCIS).

¹⁹ Wade, J., et al (2010) *Research Brief: Maltreated children in the looked after system; A comparison of outcomes for those who go home and those who do not.* (London: DCSF/DoH).

²⁰ E. Farmer & D. Wijedasa, op cit.

²¹ E. Munro (2011) op cit.

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

- Structured, purposeful planning and effective supervision of decision-making is critical to ensuring children are successfully returned home from care. Yet returns home are often poorly planned and supported, with inconsistent approaches and different strengths and weaknesses across local authorities;
- All professionals involved in making decisions about if and when a child returns home from being looked after must be supported to ensure decisions are based on clear evidence of the risks to the child, parental capacity to change and attachment between the child and their parent;
- Continuing professional development for social workers and social work managers should cover the latest research on children returning home from care, and the need for effective support and supervision for decision making;
- Decisions about whether a child should return home must always be led by what is in their best interests. Support for children and their families prior to and following reunification must improve;
- Local authorities must ensure that foster carers and residential care workers are involved in the process of a child returning home from being looked after, and are supported to help the child prepare for a return home, where that is in their best interests;
- There must be sufficient support for parents who misuse alcohol or substances, who experience domestic abuse, who have mental health problems or who have other issues which could affect their ability to parent effectively. At the moment parents problems are often unresolved before a child returns home. UK studies demonstrate instances of children returning to households with a high recurrence of substance and alcohol misuse (42 and 51 per cent respectively), but where only 5 per cent of parents were provided with treatment to help them address these problems;
- Arrangements for monitoring children and young people's needs after they return home must be made clear. All local authorities must have arrangements in place to ensure that support for children and their family is maintained in accordance with the needs of the child. Monitoring and support should include regular visits from a consistent key worker and the child should have access to advocacy support to ensure their views are heard.

A new approach to practice

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

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

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

Other forms of evidence

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

Susan Galloway
Senior Policy Researcher
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