

NSPCC Scotland response to Scottish Government debate: Adoption and Permanence

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Top lines

- There is a need for quicker and better decisions to be made about permanence once a child enters the looked-after system
- Attachment and permanence in the early years provides a secure and protective foundation from which a child can grow and develop, and can also help prevent abuse and maltreatment
- Adoption is evidenced to improve outcomes across developmental, educational and social measures across the lifespan
- NSPCC Scotland is testing the innovative New Orleans Intervention Model (NOIM) to inform and improve decision-making about permanence

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 develop.¹

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.²

Evidence has shown that looked after children are likely to have more insecure and disorganised patterns of attachments.³ 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; 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.⁴

¹ 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.

² Shonkoff, J.P. and Philips, D.A. (2002). *From neurons to neighbourhoods: the science of early childhood development*, Washington, DC: National Academy Press

³ Hughes, D.A. (2004). *Facilitating Developmental Attachment: The Road To Emotional Recovery and Behavioural Change in foster and Adopted Children*. London, Rowman & Littlefield

⁴ NSPCC (2010) *Scoping report: looked after children and young people* (unpublished), p 32

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.”⁵

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.⁶

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. Adoptions are effective interventions in the developmental domains of physical growth, attachment security, cognitive development and school achievement, self-esteem, and behavioural problems⁷ and is the only arrangement for permanence which has the potential to provide a lifelong family identity

Greater consideration should be given to models of care that work to improve the likelihood of adoption such as dual registration and concurrent intervention where there is a therapeutic focus on all of the care giving relationships of the infant, working simultaneously with foster carers and birth parents. Models of concurrent planning, tested in the USA and England, are known to be beneficial for babies and infants and align with what is understood about the attachment needs of young children. The New Orleans Intervention Model builds on these models and will be explored in greater detail below.

To make robust, early decisions about adoptions also requires improved therapeutic services to birth parents. Thinking about the therapeutic and support needs of children, parents and carers together will go some way to integrate more fully the reality of the child’s situation and may lead to healthier outcomes in later life.

NSPCC Scotland believes that the adoption process should be strengthened to reduce the number of moves, and therefore of the infants losses of primary attachments so as to reduce the potential damage to his or her ability to relate and attach⁸

⁵ Chief Medical Officer (2007) *Health in Scotland 2006: Annual Report of the Chief Medical Officer*, Edinburgh: Scottish Government, p12

⁶ SCRA (2011) *Care and permanence planning for looked after children in Scotland*, (Stirling: SCRA).

⁷ Van- Ijzendoorn and Juffer, 2007 p26

⁸ Kendrick 2009 p7

However, while it is important that improvements are made to the adoption process, action also needs to be taken to improve support for all looked-after children. This includes action to prevent the recurring abuse of children who return home.

Early and effective intervention for looked after children and young people

Given the importance of attachment and permanence, it is crucial that services intervene early to support children and young people. Children who are looked after will likely have experienced abuse or neglect, and so may require high-quality therapeutic input to set children on a healthy trajectory for life. However, our research indicates that there is a limited evidence-base about which approaches work effectively with attachment difficulties in looked after children.

Once a child enters the looked after system, there can often be an assumption that their removal from home will ameliorate the difficulties that they faced. There is often little understanding of trauma endured by the child *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 residence. 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*. 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.

NSPCC Scotland activity in this area

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. This provides tailored intensive family support on the basis of assessments of attachment relationships, and facilitates timely decision-making about permanency.

Based on a programme developed in the United States, the intervention is based on current understanding of infant brain development and attachment theory. Young children who have been removed from their birth parents because of maltreatment need



a nurturing care-giver who can meet the child's attachment needs, while work to assess and improve the relationship with the birth family is ongoing.

The intervention is delivered by a team made up of psychologists, psychiatrists, social workers and support workers. 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. This work can help streamline decision-making about permanent placements for young children, minimising disruptions to attachment relationships and promoting infant mental health and development.

In the US, an evaluation of the four years prior to, compared with the four years since, the introduction of the model in New Orleans has shown that, since the introduction of the programme, there is an increased freeing for adoption but that, for those children who do go back to their birth families, there is a significant reduction in maltreatment both for those children and for subsequent siblings⁹. A seven year follow-up of 80 of children exposed to the intervention has shown that on virtually all mental health measures, graduates of the New Orleans Intervention, whether adopted or rehabilitated, are similar to the general population.

In Scotland, the intervention is being delivered by the NSPCC, in partnership with Glasgow City Council and Greater Glasgow and Clyde NHS Board. A randomized control trial evaluation of the service is being undertaken by the University of Glasgow, with funding from the Office of the Chief Scientist.

The service began in late 2011 and will run until March 2014. We strongly believe that this intervention has the potential to make a lasting difference, breaking the cycle of poor outcomes experienced by many looked-after children in Scotland.

Conclusion

The disproportionate disadvantage experienced by looked after children can be linked back to a lack of early intervention, where risk-factors 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 better attachment.

Given the evidence that adoptions can lead to improved outcomes for looked-after children, greater consideration should also be given to models of care that work to improve the likelihood of adoption such as dual registration and concurrent intervention. Together these measures will help to provide a more stable foundation for children and young people, which may go some way to improving their outcomes more generally.

For further information, please contact:

⁹ Zeanah, C.H. et al (2001). Evaluation of a preventive approach for maltreated infants and toddlers in foster care. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 214-221.

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