

## NSPCC Scotland response to Scottish Government debate: Reducing the time needed to find a permanent home for looked-after children

### 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 only offers permanency to a minority of looked-after children, action is needed to improve support for all looked-after children
- NSPCC Scotland is testing the innovative New Orleans Intervention Model (NOIM) to inform and improve decision-making about permanence - *we would welcome a meeting with the Minister to discuss NOIM's potential to improve trajectories for looked-after children*

### 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.<sup>1</sup>

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.<sup>2</sup>

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

<sup>1</sup> 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*, 3<sup>rd</sup> edition, Oxford: Blackwell.

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

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

<sup>4</sup> 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.”<sup>5</sup>

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.<sup>6</sup> 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.

However, while it is important that improvements are made to the adoption process, it will only offer permanency to a minority of looked-after children and action 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

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

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

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.

In making these proposals we recognise the growing challenge in improving care for looked after children. The number of children being looked after in Scotland has grown by 46% over the past decade. The number of babies under one year of age being looked after has almost doubled.<sup>7</sup> A number of factors are responsible for this, including the positive impact of the Scottish Government's Child Protection Reform Programme, which has improved awareness across agencies.

However in a report this week the Director of Social Work at Dundee City Council highlighted the financial impact of this trend upon his own authority's children's services.<sup>8</sup> In Dundee and in other local authority areas with high levels of deprivation, substance and alcohol misuse, fostering and residential services are experiencing substantial pressures, and these are projected to grow. In our view this reinforces the need for the Government to incentivise the shift towards preventative spending as recommended by the Christie Commission and other recent reports.

### **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.

The model has proven effectiveness in the USA. We are exploring its potential for improving outcomes for maltreated children here in Scotland. With research funding granted by the Chief Scientist Office of the Scottish Government, the service will be part of a randomised control trial to be carried out by a research team at the University of Glasgow. We will be testing the potential of the New Orleans model:

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<sup>7</sup> Scottish Government, Children Looked After Statistics 2009-10, February 23 2011. Online at <http://www.scotland.gov.uk/Publications/2011/02/18105352/0>

<sup>8</sup> Urquart, F, 'Number of children taken into care in Dundee doubles', *Scotsman*, 28 October. 2011. Online at: <http://www.scotsman.com/news/education>

- to promote attachment and improve the mental health of young children in the care system;
- **to improve** processes by which permanence is achieved for children;

We hope the pilot and the evaluation will help to inform permanence planning and decision-making more widely and provide a possible model for systems change.

The service will begin in late 2011 and run until March 2014. *We would welcome the opportunity to discuss the service model's potential to improve trajectories for looked-after children.*

### **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. 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.

### **For further information, please contact:**

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