



Centre for excellence  
for looked after children in Scotland

# Overseen but often overlooked: Children and Young People 'Looked After at Home' in Scotland

## Report 3: Exploring service provision

Emma Young, Jennifer Lerpiniere, Vicki Welch, Sue Sadler, John Paul Fitzpatrick

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## Contents

1) Introduction .....	4
2) Methods, analysis and report structure .....	4
3) Findings A: Service features .....	5
3a) Service types .....	5
3b) Differences in service scope .....	9
3b i) Service size and numbers of children served .....	11
3b ii) Geographical coverage .....	11
3b iii) Ages served .....	12
3b iv) Eligibility and focus on home supervision .....	13
4) Findings B: Service content .....	15
4a) All and main outcomes addressed by services .....	16
4b) Subgroup analyses .....	19
4b i) All outcomes addressed by proportions of children and young people using services ....	19
4b ii) All outcomes by service category .....	20
4b iii) Main outcomes addressed by service category .....	21
4c) Additional outcome areas .....	21
5) Findings C: Delivering services and support .....	22
5a) Intervening earlier .....	22
5b) Approaches to family work .....	23
5c) Approaches to school .....	25
5d) Approaches to throughcare and continued support .....	25
5e) Sharing information .....	26
5f) Re-prioritising resources .....	26
6) Findings D: Service change and development .....	27
6a i) What changes are planned? .....	28
7) Findings E: The service (case) studies .....	29
7a) Service case study: summary themes .....	30
8) Discussion and conclusion .....	31
8a) Characteristics of the services .....	31
8b) Services and the individual .....	32
8c) Services and the wider picture .....	34
8d) Conclusion .....	36

# 1) Introduction

This report is part of a series of documents outlining the findings of a study funded by Barnardo's Scotland and conducted by researchers from the Centre for Excellence for Looked After Children in Scotland.

- This document is Report 3; it explores what we learned in this study in relation to provision of services for children and young people currently or previously on home supervision. In this document we include findings from different strands of the study including the survey, interviews and service case studies where relevant. We cover the types of services responding to the survey along with the numbers and groups of children served (including age ranges). Results include the proportion of children on home supervision or previously looked after at home who use the services, the types of outcomes that services address in their work with children and young people, and current plans to make service changes. This report is accompanied by a separate document (Annex 3a) which contains more detailed descriptions of five services which provide examples of a range of supports for children and young people on or formerly on home supervision. These small case studies are important; they provide valuable real-life context, illustrate some of the challenges faced by children and provide examples of how providers are responding to these.
- Report 1 in this series describes the findings of a literature review undertaken to identify what research has been conducted into the unique needs, outcomes and experiences of children and young people looked after at home.
- Report 2 focuses on what the study learned about the nature and extent of needs and outcomes of children and young people currently or previously on home supervision. Report 2 also provides the background to the study and describes the research methods used.

## 2) Methods, analysis and report structure

The study utilised a mixed methods approach using four primary methods for data collection: a provider survey, follow-up interviews, service (case) studies and young people's conversations. Participants were recruited through contacts identified from CELCIS's networks and by internet searches. The methods used to collect and analyse data are described fully in Report 2 and for brevity these descriptions are not duplicated here.

In this document we report the results of our analyses across four 'Findings' sections: In the first section (Findings A) we describe structural and organisational features of the sample; for example,

we consider the numbers of services within broad service types and different sectors, then we consider the services' scope in terms of numbers of children served, geographical coverage and the different user groups included. In the following section (Findings B) we consider the content of the services, in terms of the outcome areas addressed before reviewing some approaches which participants have found to be effective (Findings C). This is followed by two brief sections; the first reviewing planned service changes and developments (Findings D) and the second providing a summary of learning from the service case studies (Findings E). Having reported these analyses, we present an overall discussion and conclusion which summarises key characteristics of services on offer and considers how services may currently be meeting the needs of individual children and young people on home supervision and addressing the overall needs of this group.

## 3) Findings A: Service features

### 3a) Service types

Within the limitations of this study, it was not possible to identify every service available to children and young people on home supervision in Scotland and there is no list or directory of these services. Consequently, we are not able to state categorically that participants responding to the survey were fully representative of services offered to this group of children and young people. However, we have a number of reasons to be confident that the profile of survey respondents usefully reflects the services available:

- Firstly, the size of the response: eighty-eight participants took part in the survey across a wide range of service types; together they represented around 66 different services.
- Secondly, invitations to take part had been sent to 17 different service types; responses were received from one or more providers in at least 14 different service types (and four further services proved difficult to classify).
- Thirdly, providers included local authorities, national agencies and national and local third-sector organisations.
- Fourthly, the largest number of responses came from three service types: mainstream education providers, specialist education providers, and children and families' social work departments. This seems proportionate given that all (school aged and older) children and young people looked after at home are, by definition, likely to have contact with some form of education and social care.

These factors enable us to have a degree of confidence that the following descriptions and analyses provide a relatively typical picture of service provision for this group of children and

young people. In the survey, space was also provided for participants to note down any other organisations or providers they were aware of that offered support to children and young people who were looked after at home. Participants were aware of other organisations through partnership working and their role in signposting children and young people to other services and opportunities. Participants identified a number of organisations including some falling into groups not invited to participate in the current study (eg legal services, Children’s Hearings and the police). These groups may also provide valuable insights into services to children and young people looked after at home and future research might usefully be expanded to include them.

Table 1 provides an overview of the 14 different service types responding to the survey. As stated above, education services and social care appeared most frequently. It will be seen that representation from youth services, health and mental health services, residential care and youth justice providers were in the middle range (numbering four or five services in each area) and there was a smaller representation from a number of other service areas. There were no responses from services that exclusively offered befriending, family support or advocacy services, although other services responding to the survey did report providing these types of support as part of their offer.

**Table 1: Service Categories**

Service type	n	Description of service offer
Mainstream Education (eg colleges and secondary schools)	12	Services included support within mainstream schools such as guidance teams within secondary schools and school support workers for looked after children. It also included support services within colleges and universities.
Specialist Education (eg LAC teachers/services and residential education and care)	11	Participants from specialist education services included dedicated education support for those currently or previously at home, such as residential schools, looked after children teachers, education welfare officers, other specialist education resources within local authorities and school support workers for looked after children.
Children and Families Social Work Departments	8	This covered general social work support services for children and young people looked after, including those at home.
Multi-intensive youth service	5	Organisations in this category provided general support and / or a number of tailored services to meet the needs of different groups of children and young people.
Health / Mental Health	5	Health and mental health services included one CAMHS service and third sector services providing support to children and young people facing a number of different issues.
Residential care (eg respite, short-, medium- and long-term)	4	Services in this category varied and included a residential home and a service for children and young people with learning disabilities.
Youth Justice	4	Youth justice services provide support to young people who have become involved in the criminal justice system, aiming to address restorative justice and reduce re-offending.
Throughcare and Aftercare	3	These are services which provide support to care leavers who are aged 16 plus.
Housing	3	Two local authority housing departments responded and one third sector housing organisation, all offering support, including transitional support, for young people.

Service type	n	Description of service offer
Leisure and Outdoors	3	Two of these services used outdoor activities with the aim of helping children and young people build skills and develop self-esteem. A third organisation offered support via improving access to leisure and support activities free of charge to children and young people who are or have been looked after.
Young Carers	1	Support organisations for children and young people who have a caring role, such as a significant caring role for parents or siblings.
Policy Organisation	1	Supports the work of the looked after sector and other organisations working with children.
Equalities Organisation	1	An organisation addressing equalities issues for adults, children and young people.
Youth Group (universal)	1	This youth group, which is based in a deprived area, is open to all secondary-aged children and young people living within the area.
Other	4	These services included an education service (although no further detail was provided about what the service aims were), a service which provided a wide range of care settings, and a service which offered, amongst its activities, financial and transportation support to children and young people.
<b>Total</b>	<b>66</b>	

In addition to categorising the services by ‘type’ according to their service offer, we also broke them down by the sector from which the service was delivered. Table 2 suggests there was roughly an equal split between public sector providers (n=33, 53%) and providers from other sectors (n=29, 47%), excluding four uncategorised services. Responses show that the majority of public sector providers were local authority based mainstream education providers or children and families’ social work departments; most (around 75%) of service types outside these two areas were provided by the third sector.



**Table 2. Service types by sector**

Service type	n	Public sector	Other
Mainstream Education (eg colleges and secondary schools)	12	12	0
Specialist Education (eg LAC teachers/services and residential education and care)	11	5	6
Children and Families Social Work Departments	8	8	0
Multi-intensive youth service	5	1	4
Health / Mental Health	5	1	4
Residential care (eg respite, short-, medium- & long-term)	4	1	3
Youth Justice	4	1	3
Throughcare and Aftercare	3	1	2
Housing	3	2	1
Leisure and Outdoors	3	1	2
Young Carers	1	0	1
Policy or equality	2	0	2
Youth Group (universal)	1	0	1
Befriending	0	0	0
Advocacy Services	0	0	0
Family Support	0	0	0
Other	4	-	-
<b>Total (n)</b>	<b>66</b>	<b>33</b>	<b>29</b>

### 3b) Differences in service scope

Participants provided descriptions of the services they offered; Box 1 provides some typical examples of the responses given. It will be noted that there are a number of differences between the structure, scope and availability of these services. For example, the descriptions vary in the extent to which the provision is:

- A small or large service
- The work of a single worker, or a service provided by a team, a department or an agency
- Integrated with other services (eg through signposting, referral and partnership working), or a stand-alone service
- Aimed at a single locality or a specific population (eg within one school, one local authority, etc), or available to wider populations

- Targeted at children and young people in a specific age range, or open to all ages
- Focused on the issue of home supervision, or has another substantive focus (eg education, health, etc)
- Targeted at or available to specified groups of children and young people, or available to all groups.

Box 1 provides examples of the descriptions given of the service provided. These illustrate a number of dimensions of difference which are discussed in more detail below.

### Box 1: Illustrative examples of service descriptions

*My role as Pathways Co-ordinator would be to establish a relationship during the process of the transition from the Practice Team to TCAC services. This would be identifying areas of support and signposting to the agencies and services best suited to offer support (Service provider).*

*The College has a named support worker on each campus who are there to provide 1:1 support, whether it be academic, emotional, personal support, financial help, we can also signpost the students to other relevant support organisations. (Service provider)*

*[The service provides] social work input, support work input, [voluntary agency] input, health services etc... to support any issues identified within the action plan drawn up at the home supervision review, whether it is drugs and alcohol, domestic violence, parenting skills, contact issues (Service provider).*

*[We provide] additional support to remove barriers in a discrete manner, for example, financial, transport, and personal equipment for outdoor activities to allow the young people to fully engage in the wider programme of activities, regular relevant information sharing between youth workers and other agencies, where appropriate, to ensure that the young people are being supported in a joined up approach, regular contact with families and carers, dedicated worker for the young person to access additional support where required, maintaining strong links with the local high school and pupil support team (Service provider).*

*We provide abuse and trauma recovery services for children across Scotland, providing therapeutic support, for those who have experienced physical, emotional, sexual and/ or domestic abuse. We also provide a number of Rights, Advocacy and Mediation services for children and young people. Our advocates offer support as they attend Children's Hearings, child protection case conferences and other formal meetings to discuss children's futures. Our children and young people's rights workers accompany the young person to their meetings with social workers, lawyers and the police to ensure that they are aware of what is happening to them and can have a say in the decisions affecting their future (Service provider).*

*Within my role, I worked with young people who were engaged in serious or persistent offending. This included working individually with the young person to reduce the risk of them reoffending*

*and also supporting the family to make changes to reduce the risk to the young person. Many of the young people, due to their risk taking behaviours, were at risk of being accommodated and the family were supported to reduce the risk that this would happen. Individual work with young people also involved working with young people at risk of sexual exploitation and misusing drugs and alcohol (Service provider).*

*We have a specialist team of teachers who support vulnerable children in the authority. Teachers have the remit for LAC to try to improve attainment and attendance within education. Part of this remit is looking at LAC at home and how we can assist to improve education for them. This can be working with pupil or staff (Service provider).*

### 3b i) Service size and numbers of children served

There was considerable diversity in terms of service size. Many participants found it difficult to accurately estimate the number of different groups of children and young people who used their services. For example, they were asked to state the number of children currently or previously on home supervision who had used their services during the previous 12 months; 45 were able to provide a response. Their estimates ranged from very few (less than 3) to more than one thousand. This latter figure was provided by an agency that offered a broad portfolio of services across Scotland, including support for children looked after away from home. The number is something of an outlier with the next highest number being 240. Most participants (69%) indicated that over the past year their services had worked with fewer than 40 children currently or previously looked after at home.

### 3b ii) Geographical coverage

When considering the services identified, it is important to understand that they are organised and delivered in different ways and that not all of the services identified will be available in every area. To consider this further we were able to examine the location and coverage of 62 of the services identified in the study. The results are summarised in Table 3.

**Table 3: Geographical coverage of services**

Coverage	Category	n
Local	Various services (including health services and social care in local areas) mostly 'targeted' rather than universally available and accessed by referral	32
Local	Education	17
Local and national	Residential care or residential education	8
National	Available to groups of young people from across Scotland on a sessional / periodic basis	1
Mosaic	Collections of related services delivered in certain localities across Scotland	4
<b>Total</b>		<b>62</b>

We found that 32 of the 62 services (52%) were health and social care provided locally. Most of these could be categorised as targeted services available by referral; however, some were mainstream services and could be accessed via other means. Local authority social work services have been counted as 'local' services because their key purpose is to serve children and families in their local area, although we recognise that they may sometimes send children out of the local area for support.

Seventeen of the 62 services (27%) are local education services, mainly offered in mainstream settings (12) with a small number (5) being dedicated services for vulnerable or looked after children and young people.

Eight services provided residential care or education away from home (13%). Although it is likely that the majority of children using these services are local, others may be from further afield.

One provider told us they offered support to groups of vulnerable children (and adults) across Scotland through a short-term sessional or periodic programme of activities.

Four further participants had a strategic perspective and spoke about collections of related services available in a number of different locations across the country.

### 3b iii) Ages served

The diversity of provision is also reflected in the ages of the children and young people served. Some services covered a broad age range, others only a relatively narrow age range. Many

participants suggested that services did not apply rigid eligibility criteria related to age; instead, services were 'aimed at' particular age groups.

In terms of lower age limits, we found 18 services that may have been available to pre-school aged children in their area (10 of these from birth); equally we found 18 services that were aimed towards children at starting ages of 12 or above. We designated those services not delivered until age 12 or over as 'older services' and examined whether they were statistically different from services available from younger ages.

There were no substantial differences between the ages at which services were delivered and the main types of provider (eg statutory and non-statutory) or the overall size of the service. However, there were two statistically significant differences in relation to the main areas of outcome addressed; the 'older services' tended to be less frequently concerned with addressing parental care ( $p=0.04$ ) but more often concerned with addressing life skills ( $p=0.01$ ).

In addition, the ages at which services were available differed by service type. Typically, health and mental health services were available from birth, whilst the majority of specialist education services were available from middle childhood or early teens (roughly aged 9 to 14). Similarly, most youth justice services appeared from around age 10 and throughcare and aftercare and housing services unsurprisingly featured in the upper age ranges from school leaving age onwards.

### 3b iv) Eligibility and focus on home supervision

Services also differed in respect of the groups of looked after children they served. Some providers offered services exclusively to young people looked after away from home, some exclusively to those currently or previously looked after at home and others to both groups. Sixty-one of the 66 services confirmed that they provided support to looked after children and young people. Five services found it 'hard to say' whether they offered services to looked after children. Fifty-three of the services were available to children and young people currently looked after at home, and 58 were available to children previously looked after at home (see Table 4).

A small number of providers found it 'hard to say' whether they provided services to children looked after and looked after at home. A key reason for this was that providers did not always know which children were looked after since this status was not always disclosed by the children and young people or by other agencies involved with the child. Other participants felt it was 'hard to say' because they provided a broad, universal service rather than a service dedicated solely to this group of young people, suggesting they were unclear whether the survey question was exploring 'exclusive' provision for these groups. One agency stated it was 'hard to say' because

they 'support the [looked after children] service, not necessarily the [looked after children] themselves'.

**Table 4. Services Providing Support to Looked After Children**

Services Provided to:	N	Yes	No	'Hard to Say'
Looked After Children	66	61	0	5
Currently Looked after at Home	66	53	9	4
Previously Looked After at Home	66	58	4	4

A degree of caution is required in interpreting these results. Just because a service is technically available to a group of looked after young people this does not mean they would typically use it. Indeed, two services offered further comments; one stated that although their *'scheme is open to young people looked after at home... we haven't placed anyone from that background as of yet'* (Service provider); another commented on the rapidly changing circumstances of young people: *'They may be on a home supervision order, but are no longer at home (i.e. are homeless)'* (Service provider).

Nine services did not provide support to children *currently* looked after at home including one or more from the following groups: residential care, day care, secure care, foster care, throughcare and aftercare, counselling, respite, housing support and policy organisation. One of these services noted that they provided support to parents of children who were on home supervision, as opposed to directly working with children. Organisations that did not provide services to children and young people *previously* looked after at home (n=4) included a further education college (possibly only offering support to those who had been accommodated), an organisation that supports services for looked after children and one educational establishment for disabled children.

Variation was found in the extent to which services focused specifically on children and young people currently or previously on home supervision. Approximately two-thirds of services (n=43 participants from 39 organisations) were able to provide figures or estimates of the proportion of children and young people who were currently or previously looked after at home who use their services annually.

Table 5 shows that for most services (n=25, 58%), between 1% and 33.5% of children and young people using services were currently or previously looked after at home. For 16 services (37%), the proportion of children and young people looked after at home was 33.6% or greater. This included four services which offered support exclusively to this group of young people. The two services in this subsample that did not provide support to children currently or previously looked after at home were a respite service and a throughcare and aftercare service.

**Table 5. Proportion of service users who were children and young people currently or previously at home**

Proportion	n	%
0%	2	5
1-33.5%	25	58
33.6%-66.5%	3	7
66.6%-99.9%	9	21
100%	4	9
<b>Total</b>	<b>43</b>	<b>100</b>

It was noted that nine participants reported that more than two thirds of their service delivery was to children or young people currently or previously on home supervision; of these, six were specialist education providers. These nine services might be thought of as either intentionally or incidentally specialising in provision for this group. Four services were dedicated to children and young people currently or previously on home supervision. The relatively low proportion of services specialising in provision for this group might be considered surprising given that these children and young people have particular patterns of need that are likely to require specialist approaches to address (see Report 2).

Furthermore, we know that the intensity or duration of work carried out by the providers in this study varies, even within a single service. For some young people service contacts are relatively brief, for example, a basic assessment and signposting without further intervention:

*As a statutory practice team the services can vary and dependent on the child and families' circumstances. As a baseline it would be monitoring and assessments, then possibly referral to other services, support to the family and child, direct work with the child, advice around parenting skills, multi-disciplinary working etc (Service provider).*

## 4) Findings B: Service content

One of the aims of the study was to develop an understanding of the types of support available to children and young people looked after or previously looked after at home. To achieve an understanding of this, survey participants were asked to indicate which outcome areas their services addressed by selecting from a pre-categorised list. They were first asked to indicate 'all' outcomes their service addressed and, following this, to indicate which of these they considered to be the three 'main' outcome areas that they addressed.

Table 6 shows the number and percentage of participants indicating that various outcome areas were firstly within all outcome areas addressed by their services (Column A), and secondly, within the main three outcome areas addressed (Column B).

**Table 6. Outcomes and main outcomes covered by services**

<b>A. All outcomes addressed N=85</b>	<b>n</b>	<b>%</b>	<b>B. Main outcomes addressed N=84</b>	<b>n</b>	<b>%</b>
Self-esteem and confidence	81	95	Health and Wellbeing	33	39
Life skills	78	92	Educational engagement	28	33
Relationships	76	89	Self-esteem and confidence	24	29
Health and Wellbeing	76	89	Relationships	23	27
Social skills	73	86	Life skills	21	25
Educational engagement	72	85	Safeguarding	19	23
Self-care	61	72	Educational attainment	17	20
Alcohol and substance use	59	69	Parental Care	14	17
Mental Health	59	69	Social skills	10	12
Leisure/recreation	58	68	Stability and permanence	9	11
Educational attainment	56	66	Mental Health	9	11
Safeguarding	52	61	Leisure/recreation	5	6
Stability and permanence	45	53	Alcohol and substance use	4	5
Parental Care	39	46	Self-care	4	5
Income maximisation	29	34	Income maximisation	2	2
Improved material circumstances	29	34	Improved material circumstances	0	0

#### 4a) All and main outcomes addressed by services

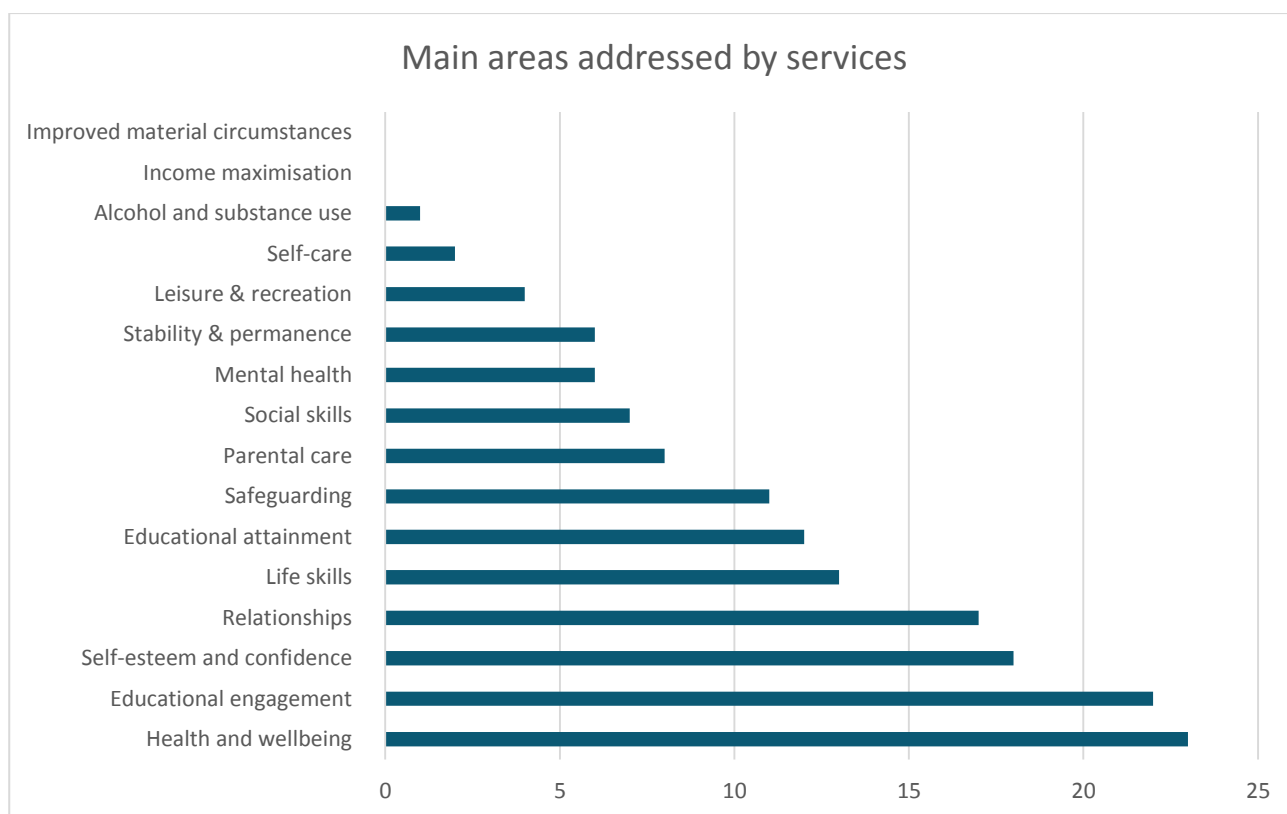
It is important to recall that the majority of providers do not offer services exclusively to looked after children and young people; instead, most focus on delivering services to children from a wider range of backgrounds. Therefore, later analyses consider whether there are any differences between groups offering services to lower or higher proportions of children and young people looked after at home or previously at home.

The high figures and percentages for each outcome area in Column A (Table 6) suggest that services of different types aim to deliver services in flexible ways which they hope will address a broad range of outcomes. For example, health, social care and education services may deliver services within an ethos which aims to promote life skills, self-esteem and confidence.



The main outcomes addressed show more variability across services with less than half of services addressing any one main outcome (Column B). Health and wellbeing, educational engagement, self-esteem and confidence, relationships, and life skills are the main focus for 25% or more of the sample. By contrast, the outcomes areas, leisure and recreation, alcohol and substance use, self-care and income maximisation were rarely identified as a main outcome area and, perhaps surprisingly, improved material circumstances was not considered to be a main outcome by any participant.

Examining the main outcome areas addressed by distinct services allowed us to understand the overall emphasis placed on different aspects of provision<sup>1</sup>. The number of services indicating each outcome area as being a ‘main’ area for them is shown in Figure 1:



**Figure 1. Main Outcome Areas Addressed by Services (n)**

It is of particular note that participants often selected broad and inclusive categories rather than those which could be considered more specific. Therefore, a service may address some categories,

<sup>1</sup> In order to provide a more balanced picture this particular analysis excluded multiple responses from participants in some services, such that each service is represented just once.

such as 'income maximisation' and 'self-care', more frequently than suggested by this data but participants may regard these as being subsumed into others categories, such as 'life skills'. The data from Figure 1 allows us to highlight some of these issues in a bit more detail:

- **'Health and wellbeing' and 'Mental health':** 'Health and wellbeing' was more often identified as a main outcome area addressed than the more specific 'mental health' category. Taking into consideration earlier findings about gaps in services for mental health (see Report 2) this perhaps suggests that participants feel their services address broad areas related to health and wellbeing, but that these providers are less confident in their ability to address mental ill-health.
- **'Educational engagement' and 'Educational attainment':** 'Educational engagement' was more often claimed as a main outcome area than 'educational attainment'. However, it seems likely to us that many participants see engagement as a prerequisite for attainment.
- **'Relationships' and 'Stability and permanence':** 'Stability and permanence' was relatively rarely selected as a main outcome addressed; this might be contrasted to the category 'relationships' which featured much more often. Relationship work is likely to be fundamental to stability and permanence for this group of children and young people (see Report 2 for discussion of the need for relational permanence). It is possible that some participants interpreted the term 'stability and permanence' narrowly (eg as legal permanence work) and that some others were not highly familiar with the term.

Comparing all outcome areas against the main outcome areas revealed two particular areas of difference (refer back to Table 6):

- Firstly, alcohol and substance misuse is not typically chosen as a main outcome area (n=4, 5%), although results for all outcomes addressed suggest that it is an outcome area that services are likely to address in their work with children and young people (n=59, 69%). This suggests this area is viewed as a concern for many services, but that it is rarely seen as a main function of the service. This may indicate either that this area is seen as relatively 'generic' and can be being addressed on an ad-hoc basis by different provider types, or that this is an area where specialist services are rarely available such that other providers need to address this issue themselves.
- Secondly, safeguarding and parental care appear relatively low in the ranks of 'all outcomes' (12<sup>th</sup> and 14<sup>th</sup> respectively) but markedly higher for main outcomes (6<sup>th</sup> and 8<sup>th</sup> respectively). This suggests that where these areas are a concern for a service, they are typically seen as a main function of the service. This may indicate that these types of provision are seen as relatively 'specialist' requiring input from services with particular expertise and which are more likely to be available than services addressing some other areas.

## 4b) Subgroup analyses

### 4b i) All outcomes addressed by proportions of children and young people using services

As we saw above, services varied in the proportion of their service users who were children and young people who were currently or previously looked after at home (see Table 5). To facilitate comparative analyses we can consider five overlapping 'Groups' of services, explained in Table 7:

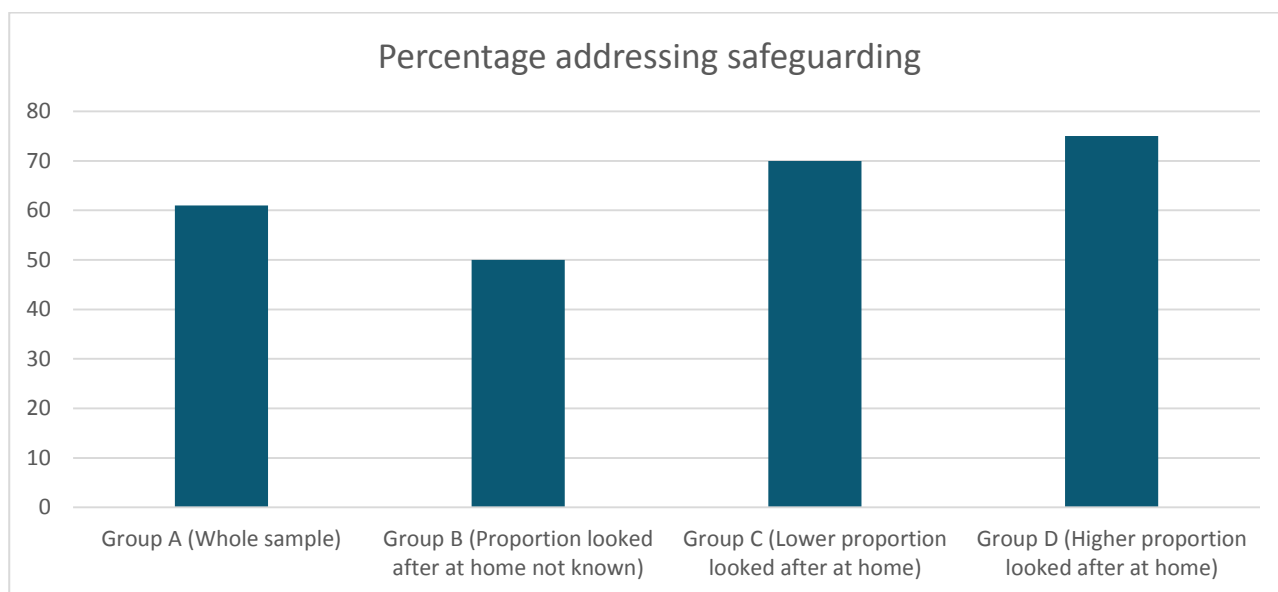
**Table 7: Service groups, proportions of users looked after at home**

Group	Description	N/n
A	All services, ie the whole sample	85
B	Services who were unable to provide information about the number of their users who were currently or previously looked after at home [potentially because they are not required to record these data]	40
C	Services who provided support to a lower proportion of children and young people currently or previously looked after at home (i.e. up to a third of their users)	27
D	Those services which provided support to a higher proportion of children and young people currently or previously looked after at home (i.e. more than a third of their users)	16
E	Those services which do not provide support to any children or young people currently or previously looked after at home	2

When comparing responses to all outcome areas addressed by services offering support to lower or higher proportions of children looked after at home (Groups C and D), only one key difference was apparent: services whose clients included a higher proportion of children and young people currently or previously looked after at home less frequently addressed self-care and mental health than those serving a lower proportion of children who were looked after at home. This would be consistent with earlier observations that children and young people on home supervision may face particular barriers in accessing mental health services. This suggests that services delivered to a high proportion of children or young people who were currently or previously looked after at home are similar to the services delivered to fewer of these children. In other words, services which aimed at children and young people on home supervision do not appear to be tailored to a different profile of needs.

However, when comparing both the higher and lower groups (C and D) against the whole sample, it was found that both groups addressed safeguarding more frequently than the whole sample.

This is explained by the fact that those services that found it more difficult to report figures about the looked after status of their service users (Group B) were less likely to address safeguarding (see Figure 2).



**Figure 2. Services addressing the outcome area 'Safeguarding'**

It was further found that Group B services more often addressed 'improving material circumstances' (n=18 of 40, 45%) compared to participants from Groups C, D and E (n=11 of 45, 24%). We are unsure why this would be; tentatively we would observe that this may be a service area commonly thought best addressed by general services rather than those focused on safeguarding and similar issues. These differences were not apparent when exploring main outcomes addressed, most likely because the number of results were insufficient to allow meaningful subgroup analyses.

#### 4b ii) All outcomes by service category

As noted earlier there was a variable level of response to the survey across service categories, with a large number having fewer than five participants per category. Analysis by service type is therefore limited and mainly based on categories where there are more than five responses, but we were able to discern a small number of potential differences and patterns:

- Participants in throughcare and aftercare (TCAC) and children and families social work departments addressed the broadest range of outcome areas, including outcomes that were generally less likely to be chosen within the sample such as income maximisation and improved material circumstances.

- Health and mental health and youth justice services were less likely to address as broad a range of outcomes as other organisational categories. The outcome areas that participants from these services chose less often, overlapped; for health and mental health services these were safeguarding, life skills, social skills, leisure and recreation, alcohol and substance abuse, educational attainment, educational engagement and stability and permanence; whilst for youth justice services these were safeguarding, life skills, health and wellbeing and stability and permanence.

#### 4b iii) Main outcomes addressed by service category

Small numbers in most of the service category areas made it difficult to determine whether there were any real differences across service types in the main outcomes addressed; however, some potential patterns are outlined in Table 8:

**Table 8: Main outcomes addressed by service category**

Service Category	Potential Patterns among Main Outcomes Addressed
Children and Families Social Work	'Parental care' chosen as a main outcome more often than other services
Multi-intensive youth services	More frequently chose 'safeguarding' and 'relationships' than other services
Throughcare and Aftercare	More often focused on 'income maximisation' and 'life skills' than other services
Health and Mental Health Services	'Mental health' was more often chosen by these services than by others
Mainstream and Specialist Education	'Educational attainment' was more often selected than by other services

#### 4c) Additional outcome areas

A wide range of additional outcome areas not included in the pre-categorised list were also identified by participants as being additional areas addressed. The majority of these additional outcome areas were suggested by only one or two participants, though the first four in the list below were identified most frequently, by four or five individuals each:

- Accommodation including tenancy sustainment
- Employability skills, including employment sustainment
- Anger management
- Offending behaviour
- Restorative Justice

- Inclusion
- Equality
- Positive Destinations
- Bullying
- Respite Care
- Youth volunteering, peer education and campaigning
- Promotion of play
- Crisis Support and De-escalation
- Compensatory Care
- Child Protection Investigations
- Sexual Health (where this was indicated as an additional outcome, we also included it in health and wellbeing)
- Sexual Exploitation (where this was indicated as an additional outcome, we also included it in 'safeguarding')
- Running away (where this was indicated as an additional outcome, we also included it in 'safeguarding')
- Parental substance abuse
- Teaching parenting skills (where this was indicated as an additional outcome, we also included it in 'parental care')

## 5) Findings C: Delivering services and support

Participants provided examples of the approaches that they used to address needs in a number of outcomes areas. Here we bring together observations related to various issues arising in the delivery of some specific services along with various cross-cutting themes.

### 5a) Intervening earlier

There was a general feeling among many participants that social work services were intervening too late and that families had to reach crisis point before receiving a service, by which time problems were difficult to deal with. Early and effective intervention, either through social care or other providers, was considered an important part of the process to keep children safe and well at home:

*There is little faith [in organisation] that we are 'getting it right', in determining which children, families receive which services; in knowing when to intervene. Sometimes*

*social work leaves it too late to intervene and by the time the family has involvement with the social work system it is often too late and in crisis. There is no way that the child or young person can stay at home (Service provider).*

In tandem with the concern that social work became involved too late, some participants expressed a concern that family work and support was often insufficient and that children's and families' expressed views were not fully taken into consideration before the option of alternative care was considered:

*We are fighting against perhaps what the child might think is best, ... providing it's safe ... that's their family and that's where they want to be, and in terms of security, I think it is a better place for them (Service provider).*

This participant cautioned that outcomes for some children and young people being looked after away from home could be worse than if they had remained at home, for example, if children were stigmatised or bullied as a result of being away from home or if they received a poor standard of care.<sup>2</sup>

Short breaks or respite services were named as one useful option to support children in families who were experiencing difficulties; however, it was recognised that these services were in short supply:

*I think we need more respite foster carers to support families at home. I think, foster carers or we've got the ... families project, but I think, they get overcrowded with crisis it stops them giving good planned respite to families and I think that I would like to see a bit more of that for children who are looked after at home who need it, who want it, and whose families want it (Service provider).*

## 5b) Approaches to family work

More undoubtedly needs to be known about how children and families view home supervision; however, indications from this and other studies suggest that any family member may resent compulsion, resist intervention and fear the removal of the child. As a result of this fear, adults and children may be particularly difficult to engage, they may present a minimised view of their

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<sup>2</sup> This perspective should be considered in the context of other evidence which highlights that leaving a child in (or returning them to) a very poor home situation is harmful. There is clearly a tension between intervening to remove the child too early before sufficient family support has been put in place and failing to remove them when this is in their best interests.

own difficulties and be reluctant to demand services. In particular, they may resist input from social care and other services.

In addition to the difficulty of providing services under conditions of compulsion, both non-statutory and statutory services described difficulties in engaging with children and families. Difficulties included finding an acceptable or appropriate way to engage each young person, and finding opportunities to engage with them and to involve family members. To achieve this, it was thought necessary to provide flexible but consistent provision which remained available even if parents or young people disengaged for a period or often missed appointments:

*We can't give trauma counselling to somebody who doesn't want trauma counselling. We just have to provide and keep them safe in the hope that when they are ready that they will take that service (Service provider).*

*If you've got a child who doesn't want to go [to school], they're not going to go, then you're looking at what other options are there for them and you continue to try to work with them (Service provider).*

Participants across the study stressed the need to work with the whole family, rather than just the child or young person who was looked after at home. When this happened, it was felt that there was more chance of achieving positive outcomes for young people:

*I think that's a key factor in having success... If you meet with the families, support them and empower the parents we see more positive results with the young people (Service provider).*

Some participants noted that services who established and maintained good working relationships with both the parents and the young people were well placed to respond when there was a crisis such as a disagreement between parents and their children:

*There were times when one of our helpline workers was on the phone to [young person] in one room, while another was speaking to his mother on another line in the room next door, while a third worker drove to the house to intervene (Service provider).*

Some participants also suggested that parents appreciated being involved in parenting programmes, where they learned approaches to coping with children's behaviour and it was felt that the skills learned also potentially benefited other children in the family.

Support for the child was seen as being especially important during transitions; for example, some participants reported that children returning to their birth family after a period of care could be helped to maintain the positive outcomes they had begun to achieve in care, even when their home life remained less than ideal:



*... so the success is that they have gone home and that the changes have continued because the young person often makes a lot of changes in care, and then the family doesn't, and you wonder how they are going to work out. So there are some where it's worked out better than possibly [could have been] expected to and they've continued to engage in education or they've gone on to other training (Service provider).*

Equally, services had been able to support young people to rebuild positive relationships with their family after they had left home in difficult circumstances:

*She is now in [house name] which is supported accommodation and the relationship with her mum is just fantastic now. So you know, it's kinda, it's really benefited that family (Service provider).*

## 5c) Approaches to school

Educational engagement was reported to be important, not just to enhance educational attainment but because it promoted wider outcomes for the young people. School attendance meant that children were in contact with workers; this was often instrumental in gaining support and provided them with opportunities to talk about their family and issues:

*I suppose you've got the clear examples of attendance at school... You've also got the softer more subtle things that you can't maybe measure as clearly, the school are saying there's an improvement in openness about home, willingness to talk about life at home and different family members (Service provider).*

However, engaging young people in education was challenging for services. Participants felt it important to identify underlying difficulties that may contribute to problems with school.

## 5d) Approaches to throughcare and continued support

Some services also provided support to young people whose home supervision was ending or had ended previously. Participants across this study, including young people, stressed that flexible and empowering styles of service provision were most appreciated by young people. Allowing young people to access services as and when they wished or needed was clearly empowering for some young people. However, some participants felt that if the approach taken was overly laissez-faire, there was a risk that some young people could disengage or become isolated. Therefore, a balanced approach was advocated which empowered young people to take control over the support they used and encouraged independence, but was also pro-active in maintaining contact and ensuring young people's wellbeing.

Workers often reported that significant progress with young people could be slow and that progress could be difficult to see or measure. In addition, 'progress' was different for different children and could include things such as managing to remain at home rather than being accommodated, being willing to talk to others, or changes in attitude or behaviour.

## 5e) Sharing information

Participants also suggested that limited information sharing between agencies could cause difficulties in developing appropriate plans for the child; for example, at reviews, social care professionals did not necessarily have enough information about parents to make good decisions about a child's placement and plan, or what type of support would be beneficial for parents:

*Sometimes a challenge is getting feedback from [partner agencies] about parents. That can be a challenge because we get parents coming along to a review saying 'my drug use is absolutely fine'. We haven't got any evidence to argue that, but clearly they don't look fine, so you need to have that information and evidence (Service provider).*

Similarly, voluntary agencies did not have access to all information held by social workers; consequently, good communication was critical to ensure that valuable information about the child and family's circumstances was shared. In other cases, it was reported that organisations were unable to provide relevant support as they were completely unaware whether a child was on home supervision.

It is also important to note that children have a right to privacy and it was reported that children and young people were keen to ensure that their information was not shared too widely. It was stressed that only information which was relevant and important should be shared:

*One of the issues for me in terms of young people is confidentiality. How many people need to know about their lives? How many professionals need to sit and talk about every little row they've had with their mother or father and aggravate that? Or if they've had sex with somebody? (Service provider)*

## 5f) Re-prioritising resources

One of the most persistent concerns raised by participants was that within statutory social work services, children and young people currently or previously looked after at home generally received lower priority than those who were looked after away from home. In particular they were said to be less likely to have their needs fully assessed or to receive relevant services and regular reviews. Some suggested that only those who 'kicked up a fuss and challenged decisions' received a service, whereas the majority who don't challenge 'get lost in the system'. Participants

strongly felt that needs could be similar for both groups and that services should be delivered and resources allocated according to need:

*There seems to be a tacit acceptance that the care system offers 'light touch' interventions to those who are accommodated at home, with progressively more resources and support offered to those who are accommodated elsewhere... This is reflected in a reported loss of early intervention resources. Staff have no doubt that young people who are looked after at home are not a priority for through care and after care services (Service provider).*

*I think it's universally recognised across the sector, that the outcomes for these young people are particularly poor. And it seems to me that quite often in local authorities, they don't get the priority that others get. So, you know, I think, what would probably be fairer if the whole group were considered as care leavers then an assessment is made of their needs... on what they actually require in terms of support rather than where they've come from (Service provider).*

The situation described by participants is suggestive of an open secret: that these children cannot currently be effectively supported. It was felt that providers needed to be more open about the scale and nature of support provided (and not provided) to children and young people looked after at home. Some participants suggested that only when this situation is made explicit and challenged would it be possible to secure appropriate resources for this group of young people:

*Everybody needs to be a bit more upfront about what they do and don't provide for these young people. I think that local authorities and other providers, are all guilty... they're not even on the radar really... I think that it would help us all to be frank about what the needs are of these young people, what we are actually providing and what we can't provide because there is going to be a massive cost of providing this level of support to these young people (Service provider).*

## 6) Findings D: Service change and development

Participants were asked to identify any upcoming changes that were going to be made to their services for children and young people currently or previously looked after at home. The majority of changes outlined by participants suggested these formed part of the process of continual service development:

*No major changes planned, but our services operate on a continuous improvement basis, drawing from emerging good practice, research, guidance, our own service reviews and the needs of service commissioners (Service provider).*

This type of service development was often portrayed as a flexible response to the needs of children and young people:

*[We] continually review services offered to the children, therefore the service continues to evolve to meet the needs of the children and families (Service provider).*

Change was not only a response to perceived needs; change, or lack of change, sometimes depended on the resources available or was a response to uncertainty over future funding arrangements. Similarly, emerging legislation and guidance influenced service change, in particular, the recent Children and Young People (Scotland) Act 2014 which was raised by a number of participants.

Several front-line workers indicated that they were unsure whether there would be any change. This suggests that these staff are not always made aware of proposed changes in the early stages of planning.

## 6a) What changes are planned?

The changes described were most often rooted in the context of each individual service; some planned changes were about ways of working, others related to the specific focus or themes of work carried out. It was notable that many of the service providers who described planned changes were based in educational establishments.

For example, several education providers noted their intention to improve identification of looked after children and young people and to improve subsequent collation of this data. They hoped that this would allow them to direct services to where they were needed, improve levels of support for young people and assist communication with partners:

*... This will enable us to provide a far greater level of support to the young person and communication with supporting agencies from the initial engagement with [college] (Service provider).*

*Offer a more targeted mentoring service for the young people 12-18yrs to improve educational engagement and support transition to work/college as they do not receive intensive throughcare/aftercare services (Service provider).*

Improved and earlier identification of looked after children and young people was considered to be a good mechanism by which to prevent poor school attendance and improve attainment:

*We need to improve how we identify these young people so that we can begin working with them at a younger age before they have such poor attendance in school (Service provider).*

*Demands on staff has always been an issue, in the next school year I have prioritised LAC at home and the staff member[s] will be reviewing attainment of LAC at home in [authority] and addressing the most needy. This should enable us to work with much more LAC at home pupils (Service provider).*

Other service changes noted within the educational sphere included improving young people's engagement and attainment by providing access to a greater range of education and training options:

*Widening access to different vocational courses, development of new programmes to meet the [needs of the] most challenging looked after young people, continual development of qualifications (Service provider).*

More generally, one service provider highlighted that they were aiming to move to a model of provision which provided extended individual level support to young people. This service change was based on the belief that by carefully establishing a meaningful relationship with young people they would be better placed to intervene for better outcomes:

*More 1:1 with harder to reach children and for a longer period of time as it takes time to trust (Service provider).*

In addition, some participants noted that working in partnership and improving relationships with other organisations was an important aim of their planned changes:

*Better through care liaison with other providers and increased confidence in advocacy work (Service provider).*

Other service changes were connected to specific topics or themes of work, such as supporting housing options for young people leaving care, including those previously looked after at home.

## 7) Findings E: The service (case) studies

A small number of services were selected for detailed study; the results of this are reported in detail in a separate annex to this report (Annex 3a). The service studies provide a helpful context for understanding the findings identified in Reports 1, 2 and 3 and demonstrate many of the key themes we have identified, in particular, the importance of building or facilitating stable, trusting relationships and of working in ways which promote the overall development, progress and wellbeing of children and young people, and sometimes their families. These concerns for the holistic development of the whole child resonate with the aims of policy initiatives such as GIRFEC.

## 7a) Service case study: summary themes

A summary list of some of the themes emerging from the service studies which correspond to findings in other strands of the study included:

- The challenge of engaging children and young people and the importance of this for improving outcomes
- The fundamental need for trusting and reliable relationships which provide continuity of support
- The need for service flexibility and responsiveness (including out-of-hours)
- The need to listen to young people and empower them to make their own choices
- The need for holistic assessment which considers family members, and the communities in which they live (and the relevance of GIRFEC and SHANARRI)
- The importance of the family and family functioning
- The role of children and young people's social networks
- The need for support to access services (including universal services)
- The need for referral to services
- The need for support around transitions
- The need to identify health needs
- The challenge of engaging young people in education and employment (skills development, knowledge and young people's use of their time)
- The need for leisure activities and opportunities
- The need for support with time keeping – in terms of attending appointments, meetings and interviews
- Perceived difficulties addressing or accessing mental health services
- Tensions about social work involvement and questions over whether support is directed towards the child or young person or towards their parents
- The need for partnership working – often in terms of assessment and identification of additional types of support
- Young people and families' lack of knowledge about support, benefits and services
- Differences in the needs of younger and older groups, or children facing various challenges

The service studies are reproduced in full in a separate document: Annex 3a.

## 8) Discussion and conclusion

Most people in our society use a range of different services; children and young people who are currently or formerly on home supervision are no exception to this. Some of these services might be considered universal in that they are things which every family might expect to access (eg leisure facilities, GP services, youth groups and schools). Other services might be considered targeted in that they are designed to meet the needs of specific groups of people or families who experience particular issues or difficulties (eg social care, drug and alcohol support and mental health services). Whether they deliver universal or targeted services, all providers need to consider how to accommodate a diverse range of people with different needs and different views.

It was beyond the scope of this research to identify and include every service used by children and young people on home supervision; however, we have secured a good response from a range of providers. These participants have provided valuable information about the types of service being delivered, how they are distributed for different groups, the challenges faced by service providers and the approaches that some have found to effectively reach and support children and young people who are or who have been supervised at home.

### 8a) Characteristics of the services

The study identified providers who offered a range of services to children and young people looked after at home. This included providers from different sectors and those delivering different types of service. Services differed from each other in many ways, for example, in the size of the service, the geography addressed, the ages served and the groups of children and young people targeted.

There was considerable diversity in the aims of the service in terms of the outcome areas they addressed. As might be expected for this group of children, the greatest number of services included those providing education and those providing social care.

Not all providers were able to identify which of their service users were children currently or previously on home supervision. In general terms, we found that those services delivered via referral and those more concerned with safeguarding were the most likely to be aware of children's looked after status.

Despite the many differences between services, there were also common themes; in particular we note that most services were not focused exclusively or even predominantly on serving children or young people currently or previously on home supervision. Consequently, services were not designed specifically to address the needs of this group; instead many providers would regard



themselves as responding to individual need. This may be surprising as it is well-documented that this group has particularly poor outcomes and it is widely acknowledged that they have high levels of need and face particular circumstances and barriers that may make them less likely or able to use other services.

Many services reported challenges in working with or engaging children and young people currently or previously looked after at home. Some described approaches they found helpful, including, carefully identifying underlying problems, building positive and sustained relationships and involving and supporting family members. Others suggested that improvement is needed to the way that information is shared between providers, in intervening earlier and in allocating resources effectively and equitably.

## 8b) Services and the individual

Little is known about what children and young people on home supervision think about their needs and the services they use. The limited evidence available suggests there is not a universal positive concept of home supervision. For some it seems to be seen as intrusive or punitive rather than as an opportunity to access valuable support or an entitlement to services.

Most children and young people currently or previously on home supervision will have some contact with some services who may be providing some support for their situation, e.g. potentially a school or college and a social care department or throughcare service. This support may be more or less effective at addressing their needs. Beyond this, we would suggest that a number of factors come together to reduce the chances of any individual child or young person on home supervision having positive experiences of wider support. We summarise these under three themes:

- Firstly, their individual situation and needs. We have established that children and young people on home supervision have multiple and complex needs. These needs and circumstances compound the barriers which make it difficult to access services which would benefit them. For example, there are indications that they are less likely than other looked after children to understand their entitlements or be motivated or able to access support. Equally many of these children and young people lack awareness of services, lack confidence or may resent compulsory supervision and consequently avoid or resist service use.
- Secondly, status and service availability. Services may simply not be available or may not be relevant or suited to the child or young person's needs. Most notably, some provision excludes children and young people currently or previously on home supervision explicitly by considering them ineligible for services or implicitly by being insufficiently aware of, or attentive to, their likely needs.



- Thirdly, location and service availability. A different ‘set’ of services is available to children and young people on home supervision in different areas. Very few services we identified were delivered across Scotland; instead, most services provided support to specific populations, for example, those linked to a setting such as a school or college or those linked to a locality such as a local authority or health board. These locality-based services are not necessarily replicated in other areas and where there is an equivalent, these may be set up or delivered differently.

These factors in combination mean that children and young people looked after at home may have access to very few services; this is summarised in Figure 3. First, they are unlikely to know about many of the services that could be beneficial. Second, they may not be keen to use them. Third, they may not know if they are eligible, understand how to access them or have the confidence to do so. Fourth, they may discover that they are ineligible. Finally they may face practical or financial issues that make it difficult to maintain contact with the service.

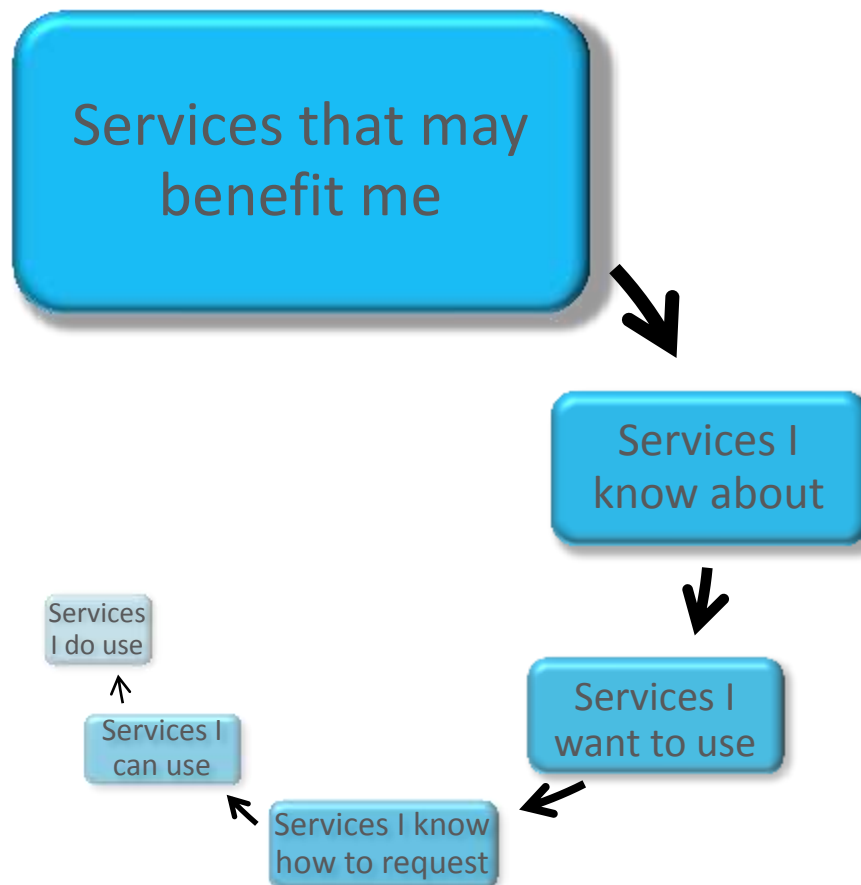


Figure 3: Diminishing options for support

## 8c) Services and the wider picture

The study also provides the opportunity to consider the sufficiency of support provided to children and young people currently or formerly on home supervision in Scotland. We are limited in the precision with which we can achieve this; we do not believe that we identified all relevant services providing support to children and young people currently or formerly on home supervision and only some of the services we identified were able to tell us how many relevant children and young people they supported in the last year.

We explored our data to establish how many times a service was in contact with a child, this suggests within the group of services who could provide us with data there were in excess of 1600 service-child reaches. If we wished to establish how many children and young people received support across Scotland, this figure would need to be adjusted. Adjustments would need to include: reducing by the number of individual children who used two or more of the services we captured, increasing for the services unable to report numbers and estimating the unknown number of others supported by services we did not identify. We do not attempt this calculation in this report.

Most children and young people will use a number of different services, some of these will be more or less universal. For example, we would typically expect that each looked after school-aged child would receive some form of support from a school or education service and from social care, whereas young people of college age might typically receive further training or education and throughcare services. Given their likely needs, it would be expected that many of these children would benefit from further support (from services other than social care and education), notwithstanding the fact that the barriers outlined above will prevent many from accessing many of these services.

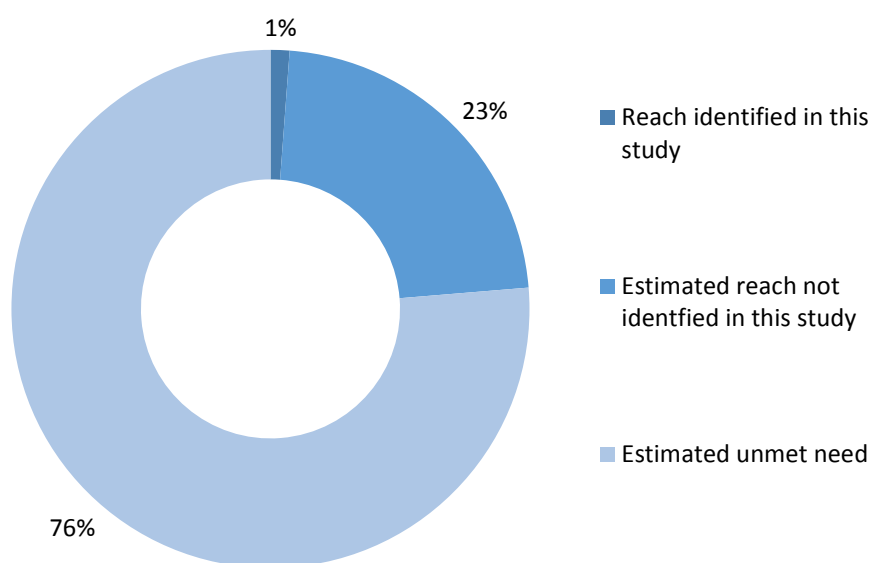
We estimate that around 35,000<sup>3</sup> children and young people of different ages between 0 and 21<sup>4</sup> who have never looked after away from home, could be described as currently or previously looked after at home. We know there are around 5,000 children and young people currently on home supervision, so estimate that around 30,000 aged up to 21 could be described as previously supervised at home.

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<sup>3</sup> This is a rough estimate based on data from several sources. See workings in the Appendix.

<sup>4</sup> We note that 'care leavers' up to the age of 26 may be entitled to support, further increasing the number of young people who may be seeking services. We have not included them in this calculation as we are as yet unsure of their likely levels of need and service use.

For illustrative purposes, consider a highly conservative estimate based on the presumption that each child or young person aged 0-21 currently or previously looked after at home may require support from three different services each year (eg education, social care or throughcare plus one other). This would require a total annual service reach of 105,000 (ie 3x 35,000); our study identified a total annual service reach of around 1,600 and we estimate that there may be a further potential service reach of 32,000 which we have not been able to count<sup>5</sup>. The difference (71,400) represents an estimate of un-addressed need. This is visualised in Figure 4:



**Figure 4: Service reach and unaddressed need**

Our estimate is therefore that around three quarters of need may be unaddressed. This resonates with concerns expressed by participants in this and other studies, that there is substantial mismatch between the scale of need and the overall support available.

Some participants highlighted the fact that existing services would be unable to meet all the needs of children and young people currently and previously looked after at home. This suggests there would be a disincentive to tackling the barriers which prevent service use by these children as providers would understand their service would be unable to cope with demand.

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<sup>5</sup> See Appendix for an explanation of estimate.

## 8d) Conclusion

As a group, children and young people who experience home supervision consistently have very poor experiences and outcomes. Compulsory home supervision is a unique intervention; it exists to support children and young people in great need and could provide an unparalleled opportunity to support them and their families. Indeed, the findings of this and other studies show that when services are successfully delivered to these young people, their experiences and outcomes can be improved. However, it is clear that suitable services are often not successfully made available, such that despite their status as looked after children, these children and young people often receive less attention and support than other looked after children.

Similar concerns have been raised before and participants in this study refer to a general recognition that more needs to be done to support these children. However, it seems that some providers hesitate to be more explicit about the limits of the support they can provide or more vocal about the resource implications of doing more.

We conclude that realising the unique opportunities provided by home supervision would require a significant programme of multi-level and sustained change. This would need to be underpinned by political will, a willingness to revisit how, when and for whom home supervision is best used and a clear re-stating of entitlement. It is likely that investment and additional staffing would be necessary alongside substantial shifts in service approach and design.

We would urge that any change programme should be underpinned by the knowledge generated from this study and the previous research outlined in Report 1. Furthermore, we note there remains a particular need to consult children and young people who have experienced home supervision to identify and understand their perspectives on their lives, the support they need and how their experiences and outcomes can be improved.

## 9) Appendix: Explanation of estimates

### 9a i) Rationale for estimates of total children and young people currently and previously looked after at home

SCRA<sup>6</sup> found that 2805 first CSOs were at home in a 12 month period. We are not interested in those whose first CSO was away from home, as we would exclude them anyway. During the next 42 months 779 of these became looked after away from home for a period, we exclude them as they may be more likely to receive services than those who have only ever been supervised at home.

This leaves  $2805 - 779 = 2026$  or around 72%. Some of these will become looked after away from home later on (after 42 months), but a diminishing amount as many CYP with a first CSOs at home were older children who will age out, and many CSOs last less than 42 months. Based on this we will presume that 60% of CYP whose first CSOs was home never become looked after away from home.

We will also presume that around 2805 CYP have their first CSOs at home per year (this has no doubt varied over the last 21 years as rates of home supervision have increased and now are decreasing).

From these two figures we find that 60% of 2805 is 1683, these should be added to the total every year, so for each of 21 years the total would be,  $1683 \times 21 = 35343$ . We have rounded this to 35000.

Of these, we know there are around 5000 currently looked after at home (CLAS), SCRA indicate about 6000. So around 29000-30000 must fall into the previously but not currently on home supervision group aged 0-21.

Readers are reminded that these are estimates; however, they are cautious estimates. We may significantly underestimate the amount of CYP eligible for services for children currently or previously on home supervision as we have only considered those up to the age of 21, whereas young people up to the age of 26 may be eligible for these services.

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<sup>6</sup> Henderson, G., Black, M., & Lamb, D. (2014). Children whose first Supervision Requirements or Orders are at home with their parent(s). Stirling: Scottish Children's Reporter Administration. [www.scra.gov.uk](http://www.scra.gov.uk)

## 9a ii) Rationale for estimates of reach (as a proxy for met need)

After extensive searches and enquiries, 430 potential service providers (to CYP looked after and previously looked after at home) were identified, 39 of these reported information about their reach to CYP on / previously on home supervision. In total these 39 services provided a reach to around 1600 CYP in a year (mean per service  $1600/39=41$ ), the remaining 391 providers ( $430-39$ ) services had an unknown level of reach. Assume all 391 (unknown) achieved a similar reach as those who were able to report their reach, then multiply total number of services by mean reach per service -  $391 \times 41 = 16031$ . This value is rounded to 16,000 as an estimate of the existing reach by the services providers we identified, but who were not able to report their reach. Assume that other services exist but we failed to identify them in our searches and enquiries, double the estimate to allow for reach by services we did not identify. Our estimate of met need is therefore 32000.

Readers are reminded that these are only estimates. However, we feel they are cautious estimates likely to overestimate the proportion of need that is met and under estimate the proportion of need that is not met. Caution is built in to our model by a) presuming services unable to report their reach do in fact reach the same mean value as those that were able to report, and b) by presuming that there are as many services which we did not identify as those that we did. Presumption a) seems cautious as services explicitly trying to reach this group are both likely to be counting the reach that they have and be likely to have a greater reach. Presumption b) seems cautious as we conducted intensive searches and enquiries with a wide range of relevant stakeholders at national and local levels and would expect to have identified at least 50% of relevant services.

We also acknowledge that reach is not synonymous with met need; however, we feel these two concepts are likely to be linked.

## About CELCIS

CELCIS is the Centre for Excellence for Looked After Children in Scotland. Together with partners, we are working to improve the lives of all looked after children in Scotland. We do so by providing a focal point for the sharing of knowledge and the development of best practice, by providing a wide range of services to improve the skills of those working with looked after children, and by placing the interests of children at the heart of our work.

## For more information

Visit: [www.celcis.org](http://www.celcis.org)  
Email: [celcis@strath.ac.uk](mailto:celcis@strath.ac.uk)