

Scottish Research on Looked After Children since 2000

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Introduction

This paper is based on a limited review of Scottish research since 2001 on children services for looked after children. The review is based largely on published research, chiefly undertaken by academics. For the most part it does not cover internal research and analysis of official data (e.g. by the Scottish Government, SCRA, local authorities) nor theses and dissertations.

Moreover, the paper does not aim to provide a comprehensive overview of the findings, but has concentrated on studies and results that are particularly relevant to the priorities of the LACSIG care planning hub. Most often the research studies were undertaken for purposes other than those that illuminate care planning, but have nevertheless sometimes produced insights that are helpful. Inevitably, though, the issues are covered in a somewhat piecemeal fashion, while recent Scottish research has little or nothing to say on a number of important aspects. If nothing else, this review indicates the absence of any coherent research strategy for Scottish research on this topic.

There has been a considerable amount of research on residential care, with much less on foster or kinship care. Studies of home supervision have also been rare, although some research on child protection and family support is relevant to looked after children living with their parents as well as those placed away from home. Apart from the recent SCRA analysis of planning and decision-making at the interface between children's hearings and adoption, virtually no Scottish research has been carried out on adoption over the last decade.

This partial review is structured around themes identified by the Chair of the LACSIG care planning group:

- Decision-making especially in the early stages of a child's care career
- Application of understanding of child development in planning
- Emotional stability or instability in care
- Monitoring of progress
- Reunification with birth families
- Leaving care issues

In addition, notes are made of other key findings that might help inform more effective decisions.

Assessment and child abuse investigations

Alongside assessments that lead to or follow being looked after, many children will experience child protection investigations. Vincent (2010) reviewed formal inquiries and reviews of high profile child death and serious abuse cases in Scotland over the period 1975 to 2008. Among her conclusions were that risk assessment should be part of a wider, continuous process to understand and respond to the needs of the child and strengths in the situation. Of particular

importance is identifying danger signs, such as failure by parents to attend appointments or allow children to be seen. Sen and Green Lister (2011) highlight the need for practitioners to communicate effectively with adults and obtain a clear picture of roles within the household, while keeping the focus on the child's welfare.

Previous research mainly in England has shown how children's needs and wishes are often secondary to legal process and evidential considerations, so that recommendations have been made to involve children more and provide better explanations of what is going on. A recent Scottish study by Woolfson et al (2010) tapped the perspectives of 11 young people on child protection and found that problems in professional communication and action persist. Most had initially felt like 'passive bystanders' during investigations. Although four felt they had a good understanding of subsequent developments, the majority expressed some perplexity. Most felt dissatisfied with the overall process. On the other hand, nine of the eleven young people thought the investigation had led to positive results.

An earlier local analysis of the operation of a single Scottish Child Protection Committee found that on the whole inter-professional collaboration was good, but communication between the Committee and both front-line workers and the wider community was limited, so the links with practice were poor (Skinner and Bell 2007).

A survey of medical examinations for child sexual abuse showed that many of the practitioners who undertake these have limited relevant previous experience. Feedback from procurator Fiscals and children's reporters suggested that a substantial minority of medical reports were not adequate, while joint examinations by paediatricians and forensic medical examiners occurred in only about one third of cases (Mok and Busuttill 2004)..

A study involving teachers, speech and language professionals and residential care staff identified that disabled children could be particularly vulnerable to abuse. Firstly, if they were being ill-treated, they might find it hard to convey this effectively to potential helpers. Secondly, communication issues make it harder to explain to some disabled children about the nature of different forms of abuse and about their rights (Oosterhoorn and Kendrick 2001). There are also dangers that unskilled adults might 'put words in their mouths' (p. 249).

Assessment of children looked after at home or in kinship care is usually more superficial than for children in foster and residential care (Aldgate and McIntosh 2006).

Decision-making especially in the early stages of a child's care career

Early planning and decision-making can refer to

1. the first year or more of a child's life *or*
2. to the initial stages of their contacts with services (in the case of children who become known to professional services when older).

Most children who are referred to the children's hearings system have already been known to social work services, in some cases for a long time (Murray et al 2002; McPheat et al 2007). Hence assessment at this pre-formal referral stage is very important.

Commonly, young people referred in their teens on offence, school non-attendance and other grounds had been referred when young on care and protection grounds (McGhee and Waterhouse 2002; Whyte 2004; Gadda forthcoming). This indicates that when early intervention to safeguard children at risk is unsuccessful, the children are likely to present with challenging behaviour later. Moreover, there is evidence that children referred to the reporter often receive little in the way of family support unless and until compulsory measures are imposed (McGhee and Waterhouse 2002). ‘Stop-start’ intervention is unhelpful in serious child protection cases where short bursts of intervention are followed by case closure or ‘drift’ ‘due to organisational needs rather than the assessed needs of the child’ (Sen and Green Lister 2011, p. 2).

Just one (small) Scottish study has focused on care planning. This consisted of an analysis of case files on 18 looked after children aged 0-2 years in Scottish Borders who had been separated from their families for more than one year (Davidson and McKenzie 2010¹). In addition interviews were held with one third of the social workers (6), selected at random. All the children had been on the Child Protection Register before becoming accommodated. Five of the six social workers said that at the time the child was first looked after away from home there had been a clear plan to return the children to their family home. None had had target time-scales. The social workers thought that attending to parents’ needs had caused delays in making alternative long-term plans. In a different study by Sen (2010) some social work respondents believed panel members were swayed by parents to make decisions that were not necessarily in children’s interests.

Other factors identified by staff in the Borders’ study as hindering care planning were time taken over assessment and inadequacies in staff experience and supervision. Child Protection reviews were seen as more helpful than looked after reviews (Section 31), which often lacked continuity. This Scottish Borders study pre-dated the implementation in 2009 of the Adoption and Children Scotland Act 2007, which introduced some measures recommended by the study, such as early permanence plans, guidance for decision-makers and parallel planning.

Similarly, informal discussions by researchers with local authority staff in Glasgow found difficulties in planning where it was thought that children probably required long term alternative care, but continued with parental contact or care in order to monitor the situation. Part of the motivation was to obtain sufficient evidence to mount a legal case for permanence, though this potentially exposed children to risks of further harm (Minnis et al 2010).

When children are placed on home supervision, it seems that sometimes the first contact is made after a longer interval than specified in the 1995 Act Regulations. Very few children on home supervision have formal care plans, though records do include generalised aims, usually lacking details of specific actions and time-scales (Murray et al 2002; Gadda forthcoming). Youth justice teams tend to have more detailed plans than children and families workers.

¹ The authors note that Scottish legislation favours efforts to ensure children are cared for by their birth families, unless this is clearly more detrimental than alternatives.

The majority of children who remain on supervision for a number of years move from home to placement away from home and many experience several changes of placement (Henderson et al 2011b).

Connelly et al (2008b) found evidence that the particular support needs of looked after children were often taken into account in individual education plans at secondary school, but less so in primary school.

Less than half of admissions to residential placement are planned, in the sense of actively discussed at least several days beforehand. In one quarter to one third of instances, residential placements are not the preferred option, but made in the absence of a vacancy in foster care (McPheat et al 2007).

Application of understanding of child development in planning

Vincent's review (2010) concluded that professionals dealing with child protection cases require not only extensive training in child development and attachment theory, but also knowledge about how substance abuse, mental illness and domestic abuse affect parenting.

The small sample of social workers interviewed by Davidson and McKenzie (2010) all said they considered the child's stage of development in planning, though not necessarily right from the start when dealing with an infant. They felt they had some understanding of attachment, but it was insufficient.

Daniel et al (2009) carried out a UK-wide survey of voluntary agencies applying a resilience approach and undertook a case study of a Scottish project. The survey respondents saw resilience-based work as involving one or more of the following features:

- Partnership with families
- Ecological approach
- Strengths-based work
- Solution-focused work
- Promotion of positive attitudes (in parents or children)

The Scottish Project undertook individual support work and ran a nurture group. The main elements of the Project's resilience approach were:

- Helping children to practice skills and gain confidence
- Encouraging development of friendships
- Anger control

Staff aimed to improve self-esteem, emotional literacy, peer relationships and schooling, as well as help manage conflict.

Emotional stability or instability in care

It has been well known for a long time that children looked after away from home often experience a number of placement changes, though there seems to have been no recent research to examine this in detail. Evidence from a SCRA study suggests that even young children

heading for adoption or permanent fostering often experience several placements (Henderson et al 2011). Although some moves can be for positive reasons and prove beneficial, more usually placement instability is likely to exacerbate insecurity and mistrust. It seems that many children on home supervision also experience moves – both within the extended family and beyond (Gabba forthcoming).

Monitoring of progress

Two aspects of monitoring a child's progress may be distinguished. Firstly there is first hand assessment of how well a child is doing through direct contact with the child. Secondly, agency mechanisms such as supervision, inspection of records and review meetings provide managerial oversight of the implementation and reassessment of care plans.

Research by Sen (2010) showed that social workers normally arrange for parental contact with younger children to be supervised on account of perceived risks. They also commonly used supervised contact between children and parents as a means of assessing the relationship and prospects for restoration. Some combine observation with an educative or therapeutic role, but other confine themselves to assessment. There was some evidence that frequency of contact was sometimes hindered by the now generally accepted need for it to be supervised and limitations in availability of someone to provide the supervision.

Home supervision case records in the majority of cases indicated positive progress by the child and/or family, but often review reports were missing (Murray et al 2002). Frequency of social work case reviews is highly variable, whereas hearings reviews generally take place at least once a year as required (Gadda forthcoming).

The Looked After Children Scotland materials were intended to be a vital aid to assessment, planning and review. They were evaluated in the early years of their introduction in the late 1990s, when they were espoused by most local authorities to a greater or smaller extent.

Key early findings were as follows (Wheelaghan and Hill 2000; Scott and Hill 2004):

- The principles behind the material were widely seen as good and particular forms as useful
- However, they were seen as very time-consuming, with the result that it was rare for all the forms to be used in the same case and not uncommonly forms were only partially completed
- Foster carers and residential staff would have liked a bigger role in using the forms
- The most positive feedback was about the (comparatively straightforward and short) Essential Information records
- More opportunity for narrative was wanted in care plans and review forms (subsequently amended)
- As aids to communication with young people, the materials were seen by some as helpful and by others as awkward

Once the forms for young people's contributions were redeveloped, these were seen as good by young people themselves (Francis 2001). Young people found many of the more detailed questions on Essential Information and Assessment and Action Records excessively intrusive.

Little information is available about current or recent use, but the leaving care study in the mid 1990s found that under half of authorities were using the materials (Stein and Dixon 2006). Furthermore, no research appears to have been undertaken to look more broadly at the extent to which plans are implemented or about how and why changes are made to plans.

Qualitative research by Children in Scotland (2006) in two local authorities revealed that children wished to convey their views and that adults were committed to hearing from children, but the official meetings often made it difficult. The most common problems were: inadequate preparation; tensions between a professional agenda and children's perspectives; adult use of language that children found confusing or boring; little use of special aids for communication with children who are less verbally adept. Among the recommendations were for: more child-friendly environments; jointly agreed agendas; training. The consultations with young people for the National Residential Child Care Initiative indicated that most felt their views were taken into account, though a minority were dissatisfied that their wishes about family contact, education and safety were not attended to (Bayes 2009; Langeland et al. 2009).

Reunification with birth families

Very little research has been carried out on this topic in Scotland at any time, let alone recently. English research has suggested that 'going home' can turn out well, but in many cases is problematic. When children have been admitted to care on child protection grounds, the incidence of re-abuse among those who returned to their families has been high (Bullock et al 1993; Biehal 2006; Ward et al 2006).

Leaving care issues

In comprehensive research on leaving care carried out in the early 1990s, it was found that most authorities reported holding special reviews ahead of leaving care to focus on the transition, and the remainder claimed to incorporate this in routine reviews (Dixon and Stein 2005).

Only 40% of the sample of young people in this study had planned preparation for leaving care. Three fifths had had a leaving care review, mostly only 1-2 months before leaving. Half felt well prepared. Planning for leaving care was much more limited for young people on home supervision, compared with those in foster and residential care (Stein and Dixon 2006).

Usually young people received help with accommodation and finance, but support for education was more variable. Those who were at home with family received less personal support than others. Post-care contact and support was sometimes unreliable.

Poor outcomes were associated with previous placement instability and limited support from family, friends or professionals. Conversely, consistency of placement and support were beneficial, as was social skills training (Stein and Dixon 2006).

In the survey by Ridley and McCluskey (2003) many young people thought that leaving care had a negative impact on their health, particularly as they did not have enough money to eat well and were depressed as a result of isolation.

Harrington (2006) interviewed 10 social workers and two young people to investigate whether an assessment tool (Looking Forward) had led to a better understanding of young care leavers. The tool was seen as helpful in focusing on matters such as health, addictions and attachment history, though also reservations about neglect of coping skills. The emphasis on young people's involvement in the assessment was welcomed.

A series of small-scale evaluations of transitions programmes from secure care were carried out by Vrouwenfelder (2008) and Stevens (2010). The programmes included provision to all leavers with a transition pack and coordinator, a dedicated support service (Stepdown at CORA) and crisis services. The evaluations showed that staff in the secure units were usually aware of the transitions programmes and found them helpful. Young people were given additional help in relation to education and employment. Also unit staff offered early outreach support after young people had left, though some felt they lacked the skills to do this. Improvements were limited until transition co-coordinators were fully in post. Some staff had been made redundant or were redeployed as a result of recent policy changes, which led to demoralisation and a focus on within-unit work to the detriment of after-care. Uncertainty was expressed about how to sustain funding for transition programmes.

Pathway planning in secure care is carried out in different ways depending on the local authority responsible and does not always involve the most significant people in a young person's life (Stevens 2010). However, there were indications that pathway planning assisted in trust-building, continuity of support and crisis help (Vrouwenfelder 2008).

OTHER ISSUES

Resources

Scottish research has highlighted the importance of resources in two senses – family material resources and access to support or treatment services. Both of these are currently under strain.

Low income and poor housing in disadvantaged neighbourhoods tend to characterise most families with children on home supervision or accommodated away from home (Murray et al 2002; Whyte 2004; McGhee and Waterhouse 2007). Yet decision-makers and professionals often make little reference to disadvantage in their assessments and plans (McGhee and Waterhouse 2007).

Several studies point to limitations in resources affecting decisions and the quality of interventions. For instance, it seems to be still the case that some home supervision cases are unallocated for at least part of the period of supervision, while in a minority of cases the family or panel members would like social work contact to be more frequent (Murray et al 2002; Gadda forthcoming). In addition, field social workers commonly feel that certain helpful services are not sufficiently available (e.g. parenting support, group work), as do teachers (Connelly et al 2008a). In the Scottish Borders study social workers bemoaned the difficulties they encountered in seeking to gain help from adult mental health and drug misuse services in a timely fashion or indeed at all (Davidson and McKenzie 2010).

Among the implications are that local authorities should deploy resources and prioritise more efficiently. For instance, some tasks could be transferred from fieldworkers to carers and care staff. It may also be the case that expectations are excessive about the amount of face-to-face contact, travel, inter-agency meetings, case recording and report writing that can feasibly be done.

Inter-agency communication and co-operation

For children on home supervision, social workers tend to see agencies working well together as a critical ingredient for success. The most frequent inter-agency communication is usually between social work and schools (Murray et al 2002). Teachers sometimes find that rotation of staff on shifts in residential placement interferes with communication and like to have a key contact person (Fraser 2008). Teachers also report difficulty and delays in accessing specialist assessment, advice and support for children with challenging behaviour (Connelly et al 2008a). In one learning community (school cluster), teachers usually knew if a child was looked after and accommodated, but were less clear about children on home supervision. Designated senior managers (DSMs) more often than not had little or no information from social work files and felt communication with social workers was unsatisfactory (Connelly et al 2008b). The DSMs were also often ignorant about contacts between children and school or LAC nurses.

Research undertaken by SCRA has indicated that many of the ‘offences’ committed by looked after young people in residential care relate to incidents in the place where they are living that are reported to the police (Bradshaw 2005; Evans 2005). These entail verbal abuse or physical assaults towards staff, which might not invoke a police charge in other contexts (Gentleman 2009). Better communication between care staff, managers and police can reduce the criminalisation of young people’s responses to stress that carers find hard to cope with.

Early intervention

Rose et al (2009) evaluated three centre-based projects targeting primary school children with challenging behaviour and their families. The Core Programme used by the projects involved weekly sessions offering social learning for parents and child training. Most of the children liked the programmes, while many parents described ways in which it had been helpful. Standard measures applied before and after intervention did not reveal significant change in the children’s behaviour, emotions and social relations, but one fifth of parents showed a reduction in stress levels.

Intensive support in relation to youth crime

Scottish research has suggested that intensive wrap around support available 24 hours a day can help young people with serious offending and family problems make progress in overcoming some of their difficulties and improving their commitment to education and work (Robertson et al 2006; Khan et al 2007; DTZ 2008).

Disabled Children who are looked after

About one in ten looked after children in Scotland are recorded as disabled (Baker 2011). It appears no recent research has been carried out in Scotland in this group or on those who are placed away from home (often on a ‘respite’ or ‘short break’ basis) but are not formally looked after, though the findings of several English studies are likely to be broadly applicable (Stalker 2007; Baker 2011). For instance it seems that disabled foster children on average have less frequent contact with members of their birth family than their non-disabled peers. This may be partly because some are placed a long way from home, but attitudes of social workers may also be influential (Baker 2006).

A partial exception to the dearth of Scottish research on looked after disabled children is the study by Connors and Stalker (2003). This study comprised interviews with 26 disabled children aged 7 to 15 and their main carers about their daily lives. Included in the sample was one individual who attended a residential school, while just under half the children had experienced at least one short break from their primary carer. Some of the short breaks were in residential establishments, with very diverse placement types and arrangements. The stays were mostly enjoyable for the children, though a few parents voiced reservations and in most cases the children fitted into the facility rather than benefitting from a package of care tailored to their needs. Two children with complex needs had regular planned stays in hospital, but in both instances the parents thought the setting was inappropriate and one young woman conveyed her dislike of being away from her family.

Another study was carried out in both England and Scotland to explore the daily experiences of 15 children with complex needs placed for a month or more in ‘institutional settings’, mainly hospitals and residential schools (Stalker et al 2004). Three groups of children were included, namely those with:

- Acute and chronic medical conditions
- Multiple and profound impairments
- Learning disability and psychiatric diagnoses

The children wanted to be treated as individuals and to exercise choice. Examples were found of restricted freedom, but also of sensitivity to children’s rights to choose and decide.

Communication aids were used by teachers though rarely by care staff. Children in hospital mainly had good relationships with staff, but found aspects of their treatment painful and distressing. Disabled children in residential schools benefitted from continuity of relationships with key workers, but had little contact with non-disabled peers. The researchers identified scope for improving the range of social, recreational and educational activities and resources available.

Kinship care

Numbers of children placed in kinship care have grown in recent years and a major Scottish study was undertaken (Aldgate and McIntosh 2006; Aldgate 2009). This reported that most kin carers are grandparents and many have low incomes. Children in kinship care in the Scottish study had only slightly higher scores on the SDQ on average than children in the general population (N = 30). Mostly children’s experiences of kinship care were positive – they reported stability, warmth, fun and ‘normal’ social lives. Usually there was contact with one or both parents. However, some had found it hard to adjust initially and most were conscious of being in unusual households. Half felt uncertain about the future.

Nearly all were separated from at least one sibling, as well as their parents. Kin carers wanted clearer eligibility for services, better financial support and, in a minority of cases, more consistent social worker contact. Access to services was better when carers were formally approved for fostering. Financial arrangements were highly variable between authorities².

The depth of assessment was variable and in relation to children on supervision often limited. Care plans had usually not been developed in consultation with carers or children (Aldgate and McIntosh 2006).

Another study of kinship care involved 12 young people aged 11 -17, ten of whom comprised five sibling pairs (Burgess et al 2010). As Aldgate and McIntosh found, for some children movement had been fluid, with several changes between parents, other relatives and occasionally foster care. Unlike those in the Aldgate and McIntosh study, none found their living situation awkward or stigmatising. The majority identified with their kin cares as their main family, felt safe and thought their situation had improved markedly as a result of leaving their parental home. All said they much preferred to live with their relatives rather than in foster care.

² The fieldwork for this research pre-dated the 2009 Looked After Children Regulations

Residential Care

Two Scottish surveys investigated trends in the use of residential child care. They showed a growing number of children aged under 12 being admitted to residential care (Milligan et al 2006; McPheat et al 2007). Also many placements were very short (about one third lasting less than a week).

Elsley (2009) in a small study of a single residential unit found that the children aged 5-10 liked the environment and care staff by and large (N = 8). Adults involved in these cases thought that residential placements are needed when children have had multiple foster care breakdowns and/or are very challenging. Most thought particular additional skills and support were required.

Feedback by young people on residential care has been mixed. Generally they are positive about key workers and about their material wellbeing. Most feel cared for and listened to. However complaints are common about lack of privacy and rules they experience as restrictive (Dixon and Stein 2003; Langeland et al 2009). Some dislike being away from family and placement moves. Among those leaving care in the Dixon and Stein study (2003), the young people in residential care were more likely to be in touch with a social worker or leaving care worker than those in foster care. Very few of those on home supervision had ongoing contact.

Steckley and Kendrick (2007) reported on staff and young people's views about physical restraint. There was general acceptance that restraint was sometimes needed as a 'last resort', but both staff and young people expressed complex feelings about its use. Some young people thought that staff resorted to physical restraint too readily, but they did not see it as a form of punishment.

Milligan and Stevens (2006) obtained the views of staff and young people about health and safety policies in residential care in 5 Scottish local authorities. Managers thought the guidance was too restrictive, but care staff were broadly content that the policy helped ensure young people were safe. Young people thought that they had a fair amount of choice about activities they engaged in, but mentioned limitations mainly caused by cost or staff availability.

An evaluation of storytelling in residential care found that it helped children develop new interests and enhance their literary skills. Besides the apparent educational benefits, there were also gains in staff-resident relationships and calmness in the unit (Stevens et al 2008).

Milligan et al (2004) found relatively small rates of dissatisfaction among residential care staff in Scotland (12%), though about one third said that morale was low in their workplace. (See also Milligan 2006).

Foster care services and outcomes

According to Minnis et al (2010), two thirds of Glasgow children who return to birth families after an episode in care will have a further period in care. In a majority of these cases, this becomes a long term arrangement.

In a study of treatment foster care (Walker et al 2002), it was found that some young people who would otherwise be in secure care did well in foster care. However, overall the outcomes for young people in the specialist scheme were no better than for others placed in secure and some young people in the scheme has very poor outcomes (Note: the samples were small and not precisely matched). Difficulties in accessing specialist educational support and help with employment were critical deficiencies in cases that did not fare well. The study concluded that it would be helpful for foster and residential services to work closely together and sometimes provide shared care, rather than work in opposition or as complete alternatives to each other.

The last decade has witnessed a growth in the independent foster care sector in Scotland. Some private fostering agencies based in England have extended their service into Scotland³, while certain residential services have developed associate fostering services, prompted in part by shortages and inadequate range in foster placements in some local authorities (Triseliotis et al 2000; Sellick 2011). Studies carried out across all 4 UK jurisdictions have found that initially local authority staff were commonly opposed to independent agencies, but have come to recognise their value, especially where the agencies are staffed by professionals with similar values (Sellick 2011).

Hoggan (2008) carried out an evaluation of one example of a voluntary sector fostering service linked to residential care. The fostering scheme was set up by Aberlour in 2004 to meet better the needs of younger children in the Sycamore residential units. The evaluation examined 15 foster placements. Four had broken down, which is a disruption rate comparable for that of other vulnerable children. Otherwise many gains were identified for the children: improvements in behaviour and education, growth in relationships and activities outside the home and positive quotes from the children themselves. As the treatment foster care study found, carers were positive about the level and quality of support from the agency.

Glasgow's has a Multidimensional Treatment Foster Care programme based on principles developed in Oregon (Chamberlain 2003). The scheme has taken part in a UK-wide evaluative study, whose findings will soon be available.

Informal support

Most young people looked after away from home have somebody they can confide in – be it a family member, friend or professional. However, a small minority have nobody (Fraser 2008). An observational study by Emond (2003) of two residential units revealed that young people often gained a sense of belonging, as well as advice and support, from other residents, which they often did not obtain from staff.

³ As Sellick (2011) notes Scottish law prohibits for-profit agencies, so English agencies have had to 'think creatively in order to practice north of the border' (p. 168).

Mental Health problems

Several studies have shown that looked after children have a much higher rate of diagnosable mental health problems than the general population (Minnis and del Priore 2001; Meltzer and Lader 2004; Millward et al 2006). This includes conduct disorders, which can be part of the reason for children becoming looked after. However there are also high rates for anxiety and depression, which in part explains a high incidence of self-harm. Similarly, Ridley and McCluskey (2003) found high levels of depressive mood and low self-esteem, while 45% of their sample had self-harmed.

A survey of carers of children in care and of parents in comparison groups found that the former reported much higher rates of Reactive Attachment Disorder (Millward et al 2006).

A small-scale qualitative study found that young people preferred to obtain support in relation to self-harm from non-specialist services they already knew, including care staff and GPs, though they also wanted such people to have an understanding about self-harm (Piggott et al 2004). Some complained of unhelpful responses and stereotypical attitudes among residential staff.

A study in Glasgow examined the leaving care files of 12 young adults who had been looked after and committed suicide between the ages of 16 and 22 (Cowan 2008). Half had first been looked after when 14 to 16 years old and half at a younger age. All but one had been involved in substance abuse. Most (10) had self-harmed, mainly by self-cutting or overdoses. There was a high incidence of disengagement from education or employment. Only five had received help on the basis of mental health problems.

Glasgow has introduced procedures intended to facilitate early identification of mental health problems in looked after young children and improve access to CAMHS (Minnis et al 2010).

Physical health

A mixed-method study by Ridley and McCluskey (2003) found that young people living in residential care or who had left care mainly thought of health in terms of physical well-being and fitness. Four fifths identified themselves as quite or very healthy. However, three quarters of the sample surveyed were smokers. There was also evidence of high levels of drinking to excess and drug use, while a minority had poor diets and undertook little exercise. The young respondents in this study indicated that many residential staff paid little attention to life-style issues. Some reported that lack of money and encouragement had led to a falling off in sporting activities.

Surveys in Glasgow have found similar high rates of smoking in residential care (75%) but much lower rates in foster care showing a sharp recent fall. Evidence of unmet dental health needs was also revealed (NHS Glasgow 2007; 2008).

A survey of more than 300 children looked after in Scotland found that the most common physical complaints were different from those in the general child population (Meltzer and Lader 2005). The most common were:

- Sight problems (19%)

- Bed-wetting (14%)
- Speech or language problems (12%)
- Asthma (12%)
- Coordination difficulties (10%)

Apart from asthma, these were all present much more often among the looked after children than others. Children in residential care were more likely than those in foster care to be reported as having poor health and to have seen their GP in the previous two weeks. Nearly half of all the young people aged 11 or over were current smokers, which is four times the rate found in a survey of private households. Young people looked after also had higher rates of drinking alcohol than the general population, though the difference was much less marked.

Young people's health tends to improve if they stay in care for some time, though there is a heightened risk of missing out medical assessments and vaccinations (Scott et al 2007).

Contact with health professionals

Young people in residential care usually have little contact with health professionals, except their GP and also Accident and Emergency services. Many are ignorant about and/or made no use of family planning services (Ridley and McCluskey (2003). However Meltzer and Lader (2004) reported carers as saying one quarter of young people with an emotional or behaviour problem had seen a specialist in child mental health.

Secure care

Research on secure care revealed a number of benefits, at least in the short-term: safety, less risk-taking and in some instances help with education (Barclay and Hunter 2007; Kendrick et al 2008). However, a number of social workers were disappointed that behaviour problems were not tackled more systematically and thought that improvements had either not occurred or were temporary. Two years on, a global assessment of well-being indicated that a quarter of young people were doing well, a quarter poorly and the rest were in the middle. Those with persistent drug problems had particularly poor outcomes. The best results occurred when the care and education/work arrangements after leaving secure care corresponded with the young person's needs (Walker et al 2005; Barclay and Hunter 2007).

So-called 'alternatives' to secure rarely operated as complete substitutes at the point when secure accommodation was deemed necessary. Instead they offered help at an earlier stage or when young people were leaving. In other words, intensive services in the community or other kinds of residential establishment were mainly complementary to secure (Barclay and Hunter 2007)

Refuges

Malloch (2006) carried out an evaluation of a refuge for young people who 'run away' from home or care. She found that this helped young people feel safe and supported, as well as access other services. Most of the 10 young people interviewed thought that admission to the refuge had made their situation better.

Adoption

Researchers at SCRA (Henderson et al 2011) undertook an analysis of care planning with respect to more than 100 children who were looked after and identified as potentially in need of adoption. The study was based on examination of SCRA and Court files. Several key findings indicate that the prospects for reunification of the children were poor in most cases:

- In nearly half of the cases, another child had already been separated from the parents.
- Four fifths of the children never went home to their parents after being accommodated.
- Many parents regularly missed arranged contacts with their children

Despite this, the decision on permanence usually took place more than 6 months after first contact and in about a third of cases took 2 years. Very few children experienced only one placement and more than a third of the children moved placement twice or more. The SCRA study also indicated that excessive time and duplication occurred in relation to preparing reports for the reporter, hearings and the (Adoption) Court.

The only identified academic research relating to adoption in Scotland was undertaken by Clapton (2003; 2007). This involved retrospective interviews with birth fathers about 30 years after their infant offspring had been adopted. Many had found the time surrounding the pregnancy distressing and later experienced intense feelings of loss, especially among those who had wished to be involved as a parent but were excluded.

Conclusions and recommendations

The research carried out directly or indirectly on looked after children in Scotland over the last 10 years has for the most part been limited in coverage and scale. They do give valuable insights on to a range of aspects of the care system, some quite specific or specialised. On only a few topics, such as leaving care at 16+ and secure care, is there a reasonably thorough empirical evidence base. Results relevant to understanding planning, implementation and review are piecemeal. The findings of certain studies published in the early part of the last decade may be no longer applicable because of legal, organisational or practice changes.

Despite the fragmentary nature of the evidence, important points have emerged in this review:

- Most school-aged children involved with children's hearings and children and families services have had a long history of previous contact
- Income and neighbourhood poverty characterise the backgrounds of most looked after children, but are not often addressed in reports and plans
- Social workers are aware of attachment and resilience concepts, which they apply in assessment, but many feel they need more training in this area
- Children continue often to feel passive, puzzled or alienated in assessment, investigation and review processes
- Most young people looked after away from home feel listened to and well cared for, but a minority think their needs and wishes are not attended to
- Early assessments and plans often lack clear time-scales

- Delays in allocating home supervision cases indicate a systemic resource problem
- Home supervision and kinship care cases are much less likely to have formal assessments and recorded care plans than cases where children are accommodated
- Children's feedback on kinship care is mainly very positive
- Contact between children in foster care and their parents is nearly always supervised and largely carried out with the purpose of assessing the quality of the parent-child relationship rather than helping achieve change
- Many children experience several or more changes in placement when in kinship care and especially when placed with non-relatives
- Commonly placements are made in an emergency and do not represent the social workers' first preferences
- Short stays of disabled children in care placements or hospital are often not satisfactory and almost nothing is known about how well met are the needs of disabled children in longer term care
- Once it has been decided that it is in a child's best interests to move to a permanent alternative family, delays occur through seeking to meet parents' needs, time spent on obtaining strong evidence for hearings and courts, and duplication in reports.
- High rates of physical and mental health problems have been identified among children in foster and residential care
- The research evidence about the experiences of disabled children away from home is very limited.
- At all stages in a care career, workers find it hard to obtain specialist help for parents and children, especially from adult services
- Where intensive support is offered, it appears to be effective
- Schools and health services now have staff dedicated to looked after children, but communication between the two is often lacking
- Several studies have illuminated developments in residential care
- When young adults are about to leave residential care, including secure, they do receive preparation and support, but this often fades rapidly once they have left

Thus research over the last decade has indicated certain ways in which arrangements for looked after children have improved (e.g. as regards concerted use of kinship care; participation by young people in decisions; helpfulness of intensive support when available; access to support when leaving care). However a number of problems remain, many of which are familiar from earlier studies and reviews. In particular the following are required:

1. Assessments that are more theoretically and empirically informed
2. Clear and specific long-term plans made as early as possible
3. Placements made on the basis of need not availability
4. Easier and more widespread access to intensive and specialist services
5. Policies, procedures and supports that ensure children return home quickly and safely *or* experience stable, caring alternatives

A concerted research programme is desirable. Priority should be given to planning processes and implementation, disabled children away from home and young people supervised at home.

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