



Centre for excellence
for looked after children in Scotland

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

Report 2: Identifying needs and outcomes

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Contents

1) Introduction	4
1a) Purpose of the study	5
1b) What do we mean by 'need'?	5
2) Methods of data collection and analysis	6
2a) Provider survey	7
2b) Follow up interviews	9
2c) Service (case) studies	9
2d) Young people's discussions	9
2e) Analysis	10
2f) Report structure	10
3) Findings A: The nature of needs and outcomes	11
3a) Individual needs	11
3b) Family needs	16
4) Findings B: Children and young people's perspective	18
4a) Someone on my side, on my terms	18
5) Findings C: Unmet needs: Providers' perceptions.....	21
6) Discussion and conclusions.....	23
6a) Summarising identified needs alongside GIRFEC wellbeing indicators	23
6b) Population scale of need	32
6c) Relational permanence: A prerequisite for addressing other needs.....	34
6d) Conclusion.....	36
7) References	37

1) Introduction

More than 5,000 children and young people are looked after at home in Scotland; this represents around a third of all looked after children. Children and young people looked after at home are subject to a compulsory supervision order, but without a requirement to be placed in a particular setting (such as kinship care, foster care, residential care, etc). This type of legal supervision order is unique to the Scottish system of child legislation, children who are supervised in this way are 'looked after' by a local authority whilst still living at home with a parent or relevant person. Home supervision has been used since the Social Work (Scotland) Act 1968, a period of more than forty years. Despite this long history and extensive use, little is known about home supervision or the experiences of the children who are subject to this intervention. This study seeks to begin to remedy this situation. The study covers considerable ground, and so, a decision was taken to report the findings in three separate reports:

- Report 1 in this series reports 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.
- This document is Report 2; it focuses on what we learned about the needs and outcomes of children and young people on home supervision and compares this to what was found in the literature review. This report also provides the background to the study and describes the methods used in the primary research.
- Report 3 in the series explores what we learned about the current provision of services to this group of children and young people looked after at home and considers how these relate to findings in the previous two reports.

The literature review suggested that children and young people on home supervision and their families experience multiple, chronic problems such as domestic violence, drug and alcohol misuse, mental health problems and financial difficulties. It found that they are likely to face a range of poorer outcomes than their peers; however, the review found that to date, little evidence is available about the extent of these poor outcomes. One exception is in respect of education where there is strong evidence showing that this group of children have considerably poorer outcomes than the general population, and, importantly, that they collectively have poorer outcomes than children who are looked after away from home.

It should also be noted that children on home supervision are not a homogenous group and that existing research has typically failed to explore nuances, for example, between groups of children on the basis of age, referral grounds, location or whether measures are compulsory or voluntary.

As awareness and concern about the poor outcomes of these children has grown, there have been urgent calls for a better understanding of the factors which influence their wellbeing and wider outcomes. In particular, national and local government are keen to identify effective ways of working with the children and young people concerned.

Barnardo's Scotland has been working in Scotland for more than a century. Barnardo's is increasingly coming into contact with children and young people looked after at home and their families, and has recognised the vulnerabilities of this group. Barnardo's therefore funded this study to begin to secure robust evidence about this group and how best to support them. In this way, Barnardo's seeks to improve its own understanding and response, but also to promote wellbeing and positive outcomes for children and young people looked after at home by sharing this knowledge with other stakeholders.

1a) Purpose of the study

The research was exploratory in nature, aiming to uncover new information about this under-researched group. In particular, the research investigates three areas. The first, to determine in what way outcomes for children and young people looked after at home or previously at home differed from their peers. This was mainly addressed through a systematic review of the literature, the findings of which are presented in Report 1. A second aim was to discover whether there were any unique factors experienced by this group of children and young people which may contribute to the overall profile of outcomes. The final aim of the research was to investigate emerging models of practice to support children and young people who are, or have been, looked after at home. These two latter aims were explored through primary research, utilising the methods outlined below.

1b) What do we mean by 'need'?

This report focuses on need: needs can be conceived of as those barriers which, if not overcome, will prevent or restrict wellbeing and achievement of potential. All people have needs and various systems and hierarchies have been proposed to categorise or organise human need. The needs covered by these models often include basic requirements for food, shelter and healthcare, psychosocial needs for care, esteem, belonging and love, and developmental needs for learning, achievement and growth.

The presence of a need will typically prompt an individual to attempt to remove or diminish barriers and maximise wellbeing. However, in societies people are not able to satisfy all of their own needs without input from others; in particular, children are seen as requiring support to meet all of their needs. Support for children typically comes from their families, communities and the

services provided to them. When children's needs are not adequately met, their wellbeing and positive outcomes are jeopardised, often with negative effects for the individual, their families and society as a whole.

Scotland has adopted the Getting it Right for Every Child (GIRFEC) approach which provides a framework in which to meet children's needs and 'promote, support and safeguard wellbeing' in these areas. The GIRFEC approach is now enshrined in legislation through the Children and Young People (Scotland) Act 2014. This approach includes a set of eight indicators of wellbeing: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included, often known by the acronym SHANARRI. These provide a useful context in which to consider need and we use this framework in the discussion section of this report to map areas where this research has identified that children and young people looked after at home are likely to have additional needs or where we find that their needs may not be fully met.

2) Methods of data collection and analysis

The study utilised a mixed methods approach using four methods for primary data collection: a provider survey, follow-up interviews, service (case) studies and young people's conversations. There was a degree of sequencing; each method was initiated in the order presented below, although data collection was overlapping and ran concurrently.

Potential participants from a broad range of sectors and services were recruited through contacts identified from CELCIS' extensive networks and by internet searches. Contacts were asked to provide information or basic contact details of potential participants to the researchers where the Data Protection Act allows them to do so.

We sought potential participants for different elements of the study as explained below; broadly this included workers from various services and young people who used services. Potential participants were provided with appropriate information via an information sheet and / or discussion with a researcher, then were invited to give consent to take part. Participation was secured without coercion and participants were able to opt out at any stage or 'skip' any questions which they did not wish to answer. Ethical approval for the study was given by the University of Strathclyde Ethics Committee and Barnardos research governance experts also scrutinised the proposed methods and provided advice to the researchers.

2a) Provider survey

An online survey was carried out to gather information and perspectives from service providers in the public sector, voluntary / third sector and independent sectors. The survey collected information about what is provided as well as collecting providers' views on the needs of children and young people looked after or previously looked after at home. The survey mechanism also allowed us to identify potential providers for follow-up interviews or case studies.

We were not able to use random sampling or contact every relevant provider of services as no suitable sampling frame exists; however, we feel our approach was broad enough to achieve participation from a suitable range of organisations allowing us to ensure that our findings provide a strong indication of the situation across Scotland. In total we invited participation from approximately 430 organisations and services working with children and young people across Scotland. This included youth groups, education providers, local authority social work departments, advocacy groups, health and mental health organisations, leisure and outdoors, equalities groups, young carers groups, befriending groups, family support services, youth justice services and policy officers working with services providing support for children and young people.

In total there were 88 responses to the survey. The questionnaire was completed by staff of different levels of seniority; we obtained a good balance between front-line workers, principal workers / service co-ordinators and staff in management roles. We also secured a small input from Heads or Directors of services. Five individuals did not describe their role in sufficient detail to categorise their position.

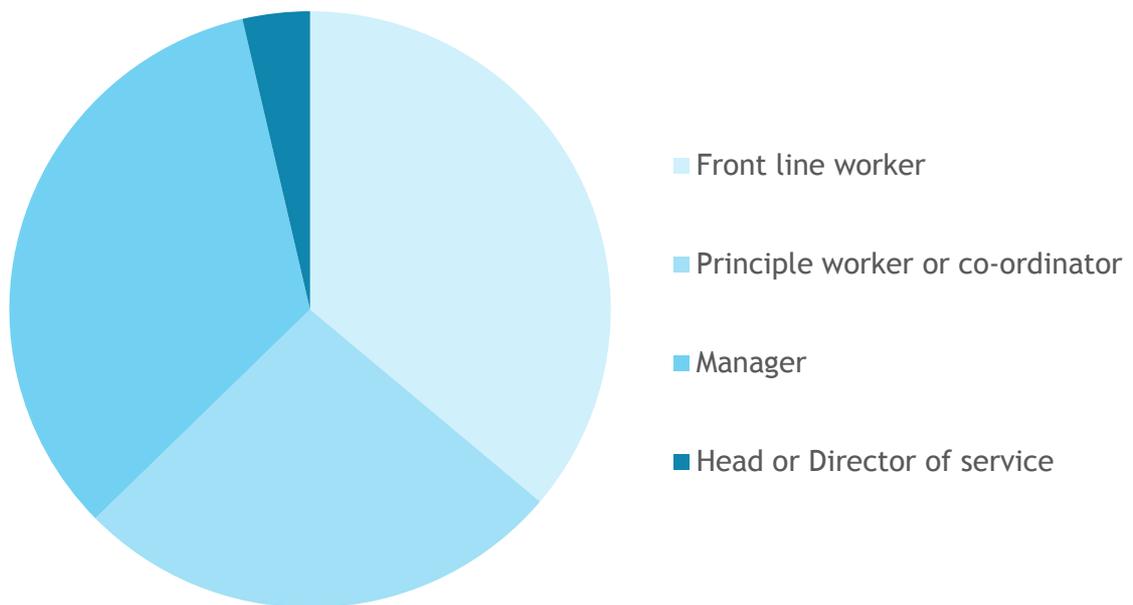


Figure 1: Participants' professional roles

The survey comprised a number of open and closed questions and was administered through the secure online survey tool, Qualtrics. The survey asked participants to provide a short description of the service they offered, the outcome areas which their service addressed, the age range and groups of children and young people served. If they were able, participants provided figures or estimates about the numbers of children served. The questionnaire also sought participants' opinions on whether children looked after at home had any unmet needs.

Participants were asked to indicate whether they would be willing to clarify their responses by email contact if necessary or provide information for a service case study, and there was also space for participants to volunteer to take part in other strands of the study.

The questionnaire was kept as short as possible in order to minimise the time and effort required by participants thereby to maximise response rate. Also, potential participants were informed that a paper version could be made available or if they desired they could participate over the phone. One provider requested an electronic Word version of the survey and this was made available. Readers wishing to view a copy of the questionnaire are welcome to contact the authors.

Numeric data were entered onto computer using SPSS statistics software and textual data from open question responses were analysed thematically along with textual data from other strands of the study.

2b) Follow-up interviews

Seven survey participants also took part in follow-up interviews on a one-to-one or group basis. The aim was to clarify survey responses and to explore further the needs and outcomes of children and young people. Interviews were semi-structured; they were audio recorded, transcribed and analysed thematically along with other textual data.

2c) Service (case) studies

Survey participants were asked to indicate if they would be willing to facilitate a more detailed 'service study' and to provide in-depth information about their provision. Twelve services kindly indicated a willingness to take part in this strand of the study. We selected five of these, representing a mixture of service types. Service studies involved interviews with workers which lasted up to 90 minutes and participants were asked to provide any additional information or service documents which could inform the case study analysis. The majority of documents received incorporated service monitoring information and service descriptions. Interviews were audio recorded and transcribed for detailed analysis. The researchers and participants then worked together to compile and agree short accounts of each study service, highlighting information and features which participants felt were important to share. These are collected together and presented as an Annex to Report 3. Information gathered during the creation of these studies has been incorporated throughout the study where most relevant.

2d) Young people's discussions

Services were also asked to help identify a small number of young people (ideally aged around 14-18) who were currently or previously on home supervision and who might be willing to talk with researchers. All young people identified in this way were judged by the staff working with them to be fully competent to decide whether or not to take part. Researchers informed these young people about the background and purpose of the project and made an information sheet available. Young people were given the option of taking time to talk to family members or workers about the study before reaching a decision. Eight young people (four girls and four boys) chose to speak with researchers. Those that took part were asked if they would like someone else to be present; none chose this option.

These 'interviews' typically took place at a venue the young person used regularly and, after talking with the researcher, all young people were given the opportunity to speak to trusted staff about any issues that had arisen. Conversations were audio recorded where young people gave

their consent, and transcribed for analysis. Notes were taken during interviews with young people who did not wish to be recorded. Data from interviews were analysed thematically.

2e) Analysis

In this report we focus on findings related to children and young people's needs and outcomes. Information about needs and outcomes came from various sources including interview data from young people currently or previously looked after at home and staff working with this group. The information also includes survey data showing the numbers of participants indicating certain outcome areas where they had noted unmet needs for children and young people currently or previously on home supervision. Integrating relevant information from all strands of the study helps to build a more complete and reliable picture.

Analysis therefore included thematic analysis (inductive and deductive) of interview data and textual information contained in the survey. Deductive approaches identified data related to known themes informed by the literature or structured by our questions. Inductive approaches identified themes based on insights and explanations from our emerging understanding of the data.

As well as this, a variety of primarily descriptive techniques were used to explore and report numeric data gathered through the survey. Some inferential statistical tests were conducted where the data were sufficient to support this.

2f) Report structure

We use a number of sections to present findings for a number of different themes and illustrate these with supporting data and quotations. Presenting findings one theme at a time is helpful as it allows us to focus on particular issues and portray the different perspectives we found on each. However, it is also important to consider these findings as a whole and acknowledge that many of these issues are likely to intersect and exert multiple influences on children and young people's lives. In a later discussion section we consider how these new findings relate to what is already known from the literature. In this findings section we include minimal discussion where this is necessary to clarify emerging points.

3) Findings A: The nature of needs and outcomes

Participants noted that children and young people's needs are diverse and may manifest differently across individuals and families. We categorised needs into two domains, individual needs and family (often parental) needs, and explore each of these below.

3a) Individual needs

Participants indicated that children and young people currently or previously on home supervision have substantial needs and face numerous issues. These young people were portrayed by participants as a particularly vulnerable group who had significant health, education, social and emotional need and whose experiences were characterised by poor outcomes. Participants stressed that each child and family had distinct characteristics and challenges that needed to be understood in order to frame appropriate responses for them.

Participants identified a particular need for children and young people on home supervision to develop positive relationship skills that would allow them to function more effectively within the family home. Services needed to be able to help young people develop necessary skills to compensate for any deficit in their parents' skills in order to:

... maintain them as a happy individual child, and support them in a safe environment, build their resilience to cope with living perhaps with a less functional parent or home life, providing again that it's not damaging or [they are] in any danger (Service provider).

It was thought that services needed to build relationships both with children and their parents to facilitate this work. Consistent and stable relationships with staff members were thought to be important in this regard, and one provider suggested that this could be promoted through the provision of holistic support involving different services from as few organisations as possible. Developing a consistent positive trusting relationship with a worker was a significant achievement in itself, and simultaneously allowed the service to address other needs. Finding individual ways of engaging children, young people and families was considered critical to successfully improving outcomes.

Findings suggest that a disproportionate number of young people currently or previously looked after at home experienced substantial mental health problems including anxiety, self-harm and eating disorders. Mental health issues were attributed to early and ongoing disadvantages, traumas and difficulties with forming secure attachments.

Self-harm is one manifestation of this – presenting as a big issue for this group of young people, but not generating a mental health diagnosis (Service provider).

I think for a lot of these children their differing outcomes will tie directly to their early years experiences... (Service provider).

Participants were particularly anxious that accessing mental health support and services was especially problematic for young people on home supervision. This was not only due to the general shortage of services but was often due to chaotic lives and the particular difficulties and barriers faced:

It is difficult for young people experiencing mental health problems to access counselling services (Service provider).

The mental health of [looked after at home] children is an area of concern with little services available and flexible enough for them to access (Service provider).

They need trusted adults who are there for them to be an advocate, to have time and space to develop trusted relationships and for specific funding to allow this, as often when things [are] in crisis for mental health... then huge waiting list for CAMHS, they need space and quality time where they do not need to tell their story again and again (Service provider).

A further area of concern for this group related to the thresholds applied by mental health services. It was suggested that often children and young people who are looked after at home experienced a cluster of different mental health challenges, but often did not meet the clinical criteria for a particular condition to be diagnosed. Consequently they did not receive a service:

The amount of young people we have with emotional, mental health difficulties. They get assessed, they say there is nothing wrong with them but we know that they are not emotionally functional (Service provider).

Equally there were often other service prerequisites which effectively excluded children on home supervision from receiving services¹:

¹ We note that mental health services may put these prerequisites in place for relevant reasons, for example, if failure to do so is likely to make interventions less effective, or they are only able to provide support 'diagnosable' mental ill health rather than promoting mental wellbeing.

A number of referrals go into CAMHS but they don't tend to get picked up for a while or they have to be settled in a placement ...but when we ever get a child settled in placement, well is there a need for the service anymore. Or there can't be any substance misuse but by and large that's the problem, they're not settled and they are misusing drugs or alcohol so they're not going to get a service (Service provider).

Furthermore where services were available, some participants reported that children and young people would not use mental health services until they were ready to do so. Whilst participants were aware of the challenges of providing mental health services to children and young people on home supervision, their accounts suggest that they consistently regard this as a significant gap in support for these children and young people that should perhaps be addressed in different ways.

Wider mental wellbeing issues were raised as particular concerns for this group of children and young people. Often these related to low self-esteem, confidence or resilience, and this group of children and young people were seen as being particularly susceptible to peer pressures. Social isolation, family instability and limited social networks were said to pose a further problem for these children and young people. This in turn reduced their access to various forms of support:

[it is] important that the child is seen in the context of their whole lives and all their social relationships - families, friends, community. Risks need to be balanced against consideration of the whole person's life into adulthood. Relationships with parents and the wider family is key. Services ought to look at ways to mend and strengthen positive caring relationships within families and communities as much as possible (Service provider).

It was also felt that this group of children were at particular risk of missing out on routine health promotion and preventive health care, such as that obtained at school or through attendance at health appointments (eg GP, immunisations, outpatients, dentist, optician, etc). Erratic contact with health services was also felt to result in health problems failing to be accurately identified or addressed in a timely way:

... their health needs are often missed out because they've missed a lot of immunisations (Service provider).

A number of participants highlighted risky sexual behaviour, the development of healthy sexual relationships and early pregnancy as particular concerns. This was thought to be confounded by the fact that young people's knowledge and understanding in these areas could be poor, particularly for those missing out on sex education at school:

My big concern is sexual health, because they've missed school they've missed out on sex education and I'm also worried that they are engaging in underage sex... (Service provider).

... she is pregnant at the moment and because of her behaviour in the past, her unborn baby is getting put on the child protection register (Service provider).

Alcohol and substance misuse were also seen as substantial issues for older children and young people who were looked after at home. This was often portrayed as part of a pattern of challenges or problematic behaviours which could make young people difficult to work with:

Children and young people with issues, such as education, health, misusing alcohol and drugs, getting in trouble with the police or problems at home (Service provider).

... young people who were engaged in serious or persistent offending... their risk taking behaviours... at risk of sexual exploitation and misusing drugs and alcohol (Service provider).

Other health-related behaviours were seen as a concern and it was thought that children on home supervision are at particular risk of being in environments which normalise behaviour likely to harm health. One participant used the example of smoking:

Children are more likely to become smokers themselves and not be encouraged to quit, often getting cigarettes from smoking parents or siblings. They see the behaviour as normal and do lack aspiration to change behaviour, often having started at a young age (Service provider).

Children and young people currently or previously on home supervision were also said to be in need of improved access to leisure and fitness opportunities. Participants found that they had often been banned or excluded from youth services, or could not afford entry or transport costs. Equally, these young people were thought to be unaware of many opportunities, and:

... not to have the confidence to venture out in to the community to find out what's on offer for them (Service provider).

As stated briefly above, education was seen as a major area of need for children and young people on home supervision. In particular, non-attendance at school and poor access to training and further education were highlighted as problematic areas. This was thought to be educationally damaging and also provided time and scope for children to become bored and disengaged or to become involved in less desirable activities:

You can find that young people are having a couple of hours a week education which is really not good enough. Then you can argue, what are they doing with the rest of their time? (Service provider)

Maintaining a place in mainstream school could be a challenge for some of these young people, but participants were also concerned about the suitability, quality and quantity of alternate

provision and educational attainment. The continued and expanded use of activity agreements for young people at home was put forward as a useful way to encourage young people to engage in training, education or employment activities, and to maximise their income.

Participants also suggested that children's education was often effected by low parental aspiration, engagement and interest in schooling and education:

I am aware of many young people who are not in full-time education because of exclusions, truancy ,etc and their parents do not fight for a full-time support package for them (Service provider).

Children and young people were also thought to have low expectations both of their education and of their general living conditions. Participants felt that children and young people looked after at home would often see the difficult circumstances within which they lived as the norm rather than seeing them as problematic. Connected to this, some participants thought that children and young people on home supervision had lower levels of maturity and skills for independence than other children, including those looked after away from home. Young people currently or previously on home supervision were thought to be more passive and less interested than other groups who were more motivated and capable of accessing entitlements:

These young people, the money was not an incentive, whereas looked after and accommodated children and young people are 'that's mine and I'm entitled to it and I'm going to get it'. Whereas looked after at home... I think some were in the dark about it, some of them weren't aware that they had this entitlement (Service provider).

There were different opinions as to the risk of homelessness for young people looked after at home, some suggesting that difficulties at home increased the risk of homelessness, whilst one participant suggested that there was potentially less homelessness amongst children and young people looked after at home than those looked after away from home.

It was reported that some children and young people were distressed by being on home supervision and became anxious and fearful that they would be removed from their family.

Equally, participants also told us that some young people, who had been involved with the social care system for lengthy periods of time, had 'become immune' to the 'threat' of Children's Hearings and the possibility of being removed from home. In this situation it could be difficult to encourage children and young people, particularly older teenagers, to address the issues identified by professionals:

... [for] some kids sadly the thought of going to a Children's Hearing has no impact on them at all because it's a regular thing for them. Some it does because there's a big fear that they will be taken away from home (Service provider).

One provider highlighted that children and young people remained vulnerable even when a supervision order was removed and felt that often there had been little real change in their circumstances.

Similar sentiments were also evident in respect of participants' portrayals of other Children's Hearings decisions; for example, some participants felt decision making appeared arbitrary and that it was not always clear why a child was placed on home supervision rather than becoming looked after away from home, since the two groups seemed to have similar needs:

The grounds for referral in the very first place ... they are very similar in terms of what brought them into care and the type of care is often very arbitrary, it seems to us (Service provider).

Whilst issues in the sections above were associated with individual need, participants often felt it was important to stress that children were in no way culpable for their individual problems or behaviours and suggested that these should be attributed to circumstances beyond their control. Several participants felt that it was easy for services, systems and the young person themselves to forget this and to begin to see the child as the problem:

Unfortunately it is these behaviours [that] are seen as the cause for concern and not what is going on in the family home. Then the young person feels responsible for something that was not their fault. This can very quickly turn into a downwards spiral (Service provider).

Educationalists often misinterpret challenging behaviours in school and as a result children are still subject to exclusion, which serves to exacerbate their reluctance to engage with their education (Service provider).

3b) Family needs

In this section we consider wider family need, in general the wider needs identified focussed on parents or their needs. Parents were unsurprisingly seen as a significant part of children's and young people's lives. It was noted that parents could contribute to problems and challenges, but equally parents could be instrumental in addressing children's needs. It was felt that to achieve this many parents needed considerable support and encouragement as they were also seen as having considerable needs of their own. For example, it was said that parents' own mental health issues such as low levels of self-esteem, confidence, and their own poor childhood experiences

had a particular impact on their ability to parent their child successfully. Often these needs were played out through parental drug and alcohol misuse, offending and domestic violence, which could traumatise children and young people and could put them in situations of considerable risk.

Participants told us that children and young people on home supervision typically live within a family environment where parents are unable to provide appropriate role models, boundaries or care for their children in areas such as times to return home at night, hygiene, diet, school attendance and engagement with health and other appointments:

Sometimes the parents seem as though they should be able to cope, they seem capable, for example, they can get their child out to school on time, but they seem to struggle setting boundaries (Service provider).

Participants suggested that parents differed in the extent to which they were able or willing to take responsibility for their children, with some parents appearing to expect the local authority to provide care for their children, including, in some cases, by removing children and looking after them away from home.

Participants felt strongly that it was a priority to work with parents around their own lifestyles and parenting capacity and that successful work with parents was critical to improving the child or young persons' situation at home:

A unique need of a young person who is looked after at home is the lack of appropriate parenting (Service provider).

...you are immediately engaging with the family and 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).

If you can make a happier parent then hopefully you can make a happier child (Service provider).

Achieving meaningful engagement of families who had a child on home supervision was not seen as an easy task. Some parents were described as exhibiting a general feeling of 'inferiority' and a 'lack of confidence' when visited by practitioners. Other parents were:

...often willing to engage with services and do want help [but] there is no trusting relationship, so parents are wary (Service provider).

In terms of engagement with services, it was thought that parents may be more likely to engage in positive ways with non-statutory providers. In particular, third sector providers told us that parents reported a preference for using their services for support and advice rather than contacting statutory agencies such as social work or the police.

It was also noted that frequently there were poor relationships among family members and there was a need to improve communication within the family. Parenting programmes such as Mellow Parenting were identified as a useful approach for some, but it was identified that particularly vulnerable parents may need one-to-one work. One participant suggested that group programmes for parents could be:

... more stigmatising [than one-to-one support] and while it can succeed in flagging up issues for parents to work with, [group work] is less effective at supporting them to deal with the issues (Service provider).

Participants identified additional parental needs related to systems and services; for example, a need was identified for advocacy support for parents at Children's Hearings in order to ensure that parents' welfare and family circumstances were not adversely affected by measures suggested by children's social workers:

I think we should have an advocate for parents at hearings. I know they can bring along a support and I have seen at times [cases] where we have done more parental support... [but] sometimes they [parents] do need support. I remember social workers trying to tell a woman, you'll need to quit your job because your daughter is unruly and I said, she won't get any benefit if you make her quit the job (Service provider)..

As with young people, parents and other family members could lack awareness of their rights and entitlements to benefits and services:

It's informing the parents about entitlements, because a lot of the time they're not aware... of what the young people are entitled to, ... for example, ... the majority weren't aware they were entitled to a clothing grant (Service provider)..

4) Findings B: Children and young people's perspective

4a) Someone on my side, on my terms

In total, eight young people agreed to share their experiences with us in face-to-face interviews. The young people varied in age from around thirteen to late teens and there were equal numbers of females and males. The discussions generally centred on their experiences of services; what they liked and disliked about the support they received, what additional needs they had, and the impact that services had on their lives.

Young people told us that they needed to develop a positive relationship with workers in order to be able to engage and benefit from services offered. A close and trusting relationship enabled them to discuss issues and feel respected and listened to. In addition, young people suggested that good relationships provided positive role models against which they could develop a sense of self and direction:

...I like coming to [project] because they were like honest people, if you know what I mean, [they] all work hard and do things and that's the kinda person I want tae be... (Young person)

Conversely, young people told us that the absence of a positive relationship could have a negative impact on their engagement with services and, potentially, their wellbeing. For example, one young person explained that less positive relationships with previous support workers had been unhelpful, they contrasted this to the good relationship they had with their current support worker:

Most workers give up on you...I've had people say to me 'you're never going to change'. The [current service] staff actually listen to you, and they don't give up on you. Things changed for me because my worker listened to me and respected me - so I listened too, and respected her. (Young person)

Young people felt that a flexible, relaxed and less formal approach to service delivery made it easier to build trusting, respectful relationships. This more relaxed style of service provision was reassuring as there would be somebody the young person could get in contact with should they need support but the service was not intrusive or overbearing:

It's helpful just even knowing he's there if I need anything, like if I need any advice I can sort of just like go to him. (Young person)

Similarly, young people emphasised that to achieve the outcomes they wanted, they needed to remain in control of their own service use:

... not to pressure you intae daeing things... they were helpful, they said that like whatever I needed to do they'd help me tae dae it. (Young Person)

I can just use it whenever I need it, it's not like I have to use it, it's not like I don't have to use it. (Young person)

The ability to access support when it was needed was of particular relevance to older young people who had previously been on home supervision; this flexible support helped them through practical transitions to adulthood, in areas such as housing, finances and organising and attending interviews and appointments. This potentially requires a long-term commitment from services and

young people suggested that they needed to be able to return to services on an ongoing basis as they understood that they would need support in these areas of their lives for some time to come:

There's other services that I will probably need help with in the future like, em, flats and stuff like that, like housing support kinda stuff like that. (Young person)

Young people also needed to be able to decide who they would work with and when this would take place. For example, one young person felt uncomfortable with the large number of professionals involved in her life and most valued her relationship with a support worker at school. This worker was available every day and so she was able to ask for support on her own terms as and when she needed it. In this way she felt more in control of her own situation:

...now that all of the professionals are out of my life I can really get on with my life. I can go look for jobs, I can go to school without having to meet up with people and I was, when I started working with them I was only 12/13 and I just did not know what was happening and I just felt like I just didn't want them in my life, because I just didn't see the point of them... (Young person)

Young people understood that contact with social care was mandatory, but they stressed that they needed a level of consistency. For example, one young person reported that they did not get on well with their social worker; they suggested this was because the relationship was based on formalities and that the social worker worked part-time and was not always available. Furthermore, arrangements for support in the social worker's absence were unclear.

These young people did not form close relationships lightly, but when they did they found this helpful. For example, one of the younger participants expressed a dislike for the idea of home supervision but felt they had a good relationship with their social worker and were listened to:

She [social worker] listens to my side of the story not my dad's. (Young person)

This young person thought that being able to talk to a social worker had helped them to 'stay out of trouble'.

The young people we spoke to were all identified through service provider with whom they had a positive relationship. These young people often reported that their services had helped to address their needs and had helped them to achieve the outcomes they wanted. One young person felt that engaging with services had enabled them to make progress at a faster pace than they would have been able to achieve without support:

I would say that if it wasn't for [project] then I probably wouldn't be where I am now for another two years or something because it just helps you that wee bit. (Young person)

Whilst it is acknowledged that the views of this group of young people may not be representative of the views of those who have not successfully engaged with services, we feel that they have provided some very valuable insights.

5) Findings C: Unmet needs: Providers' perceptions

Survey participants were asked to indicate outcomes areas where they were aware of unmet needs. They could do this by selecting from a pre-categorised list and by entering additional unmet needs they were aware of. Secondly, they were asked to indicate which of these in their experience comprised the three greatest areas of need. Forty-seven participants identified unmet needs for this group of children and young people, whilst 49 participants indicated the unmet needs which they felt were the greatest. The results are summarised in Table 1 as Ranks, with Rank 1 given to area where there was the highest number of responses and Rank 16 to the area where there were fewest responses.

Table 1: Areas of greatest unmet needs and all unmet needs

Area of Unmet Need	RANK greatest unmet needs (N= 49)	RANK all unmet needs (N= 47)
Mental Health	1	1
Stability and permanence	2	4
Health and Wellbeing	3	5
Educational attainment	4	2
Educational engagement	5	3
Parental Care	6	9
Relationships	7	7
Safeguarding	8	12
Life skills	9	13
Income maximisation	10	11
Self-esteem and confidence	11	6
Alcohol and substance use	12	16
Social skills	13	14
Self-care	14	15
Improved material circumstances	15	8
Leisure/recreation	16	10

The areas which are ranked in the top five both as greatest unmet needs and as all need were: mental health, stability and permanence, health and wellbeing, educational attainment and educational engagement. There were, however, some differences in the rankings for other areas of unmet need. Notably, ‘improved material circumstances’ and ‘leisure and recreation’ which were ranked roughly in the middle of the ‘all areas of unmet need’ became the two areas of unmet need least likely to be considered the greatest. Similarly ‘self-esteem and confidence’ was ranked highly in all areas, but relatively lowly as an area of greatest unmet needs. Conversely ‘safeguarding’ and ‘life skills’ were ranked relatively lowly within all areas of need, but moved up when participants considered the greatest areas.

6) Discussion and conclusions

In this section we begin to answer three questions:

- What is the nature of need experienced by children and young people currently or formerly looked after at home?
- What is the overall size or scale of need for this group in Scotland?
- How could we begin to address these needs?

To achieve this, we recap the various needs identified in this study and link them to the GIRFEC SHANARRI framework. After this, we consider the overall scale of need for this group compared to the wider population of looked after children. Then we discuss the need for relational permanence, which we suggest may be critical for this group, inasmuch as addressing this need may be a prerequisite to work in other outcomes areas.

6a) Summarising identified needs alongside GIRFEC wellbeing indicators

We stated earlier that needs can be conceived of as barriers to wellbeing and the achievement of potential. Children and young people looked after at home undoubtedly have substantial, complex needs. Many of these needs are associated with their early and ongoing experiences of abuse, neglect, deprivation and exposure to various risks and adversities. Some needs (lack of stability at home, fear of removal, etc) may be compounded by being on home supervision.

In our provider survey areas ranked as representing the greatest unmet needs included mental health, stability and permanence, health and wellbeing, educational engagement and attainment. In open discussions participants highlighted various areas of unmet need; most often their descriptions included needs related to confidence and self-esteem, permanence and stability, health (in particular mental health) and education (often related to engagement and attainment). Participants also confirmed that a child and young person's needs were often linked or related to parental needs. The needs identified by participants in this study echo those found in the literature explored in Report 1.

The GIRFEC wellbeing indicators can provide a useful framework against which to consider need by setting out the issues we identified for children and young people on home supervision alongside relevant GIRFEC wellbeing indicators (see Table 2). The first column contains text copied from the outline guidance explaining each indicator (Scottish Government, 2014); the second column contains relevant observations from this study.

Table 2: Children and young people looked after at home: needs against SHANARRI indicators

Detail from outline statutory guidance (Scottish Government, 2014)	Relevant issues and needs for children and young people looked after at home
<p>Safe</p> <ul style="list-style-type: none"> • <i>Every child or young person has the right to be safe and protected, and to feel safe and protected from any avoidable situation or acts of commission or omission which might result in that child:</i> <ul style="list-style-type: none"> ○ <i>Being physically, sexually or emotionally harmed in any way;</i> ○ <i>Put at risk of physical, sexual or emotional harm, abuse or exploitation;</i> ○ <i>Having their basic needs neglected or experiencing that their needs are met in ways that are not appropriate to their age and stage of development;</i> ○ <i>Being denied the sustained support and care necessary for them to thrive and develop normally;</i> ○ <i>Being denied access to appropriate medical care and treatment; and</i> ○ <i>Being exposed to demands and expectations which are inappropriate to their age and stage of development.</i> 	<p>Impact of systems:</p> <ul style="list-style-type: none"> • Often do not access health services and therefore have difficulties addressing their mental and physical health needs • Often miss out on curative and preventive medical care, health screening and health promotion messages • Services relatively unaware of their needs • Have poorer access to support and protective services <p>Impact of environments:</p> <ul style="list-style-type: none"> • Often living in insecure circumstances without sustained support • Material deprivation resulting in a less safe environment • May live in chaotic environments with turbulent relationships Parents may misuse alcohol or substances • More often being exposed to violence, abuse, trauma • May be exposed to risk of sexual exploitation <p>Impact of care and support:</p> <ul style="list-style-type: none"> • Parents may have difficulties in setting boundaries <p>Impact of behaviours:</p> <ul style="list-style-type: none"> • Often place themselves at risk including by misuse of alcohol / substances • May directly harm themselves • May engage in risky sexual behaviour <p>Other factors</p> <ul style="list-style-type: none"> • May not know about services that can provide support • May have low levels of resilience • May be particular susceptibility to peer pressure

Detail from outline statutory guidance (Scottish Government, 2014)	Relevant issues and needs for children and young people looked after at home
<p>Healthy</p> <ul style="list-style-type: none"> • <i>Every child and young person has the right to the highest attainable standard of health to support them fulfilling their developmental potential;</i> • <i>The health of children and young people should be promoted, supported and safeguarded to maximise their health throughout their life course; and</i> • <i>Children and young people should have access to timely, acceptable, and affordable health care and support of appropriate quality.</i> 	<p>Impact of systems:</p> <ul style="list-style-type: none"> • Often miss out on health promotion and support delivered through schools or contact with health professionals • Often have difficulties in accessing health services, in particular mental health services • Health needs may not be identified or suitably addressed • Poor access to or uptake of leisure facilities <p>Impact of health (physical and mental):</p> <ul style="list-style-type: none"> • More likely to experience anxiety, eating disorders or self-harm • More likely to miss immunisations, dental care, routine health screening, etc <p>Impact of behaviours:</p> <ul style="list-style-type: none"> • Often expose themselves to risk, alcohol, drugs or smoking • Risky sexual behaviours <p>Other factors:</p> <ul style="list-style-type: none"> • May miss out on material goods and have poor living conditions.

Detail from outline statutory guidance (Scottish Government, 2014)	Relevant issues and needs for children and young people looked after at home
<p>Achieving</p> <ul style="list-style-type: none"> • <i>Every child and young person has the right to fulfil his or her potential. Improving attainment and achievement go hand in hand and mean improving life chances and enabling all our young people to progress and develop the skills, ambition and know-how to enable them to fulfil their potential. Achievement also applies to a child's development as a social being with a fully-formed and autonomous personality who feels they belong and can navigate their way through life with knowledge, understanding, skill and confidence in their ability to cope with new and different challenges.</i> 	<p>Impact of systems:</p> <ul style="list-style-type: none"> • More likely to be excluded from school and have poor access to alternative education • Less likely to progress to further education, training or employment <p>Impact of skills and knowledge:</p> <ul style="list-style-type: none"> • Often have poor educational engagement, achievement and attainment • Likely to lack useful 'life skills' <p>Other factors</p> <ul style="list-style-type: none"> • May not want to attend school because of problems, appearance, etc • Some young people and adults report feeling that people don't 'believe in them' • Often have low levels of confidence and self-esteem

Detail from outline statutory guidance (Scottish Government, 2014)	Relevant issues and needs for children and young people looked after at home
<p>Nurtured</p> <ul style="list-style-type: none"> <i>The right of every child to thrive and develop into a safe, healthy, happy, well-adjusted child and, ultimately, an independent, respected and responsible adult is fundamental. There is a clear overlap between the outcomes of nurturing and those related to being safe, healthy, achieving, respected, responsible and included.</i> 	<p>Impact of systems:</p> <ul style="list-style-type: none"> May fear removal from family <p>Impact of care and support:</p> <ul style="list-style-type: none"> Often experiencing a lack of positive and stable relationships Likely to experience high levels of uncertainty, insecurity and impermanence May have attachment difficulties Likely to experience poor parenting More likely to be seen by as a ‘problem’; some will internalise this May have few positive role models <p>Other factors:</p> <ul style="list-style-type: none"> May have restricted social networks

Detail from outline statutory guidance (Scottish Government, 2014)	Relevant issues and needs for children and young people looked after at home
<p>Active</p> <ul style="list-style-type: none"> • <i>Being active is not just about 'doing'. It is also about children and young people having access to and being encouraged to take up opportunities to explore their home and community environment, play with others and express themselves in a variety of different ways. It is about developing new skills, learning how to assess and manage risks, and acting responsibly and cooperatively within teams and groups. Above all, activity and play is essential to the child and young person's subjective sense of wellbeing; the positive feelings about the self that come from having fun.</i> 	<p>Impact of systems:</p> <ul style="list-style-type: none"> • May be banned from youth groups or similar opportunities • Likely to have restricted opportunities for activity and play <p>Impact of skills and knowledge:</p> <ul style="list-style-type: none"> • Less likely to be aware of, or use, leisure and community facilities <p>Other factors:</p> <ul style="list-style-type: none"> • May lack confidence to engage with opportunities • May lack financial resource to participate (entry costs, travel, etc) • Often has restricted social networks and less access to peers

Detail from outline statutory guidance (Scottish Government, 2014)	Relevant issues and needs for children and young people looked after at home
<p>Respected</p> <ul style="list-style-type: none"> <i>The United Nations Convention on the Rights of the Child highlights the importance of parents, carers and practitioners in children's services recognising every child's right to be treated with respect and dignity at all times, regardless of their age, gender or social, religious and cultural background, regardless of what they may have done or failed to do. Respect and being respected are multi-dimensional concepts. Every child or young person has the right to express their views on matters that directly affect them, and to have those views given due weight in accordance with their age and maturity by the adults who care for them or come into contact with them in a professional or personal capacity. The child who is treated with respect is more likely to be safer, emotionally and physically healthier, happier, more nurtured, more likely to feel and be included, more likely to achieve and more likely to respect themselves and others and behave in a considerate and responsible way.</i> 	<p>Impact of systems:</p> <ul style="list-style-type: none"> • May experience compulsory supervision as intrusive or unnecessary • Likely to feel or be excluded from decision making • May feel they are not listened to • May feel pressurised by service providers • May experience some services as disrespectful or disempowering • May feel that some service providers 'give up on them' <p>Impact of environments:</p> <ul style="list-style-type: none"> • Often exposed to coercion through violence, abuse, exploitation <p>Other factors:</p> <ul style="list-style-type: none"> • May experience impermanence and insecurity • May have difficulty expressing views

Detail from outline statutory guidance (Scottish Government, 2014)	Relevant issues and needs for children and young people looked after at home
<p>Responsible</p> <ul style="list-style-type: none"> • <i>Being responsible is about accountability, but it is also about leadership and decision making and understanding the rules, norms and parameters which guide how we live alongside each other. It is about the capacity for moral judgement and taking a principled stand. It is also about showing respect and compassion for others, being honest with oneself, and with others and resisting pressure to engage in inappropriate, dangerous or anti-social behaviour. Being responsible is also about self-control; being patient when one's wishes are not instantly gratified and not resorting to aggression and violence to get one's way. It is also about learning how to negotiate with others.</i> 	<p>Impact of skills and knowledge:</p> <ul style="list-style-type: none"> • May have low aspirations or take a passive approach • May be resistant to positive intervention • May be unaware of opportunities • May be unaware of own rights <p>Impact of care and support</p> <ul style="list-style-type: none"> • May be reviewed as a problem and consequently not given the opportunities to develop responsibility • Likely to have restricted social networks and opportunities for interaction <p>Other factors:</p> <ul style="list-style-type: none"> • May also be young carers and have responsibilities in excess of what would be typical for their age • Often lacking in confidence, resilience and self-esteem • May be particularly susceptible to peer pressure

Detail from outline statutory guidance (Scottish Government, 2014)	Relevant issues and needs for children and young people looked after at home
<p>Included</p> <ul style="list-style-type: none"> • <i>Every child has the right to be included. Inclusion is about the acceptance of all, and the recognition that each, regardless of their differences, can make a valuable contribution to the community. The emphasis is placed on addressing the needs of the whole child and not just those of current or most urgent concern and also assessing the child's needs within the context of his or her development and environment and identifying the strengths and pressures in that child's world. A strong emphasis should be given to removing the social, economic, cultural and personal barriers that prevent children and families from accessing services, exercising their rights and engaging with their community and society at large.</i> 	<p>Impact of systems:</p> <ul style="list-style-type: none"> • Often excluded from services which would be beneficial • May feel that services 'give up on them' or that opportunities close before they are ready to make use of them <p>Impact of care and support:</p> <ul style="list-style-type: none"> • May be regarded by some as being a problem • May have restricted social networks • May be unaware of opportunities to join in • May lack positive role models <p>Other factors:</p> <ul style="list-style-type: none"> • Likely to be resistant to intervention • Often included in less desirable networks (exploitation, substance use, etc)

6b) Population scale of need

Children's needs are complex, multi-factored and fluid, over time their situation and circumstances will change and the supports provided to them may alter in response or due to other factors such as changes in budget or priority. Furthermore, needs are different for different individuals and subgroups (eg older children and young people had different needs from younger children). As discussed in Report 1 suggested that needs should not be seen in isolation; they are inter-related (eg health and wellbeing impacts on education just as education impacts on health and wellbeing). Despite this complexity it is important to consider the overall scale of need for children and young people on home supervision; not least when considering resource allocation or planning a proportionate response to need.

The findings of this study suggest that, as a whole, children looked after at home are likely to experience higher levels of need than the general population and that many will have needs which are equivalent to, and in some respects greater than, children looked after away from home.

Figure 2 is an abstract portrayal of the levels of needs of different groups within the population of looked after children and young people related to key interventions. The Figure is illustrative only and is highly simplified; our intention merely to illustrate the subsequent discussion. The relative sizes of the 'supervised at home' and 'supervised away from home' groups are roughly proportionate to the numbers of each group in Scotland.

The vertical (red) lines in the diagram represent significant interventions (ie requirements for supervision at home, supervision away from home or secure care). Each of these interventions is a response to perceived need and as such is an attempt to improve the situation for any particular child.

The diagram also identifies five increasing levels (or severities) of need, marked as horizontal bands 1 to 5:

Level 1 This represents most children in the general population². Most of these children will have needs which are addressed within their families and universal services. Some may receive additional support or intervention which successfully addresses their needs.

² Most children will lay to the left out of scope of the diagram

- Level 2 This represents children in the general population with increasing levels of need and, at the same level, those children for whom home supervision successfully addresses their need. Children at level 2 are likely to receive support or intervention from universal and targeted services including social care; some may be on the child protection register.
- Level 3 Children on home supervision with increasing levels of needs or those for whom home supervision fails to address need, and, at the same level those children for whom becoming looked after away from home is appropriate to reduce their level of need. These children are likely to receive support or intervention from parents, carers, universal and targeted services, including supervision and support from social care.
- Levels 4&5 Children and young people looked after away from home who have increasing needs and may require highly specialised support.

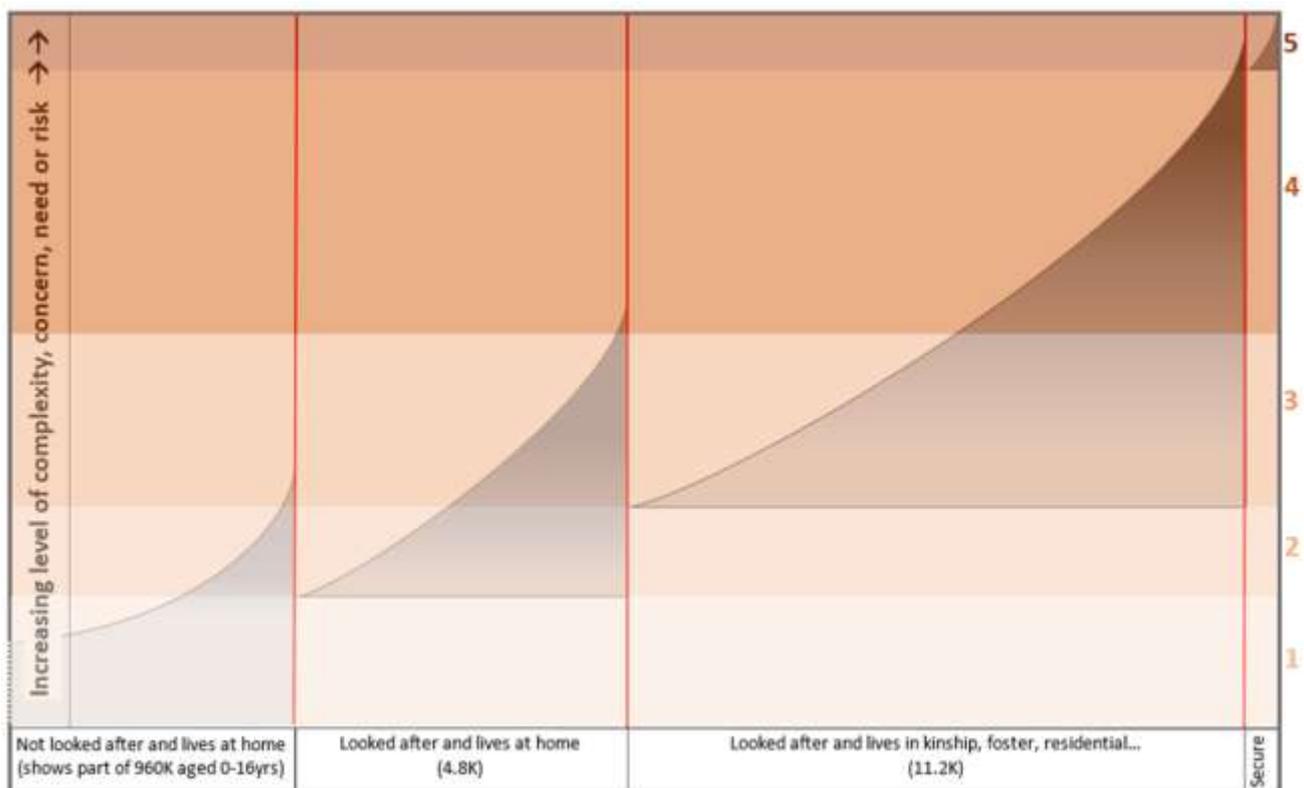


Figure 2: Need against intervention

The overlapping nature of the Figure reflects the fact that whilst interventions will often succeed in reducing need or risk, responses may differ and circumstances may continue to change over

time. The current research suggests that a large proportion of children on home supervision have needs which are similarly severe as a large proportion of children supervised away from home; this is represented by level 3 in the diagram.

We next consider how effective responses may be made to the needs of children and young people currently or previously on home supervision.

6c) Relational permanence: A prerequisite for addressing other needs

Childhood is a period of change and continuity. A child's needs, abilities and interests will develop over time, typically within a family setting which offers some features of stability. Many participants suggested that children on home supervision are likely to experience less-secure environments without strong, consistent, positive relationships within their family, community, school or other setting.

Participants in this study repeatedly asserted that, in order to access support, children and young people needed to develop trusting relationships with workers who would ideally be available to them over time. Furthermore, young people themselves emphasised that they needed someone to be there for them, when they were ready, on their own terms.

Based on our understanding of these findings and our reading of the literature, we would suggest that children and young people looked after at home often lack relational and emotional permanence. This originates both from the difficult environments and circumstances these children experience and from the interventions which aim to respond to their needs. Indeed, home supervision itself is an intervention which may reduce a child's sense of stability or permanence and their lack of relational permanence is despite, and possibly sometimes due to, the fact that these children remain at home with their families. We feel that this reduced sense of permanence may underlie many of these children and young people's wider difficulties and it may make engagement in services more difficult; together, this is likely to be the root cause of poor outcomes in the longer term.

A first aim for services working with children on home supervision might then be to create an environment that promotes a positive sense of stability and permanence within the family. Then to supplement this through any additional support needed, delivered via positive relationships with trusted workers who can be consistently available over months and years, depending on the child or young person's needs.

We do not under-estimate the difficulties in achieving this or the resources required. We would suggest that where one service has been successful in providing or facilitating a sense of relational and emotional permanence, this service may be well-placed to act as a bridgehead through which other support and services can be more effectively delivered. That is, providers who have a good relationship with a child or young person, may be in a particularly strong position to facilitate engagement with other services. This will require good communication and integrated working. Equally, if stability can be improved in the home, parents may be better placed to support the child or young person to positively access and benefit from necessary services and support. In this way, the provision of greater sense of relational permanence for the child or young person is a pre-requisite for meeting other needs, this is represented visually by Figure 3.

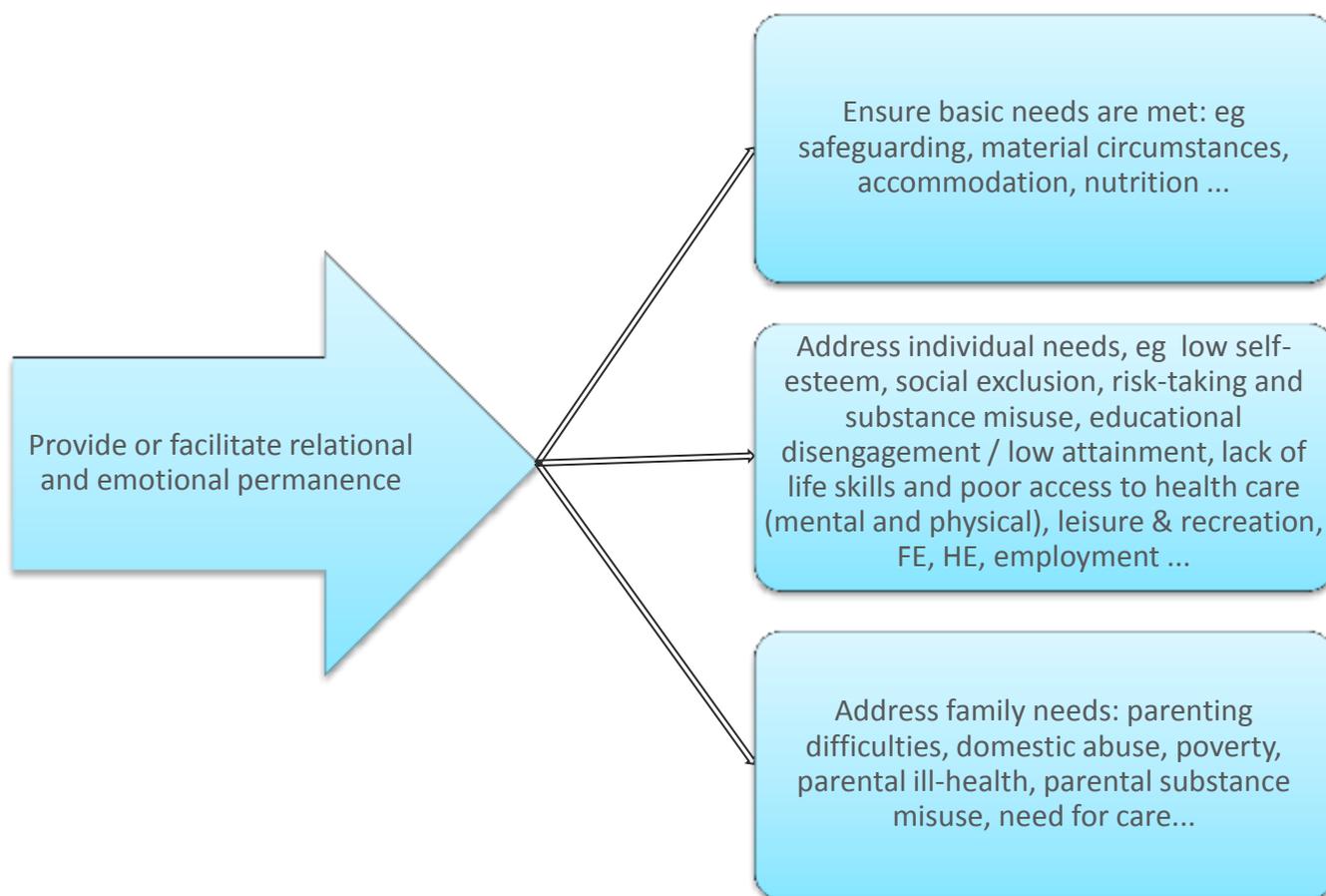


Figure 3: Meeting the needs of children and young people looked after at home

6d) Conclusion

Children looked after at home constitute a large group of vulnerable children. Many of the specific needs experienced by children on home supervision are similar to those experienced by other children in need; what marks these children as different is that their needs are intense, often occurring in combination and potentially compounded by the nature of being on home supervision. We suggest that the needs of many children and young people in this group overlap with a large proportion of children looked after away from home.

Other looked after children may also have been exposed to high levels of neglect, abuse, trauma and adversity, but children on home supervision are unique: they are identified as having high enough levels of need to warrant compulsory supervision; yet they remain at home, often in difficult circumstances. Additionally, for some, being supervised at home and experiencing hearings and reviews, etc may further undermine their sense of stability and permanence.

Despite the fact that intervention with this group can clearly be beneficial, evidence suggests that the support many children and young people on home supervision receive is sub-optimal in several ways. It is frequently inadequately planned or sporadically delivered leaving many needs unaddressed. Provision of support for children and young people on home supervision may be uniquely challenging, resource-intensive and complex.

Critically, it seems likely that successful services will be those that contribute to or ensure a sense of relational permanence for children and young people. Addressing the young person's needs may require providing support for family members as well as working with the young people themselves. Family members may face their own difficulties or fears and, as with some young people, they may resent compulsory supervision or resist intervention. We suggest that delivering services to children on home supervision and their families requires providers to develop and adopt a range of additional and different strategies from those used to work with other groups of children and young people.

Despite this, we would suggest a culture has developed in which some providers regard children on home supervision as being less in need, or less entitled to services than other looked after children. In the context of fiscal constraint this is rationalised by some as being due to a categorical 'duty' to allocate resources to those currently or formerly looked after away from home, whereas they portray their duty towards those currently or formerly on home supervision as being somewhat secondary or contingent.

As a result systems, support and services are developed and delivered in ways which marginalise children and young people looked after at home such that whilst they are officially overseen many of their needs may be overlooked.

In the next report (Report 3), issues related to patterns of service provision for children and young people currently or previously looked after at home across Scotland are considered further.

7) References

Scottish Government. (2014). *Proposal for the development of guidance to support the GIRFEC provisions in the Children and Young People (Scotland) Act 2014*. Edinburgh: Scottish Government. <http://www.scotland.gov.uk/Publications/2014/04/5745/1>.

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.

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