



Formulating foster care in Scotland for young children's emotional and mental wellbeing

Foster carers can play a key role in supporting a child's recovery from abuse and neglect and improving their mental health, but optimising this requires appropriate formulation of the care arrangements. This is a report on a scoping study into the extent to which the way foster care as conceived and supported, provides the basis for meeting the emotional and mental health needs of young children. It focuses on children aged up to 60 months who have been removed from their parents' care because of maltreatment, or risk of maltreatment and who have been placed in state provided (non-familial) foster care provision in Scotland.

The project had three main objectives:

- To establish what is known about the emotional and mental health needs of young children (aged zero to five years) coming into the care system.
- To look at the preparation and support for foster carers in Scotland relevant to caring for these children, through analysis of local authority documents.
- To explore the experience of foster carers in meeting the emotional and mental health needs of children, through interviews with a sample of foster carers.

Methods

The research was conducted in three phases:

Phase I Comprised two literature searches to identify what is known about the support for the emotional and mental health needs of the target

group of children and the landscape of foster care in Scotland.

Phase II Identified the support given to foster carers for meeting the emotional and mental health needs of young children through analysis of documents from local authorities, augmented by interviews with managers from two local authorities.

Phase III Interviewed foster carers to gain their perspective.

Summary of key findings

Mental health needs of looked after children

- Increasing numbers of children under the age of 60 months are becoming 'looked after', while increasing numbers of all looked after children are being placed in foster care.
- Children within the care system are more likely to have poor mental wellbeing than children in the general population.
- Types of difficulties include behavioural and emotional issues due to exposure to various forms of maltreatment.
- There is very limited research on the prevalence of emotional and mental health issues in looked after children under the age of 60 months specifically. Estimates range from 19% (Sempik et al 2008) to 67% (Hardy et al 2013). Estimates of the prevalence vary depending on how broadly this is defined, how it is measured, how many different measurements are used and how the study population is accessed. Measurements of problems often rely on caregiver reports (in some instances the parent), who may not recognise the child's behaviour as indicative of mental

health need. Their assessments may also vary according to their confidence levels.

Formulation of foster care

- Local authorities strive to achieve permanence (a secure placement) for the child avoiding unnecessary delay.
- Concurrency planning is permitted by the relevant regulations, whereby a child may be placed with a foster carer who is dual registered as both a foster carer and an approved adopter. This option may enable an infant to be adopted by their foster carer if reintegration with the birth family is not possible. The local authorities who took part in the study appeared to make very limited use of this option.
- There is evidence that local authorities support foster carers to address the mental health needs of infants in their care, through provision of ongoing training, through efforts to match the child to the carer, through the provision of information on the background of the child and through access to professional supports.
- Foster carers are able to describe a range of troubling behaviours exhibited by infants for whom they have cared. They value training and access to advice concerning behavioural issues.
- Foster carers help children to recover from abuse and neglect through the modelling of positive behaviour, efforts to build an attachment and efforts to stimulate the child's development.
- Foster carers have an important role to play in supporting contact between a child and the birth parent, as well as recording information that may inform decisions around permanence. They express a wish to be included in discussions around the future care of a child and for their opinions to be respected.
- Measures that promote attachment within the care system and improve the processes by which permanence is achieved are crucial.

Implications for future research

- Further research into how the concurrency model may be effectively carried out in practice is needed.
- The collation of data on effective add-on interventions in Scotland, which support foster carers to manage the effects of

abuse and neglect, could inform future policy and practice.

- Further research into the effectiveness of initial health screening given to children who become looked after is indicated. This should review the screening measures used following the identification of an unmet mental health need, their reliability, and interventions offered.
- Factors impacting on the uptake of the treatment should also be reviewed.

Author contributions: JT and LM conceived and designed the study. CS and KS carried out data collection and initial analysis. Further interpretation and analysis undertaken by JT and CJ. CJ and CS drafted the initial reports. KM conducted further data analysis and literature reviewing to prepare this final report. JT participated in all aspects of the study as supervisor. All authors read and approved the final manuscript.

Additional contributions: Anna Anderson provided administrative, technical and material support. Louise Bazalgette was the key liaison with the Looked After Children Team at NSPCC. The study advisory group provided important context and feedback.

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NSPCC registered charity numbers 216401 and SC037717.

Document id: K201302