

# Inspecting for positive outcomes

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## **Introduction**

The Care Commission was set up in 2002 to help improve care services in Scotland. It regulates almost 15,000 services that care for more than 320,000 people in all parts of Scotland. These services include childminders, foster care and adoption services, nurseries, day care services, care homes and private hospitals.

As Scotland's national regulator of care services, the Care Commission registers and inspects services, investigates complaints and, where necessary, takes legal action to make sure a service meets the appropriate standard of care. Findings from inspections are published in reports, which are available on the Care Commission website.

The Care Commission also publishes reports that give a national picture of the availability and quality of care services. From 2007-2009, it has reported on a number of focus areas which relate directly or indirectly to the health of children and young people looked after away from home (Care Commission, 2007; 2008; 2009a; 2009b). These publications set out what needs to be done to improve outcomes for children and young people. Scottish Ministers have set a broad vision of expectations and aspirations for young people; namely that they are safe, nurtured, healthy, achieving, active, respected, responsible and included (Scottish Executive, 2005a). A number of publications, legislative changes and government initiatives have supported this vision. The Care Commission has looked at these focus areas to inform how this vision is being delivered for children and young people looked after away from home. This paper presents some of these findings.

## **Methodology**

For each of the inspection focus areas, the Care Commission, along with young people, their representatives and colleagues with particular expertise in each focus area, developed a number of key questions to ask care service providers.

Their responses were then checked by:

- talking to young people in the services,

- talking to service managers and staff,
- observing practice,
- examining a sample of young people's case files and records,
- talking to the local authority social work staff responsible for the young people (care planning and child protection).

Where there was evidence that either regulations or National Care Standards were not being met, this resulted in a requirement or a recommendation being made. These were subsequently aggregated to show how services nationally are dealing with these areas. The number of complaints investigated and upheld by the Care Commission and any enforcement action taken were also reported upon.

Between 1 April 2006 and 31 March 2008, the total number of registered residential care services for children and young people, which were operational throughout the year, is set out below. It does not include services which became registered or which cancelled their registration during that calendar year as these services may not have been inspected.

<i>2006/07</i>	<i>2007/08</i>
187 care homes	197 care homes
32 residential special schools	37 residential special schools
5 secure units	6 secure units
224 services in total	240 services in total

For each of the focus areas examined, only residential care services for children and young people were considered. Fostering services were not included as these only became subject to regulation and inspection in 2006.

## Findings

### *Care planning*

The personal plan developed by the care service for each young person looked after away from home should inform and be informed by the overall care plan developed by the local authority for that young person.

### *Pre-admission*

It is vital that the needs of each young person are properly assessed before they become looked after away from home and this includes their health needs. In 56 percent of services, requirements or recommendations were made because a young person had not

had a mental health assessment before admission and this reflects the variations in access to mental health assessment services across Scotland. The introduction of Looked After and Accommodated Children's nurses (LAAC nurses) has improved the assessment of young people's mental health needs as it was reported that they often carried out these assessments. The personal plan cannot initially, however, properly address the health needs of young people if there has been no mental health assessment before admission. It also raises questions about whether an appropriate placement has been identified if this assessment is missing.

### *Post-admission*

Many services had good personal plans in place for each young person, setting out explicit goals and actions, with assigned responsibilities to named individuals. They linked to overall care plans and were regularly reviewed by all involved, including the young person, carer, and social work staff. Nevertheless, 34 percent of residential services for children and young people looked after away from home needed to make at least one improvement in their personal plans. In 17 percent of services, there were inadequate or out-of-date risk assessments for individual young people and in 16 percent of services, the plans did not address fully the care, well-being or educational needs of the young people.

### *Child protection*

Ensuring children and young people are protected from abuse is a basic function of residential care services. There was at least one area of improvement needed in 27 percent of services relating to child protection, with the majority of those services (17 percent) needing to improve staff training. Since good care is, to a large extent based upon the knowledge and expertise of staff, they need to be trained and know how to keep children and young people safe, how to deal with young people's concerns and to encourage young people to share any concerns they may have. In a small number of services (four percent), child protection policies were not fully developed and staff were not fully aware of, or did not fully understand, child protection procedures. In a very small number of services, staff did not know how to refer child protection concerns to local authorities responsible for placing young people in the service.

### *Physical restraint and de-escalation*

During physical restraint, there is always a risk of injury. There are also risks of psychological damage to young people, particularly for those who have previously been subject to abuse, but also in terms of the young person's sense of self-worth (Davidson et al., 2005). It is imperative, therefore, that it is always used as a last resort, within the wider context of de-escalation, which can avoid the need for restraint. Nevertheless, physical restraint of a child or young person may, if properly done and, in the right circumstances be the correct action to take. Inspection showed that at least one improvement was necessary in 21 percent of services, with staff training and proper recording of instances of restraint being the main areas where services needed to improve. The decision to physically restrain a child or young person is often a matter of fine judgment and staff must be appropriately trained to help them make this decision

and to enable them to do it safely. It is also important that restraints are recorded properly to enable managers, staff and young people to reflect on, and learn from, what happened and plan for the care of young people.

### *Food and nutrition*

The quality of meals provided to young people in residential care services has a very important influence on their current and future health. Adults who have lived in residential care when young are more likely than their peers to suffer from ill health (Scott & Hill, 2006). It is also recognised that the diets of children and young people who are looked after away from home cause particular concern because many of them will have experienced deprivation and poor healthcare before they arrived in care. (Caroline Walker Trust, 2001). The Scottish Government developed nutritional standards for meals and encouraging healthy eating and enacted legislation setting out the nutritional requirement for all meals in schools and placing health promotion at the heart of schools' activities (Scottish Government, 2007).

In general, residential care services were found to be doing well in meeting the nutritional needs of young people. Only 21 percent were issued with a requirement or recommendation, although this included 40% of secure accommodation services (two of the five operational throughout 2006/07). This is of particular note as the young people living in these services have no other choice about their food as they cannot leave the premises.

The largest areas for improvement were on staff training about healthy eating and for services to have a policy on providing nutritious food or on eating well. A very small number also needed to carry out eating, drinking and nutrition assessments, take account of young people's preferences and provide more fruit and vegetables.

### *Mental health and wellbeing*

There is evidence that the general health of most children and young people looked after away from home is good, although this is compromised by the high level of mental health difficulties that exist within this group. This is much greater than within the wider population of children and young people living in the community. (Kendrick et al., 2004; Scott & Hill, 2006; Furnival et al., 2007). There have been a number of publications which support the Ministers' vision and relate to the mental health and well-being of children and young people. In particular, Scott & Hill (2006) highlighted the importance of creating 'emotional warmth' for children and young people looked after away from home and noted that research on the mental health of this group has shown that they are doing less well than their peers. A particularly vulnerable group is those young people still in their teens, who leave care and move to independent living. *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care* (Scottish Executive, 2005b) provides a clear policy context for the mental health and well-being of all children and young people as well as focusing on the additional needs and support of children and young people looked after away from home. This was further developed by *Delivering for Mental Health* (Scottish Executive, 2006). Recommendation ten of this document states

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'We will improve mental health services being offered to children and young people by ensuring that by the end of 2008:

- a named mental health link person is available to every school, fulfilling the functions outlined in the Framework;
- basic mental health training should be offered to all those working with, or caring for, looked after and accommodated children and young people.'

Fifty-six percent of residential services did not have a mental health needs assessment for children and young people at the time of admission to the service. However, once a young person was admitted to a residential service, 95 percent of services had systems in place to promote mental health. Access to health professionals was also good with young people in 93 percent of services being able to access the appropriate people. It is important that young people have opportunities to talk about their worries and concerns. It is reassuring, therefore, that residential services were managing this well and young people in 94 percent of services were able to discuss these with staff.

Anecdotally, it had been suggested that staff would avoid physically comforting young people because they were afraid that they may be accused of inappropriately touching the young person. Inspection findings showed that this was not the case and in 96 percent of services, staff felt comfortable about physically comforting young people who were distressed, reflecting the training provided by the Scottish Institute for Residential Childcare to staff and managers on the subject. This finding was confirmed by young people's workers from *Who Cares? Scotland*. Young people advised them that there is appropriate and comforting use of touch in residential care services, and that young people were given a cuddle by staff when they were distressed. Their view, however, was that this often depended upon the experience and confidence of the staff and the relationship and trust between staff and the young person. It was particularly reassuring that physical comforting was being offered routinely to young people, with staff and young people both feeling that this was acceptable and safe.

There are a significant number of children and young people looked after away from home affected by substance misuse and staff in a small number of services needed training to work with these young people. Twenty percent of services needed to provide their staff with information about agencies which substance misusing parents could access, so that they could support the young people for whom they cared.

Although staff in a small number of services (seven percent) were not fully aware of the implications of bereavement and loss for young people, it is of some concern that any staff were in this position. All children and young people becoming looked after away from home experience loss - of home, parents, family and friends.

### Throughcare and aftercare

A particularly vulnerable group is those young people, still in their teens, who leave care and move to independent living. Research has shown that many young people are poorly equipped to cope with life after being looked after away from-home - practically,

emotionally and educationally (Kufeldt & Stein, 2005). This has implications for their subsequent experiences of loneliness, isolation and poor mental health and has been specifically acknowledged in the legislation (Scottish Executive, 2004). This reinforced the duty on local authorities to prepare young people for ceasing to be looked after and to provide advice, guidance and assistance for young people who have ceased to be looked after over school age. Subsequently, this was followed up by the Scottish Throughcare and Aftercare Forum who developed quality indicators for best practice. (Scottish Throughcare and Aftercare Forum, 2006). The report by Scotland's Commissioner for Children and Young People, (SCCYP, 2008) has, however, identified that there is still a culture where the age of leaving care is 16 years, and that a number of young people leaving care are placed inappropriately in bed and breakfast accommodation or homeless hostels. Too many staff and young people also lack accurate information about what young people are entitled to and can expect. This was confirmed in inspection findings where 50 percent of services were not doing enough to help young people leave appropriately.

Ninety-one percent of services had a policy on throughcare and aftercare, and in only five percent of services were staff unaware of the policy. Over 98 percent of services provided guidance to staff on throughcare and aftercare. Nevertheless, in 15 percent of cases, the quality indicators 'How Good is Our Throughcare and Aftercare' were not being used. As a result, the quality of support provided (and subsequent outcomes) to young people is likely to be poorer.

Seventeen percent of services were not training their staff adequately on throughcare and aftercare policies. If staff are not trained in this area, they will be unable to support young people adequately with throughcare or aftercare. This confirms the findings of the *Sweet 16?* Report (SCCYP, 2008). Care Commission findings reinforce the recommendation from that document that workers need to be trained and informed about young people's rights and should be able to pass the information to young people.

Twelve percent of services needed to improve how they reviewed their policies, guidance and practice in this area. There has been continued development in this area over the past 10 years and services should ensure that their policies and practice were both up to date and effective. Those services which did not review these were disadvantaging the young people in their care and the staff who work with them.

With regard to pathway planning, staff generally seemed aware of the planning process, although in four percent of services, young people did not receive a copy of their pathway views.

## Conclusion

In many areas, residential services were working hard to meet the needs of the children and young people for whom they cared. In some areas, for example, physical comforting of young people in distress, this is effective and welcomed by the young people. There were, however, systemic issues with regard to care planning and mental health assessments of young people at the point of becoming looked after away from home, which need to be addressed.

Of most concern was the finding that half of all residential services needed to improve the support they gave to young people leaving their care. This contributes to the poor outcomes experienced by many young people who have been looked after away from home. In order to improve this, young people need to be supported appropriately, not just while they are living in a service but after they have left as well. The promotion of corporate parenting within local authorities (Scottish Government, 2008) may help protect young people and ensure that they are properly supported and not left to their own devices once they have left their residential service.

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