

Information for the Education Committee in advance of the Minister for Childcare and Early Years' evidence session on care experience

March 2018

Children 1st is Scotland's national children's charity. We have over 130 years of experience of working along alongside families to provide relationship- based support when they need it and to help children and families to recover from the trauma associated with childhood adversity. We focus our work on three main areas: prevention, protection and recovery.

Many of the children and families that we work alongside have experience of the care system, of being looked after at home or are considered "on the edge of care". Some of the parents we support are living with the long- term effects of unresolved trauma due to their own traumatic experiences as children. As a result they can struggle with mental ill- health, problems with drugs and alcohol, involvement in abusive relationships, living in material and relational poverty, feeling isolated and unable to cope or a combination of these.

For many of these parents, the lack of early help and support to help them recover and build resilience means that parenting can be incredibly challenging and their own children may suffer as a result. This can potentially mean that statutory services become involved to ensure the children are safe and protected.

Children 1st's view is that easily accessible, non-stigmatised, compassionate, trauma-informed family support has the potential to prevent problems from escalating to a point of crisis. We believe that we must ensure that children are supported to become emotionally healthy and resilient individuals and, where appropriate, their parents are able to access early help to resolve what happened to them in their own childhood and to support the development of positive, safe, loving family relationships. For some children, becoming looked after is the only option to keep them safe, but we believe that with the right support and early help some families can prevent inter- generational cycles of trauma from occurring and children can live safe, healthy and happy lives at home. We highlight the following issues that the Committee may wish to consider in advance of the Minister for Childcare and Early Years' evidence session on care experience.

The importance of early help and support for families

There is growing evidence about the part that trauma-informed, relationship-based family support can play in prevention of, and recovery from, childhood adversity and there is an urgent need for a strategic and sustainable expansion of these models across Scotland. It is this systemic approach which acknowledges prevention and recovery as part of the same continuum that will help us tackle the many issues that are linked to unresolved childhood adversity.

Children 1st believes that the prevalence of childhood adversity in this generation of children is linked to the recovery of the previous generation. We often find that it is only by working with the entire family, and helping to resolve parental trauma caused by their own childhood adversity, that we resolve issues for the child. In our view, in some cases, working to prevent unresolved trauma from manifesting as coping behaviours and strategies or becoming mental health issues will help to strengthen families and reduce the likelihood that children will feel unsafe at home.

Holyrood Columnists Laura Beveridge writes about how things might have been different for her Mum if she was provided with early help:

"I often think of the parents that lose children to care, what might have helped? I think of my mum and how lost she was, no one was there for her. She didn't need help to love, she needed help to care. The irony for me was that I was removed from the potential, with support, for love to flourish and placed into a care system that felt cold and clinical..."

“...But if I had been asked by someone that I really trusted what I really wanted from the care system, I’d have talked about how much I missed my brother and sister, I’d have talked about how much I just wanted to be normal, and I would have asked for whatever support it took to let me live at home with my mum.

I would have said I wanted to be part of a family.”¹

In order to achieve this, a wide range of services is required to meet all needs. There is an urgent need for universal services to be trauma informed and to understand the symptoms of trauma, adversity and challenge faced by children and families.

For families experiencing multiple and complex adversity, life can seem overwhelming. Too often however, by focusing on a family’s problems, the response of statutory services can be to put families through processes, systems and services that make them feel helpless, dependent, shamed and blamed rather than fully engaging them to contribute to finding the solutions to the problems they face. There is increasing evidence that investment in universally applied programmes that aim to ‘fix’ a person’s problems and do not fully take account of family circumstances and local community resources, can create further dependencies on services and increase long term need. By contrast relational, restorative practice grounded in respect, which involves listening to people’s lived experiences, building on their strengths and working with them to identify and implement the changes they want to make in their own lives, results in better long term outcomes for children, families and communities.

We know that where this type of systemic, trauma- informed family support is available and where support workers are trained to meet the complex and varied need of families and to help them with problems they identify in a non- stigmatising, non- judgemental way, it can make a big difference to families. This may include money advice, housing, parenting support and issues stemming from relationships. It means asking families “what happened to you?” rather than “what is wrong with you?”

Investing in initiatives such as Family Group Decision Making (FGDM), piloted by Children 1st in Scotland nearly 20 years ago, have seen dramatic impacts on the reduction of children being accommodated and increasing family confidence to create and own their own plans and decisions. The principle of this model is that at Family Group Meetings families are asked to help in looking at solutions for families as a rights- based, trauma- informed way of bringing children together where there were concerns about child protection.

Since Family Group Decision Making began being offered to every child at risk of becoming accommodated in Edinburgh City Council in 2016 the local authority has seen a decrease in the numbers of children in the care system. In 2015 Edinburgh Council delivers an estimated 227 Family Group Meetings per year with 10.5 staff at a cost of just over £2,000 per family meeting. Conservative estimates for savings made for children whose meetings resulted in an alternative to residential care placements (for example, kinship care placements) as £1,077,000. Numbers of children in care in Edinburgh are currently down to the same level as in 2010 (and this is including those unaccompanied children seeking asylum that have recently been included).

We know that some local authorities are looking to invest in Family Group Decision Making in order to prioritise supporting families.

Lack of investment

However, despite research consistently pointing towards the need to invest in family support and trauma recovery we have not seen the type of investment in preventative services envisaged by the Christie Commission in 2011. The Early Intervention Foundation states that

¹ <https://www.holyrood.com/articles/comment/love-foundation-helps-us-thrive-sometimes-it-isn%E2%80%99t-enough>

in England and Wales late intervention costs £17 billion per year which “underlines the need for effective, targeted early intervention to address the demand for late intervention.”²

Glasgow Health and Social Care Partnership spends over half its budget for children’s services on looking after nearly 1,350 children and young people at an annual cost of £95m. Of that nearly £42m is spent on 239 children and young people in care – at an average cost of £175,700 per year, per child.³

Although the evidence tells us that over half of all mental ill health starts before the age of 14 years and 75% has developed by the age of 18,⁴ thousands of children in distress in Scotland are on waiting lists for mental health support or rejected from services because they don’t meet eligibility criteria. North Ayrshire Council has indicated it is now experiencing second and third generation homelessness as the trauma and often distressed lifestyle of parents impact on children.⁵

A Scotland-wide mapping study of post-sexual abuse services conducted in 2008 found there was no consistent or coordinated approach to provision in Scotland and the services which existed were unable to meet demand.⁶ Meanwhile, a 2016 NSPCC Scotland report looking into recovery services for children who have experienced sexual abuse in the West of Scotland found that services with staff dedicated to the work of engaging with highly vulnerable children at risk of, or experiencing, child sexual exploitation, do not exist in most areas. This means that the majority of specialist and general services are provided by the third sector, but is dependent upon short-term, fragmented and insecure sources of funding.⁷

Children 1st encourage the Committee to consider how the Scottish Government can ensure services to prevent children from becoming looked after, in line with Section 12 of the Children and Young People (Scotland) Act 2014 are prioritised. This includes by investing in systemic family support, Family Group Decision Making and trauma- informed support and ensuring that that investment is sustainable. Too many services are dependent on short-term funding that means their futures are uncertain and forward planning is not possible.

Children living in kinship care

Finally, it is worth highlighting to the Committee the importance of ensuring the voices and views of children living in kinship care arrangements are included in discussions. Thousands of children in Scotland have been prevented from becoming looked after by their kinship care families. Kinship carers, often grandparents, Aunts or Uncles, take on the vital role of bringing up and caring for children and young people whose parents are no longer able to do so, often at difficult and challenging times. With the right support kinship carers enable children to maintain a family connection and recover from loss and trauma, all of which can have a lasting positive impact on children’s lives.

Foster care and kinship care are the most common settings for looked after children in Scotland, with the proportion of children living in kinship care continuing to increase. In 2016 4,279 children were formally looked after by kinship carers in Scotland with thousands more children with a Kinship Care Order or who live in informal kinship arrangements.⁸

Children 1st works with children in kinship care in a number of local authorities and recently undertook a broad consultation exercise to ask what was good about being in kinship care—

2 Chowdry, H., and Fitzsimmons, P., The Cost of late Intervention: EIF Analysis 2016, Early Intervention Foundation

3 <http://www.heraldscotland.com/news/16078218.alan-sinclair-on-how-to-improve-the-lives-of-scotlands-children/?ref=mr&lp=12>

4 Murphy M and Fonagy P (2012). Mental health problems in children and young people. In: Annual Report of the Chief Medical Officer 2012. London: Department of Health.

5 Scottish Parliament’s Local Government and Communities Committee Report on Homelessness, 6th Report, 2018 (Session 5). http://www.scottish.parliament.uk/S5_Local_Gov/Inquiries/20170614_Homelessness_SimonCommunity.pdf

6 NSPCC The Right to Recover: <https://www.nspcc.org.uk/globalassets/documents/research-reports/right-to-recover-sexual-abuse-west-scotland.pdf>

7 NSPCC The Right to Recover: <https://www.nspcc.org.uk/globalassets/documents/research-reports/right-to-recover-sexual-abuse-west-scotland.pdf>

8 Scottish Government, Children’s Social Work Statistics Scotland, 2015-2016 <http://www.gov.scot/Resource/0051/00515771.pdf>

and what could be better—to help inform the Care Review. The children who responded to our consultation told us that being in kinship care made them feel safe, loved, included and part of the family. They told us: *“I feel safer sleeping next to Granny’s bed”* and *“I like living with my Aunties because I see family more often and they know me.”*

Some children told us they loved living in kinship care and nothing could be better, but others told us that there were things that could be done to make them feel happier and to improve their health and wellbeing. Many children told us that they would like to see their parents or siblings more:

“Would like to see Mum, sister and Gran more”

“I would like to see my sister more”

“I would like to see my Mum and Dad more”

The children also told us that having activities, holidays and getting out of the house was important to them. Some of them were worried about the health of their kinship carer, which they felt restricted their ability to participate in fun activities:

“I get bored at home but it’s hard for Granny to take us out and about.”

“Nana’s bones hurt so she can’t take me to the park.”

Some children also told us about their experience of transitioning into kinship care. Some thought they could have been better prepared and didn’t feel that they were listened to or things were explained to them:

“It would have been better if social workers were friendlier, we were scared and they did not explain things well to us.”

Many children had negative views about social work, reflecting that they had “taken them away” but others talked about the importance of social workers and third sector organisations such as Children 1st listening to them and taking their views into account.

“Children 1st has helped me feel better about living with Granny and Granda”

“My social worker Sarah has helped me by listening”

Children also reflected that they didn’t like re-telling their story over and over again and that they found it hard explaining their situation to friends and teachers.

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