

# EMPTY PROMISE?

## A CRITICAL ANALYSIS OF THE SCOTTISH GOVERNMENT'S STRATEGY FOR CHILDREN IN CARE

### SUMMARY

The Promise is the key driver of the Scottish Government's policy in relation to family support and out-of-home care for children. It is largely based on information drawn from the views and opinions of people who have experience of care – but research data and other empirical evidence has been given lesser prominence in creating policies. This has led to an emphasis on responding to whichever issues arise from those expressing views rather than developing strategies based on the overall political, economic and social context in which problems arise. The key role of public services in bringing about the extent of change needed should be strongly emphasised and the critical contribution that the social work profession can and does make should receive greater priority. In addition, the application of research knowledge and sustained commitment to workforce development are critical components of an effective approach. Instead the strategy often feels like it is based on responding to subjective feelings with value-based language. That this work is disconnected from the work on a National Care Service makes little sense – a National Care Service could be pivotal in providing holistic and integrated support to children and their families.

## BACKGROUND

The SNP has set out an ambition that Scotland should be ‘the best place in the world to grow up’ and that children are ‘loved, safe, and respected and realise their full potential’. The Scottish Government’s current vision for children is set out in a document called ‘The Promise’. The Promise emerged from the Independent Care Review, initiated by First Minister, Nicola Sturgeon in 2017. The impetus for the Review came out of demands from care leavers that the care system ought to provide them with ‘love’ to ‘give them the childhood they deserve’. The Care Review was chaired by Fiona Duncan, CEO of a third sector grant-giving organisation, and from the outset indicated that it intended to base its findings on the views of care experienced people.

One of the outputs from the Review, which concluded in 2020, was a document called The Promise, which set out an agenda to carry through the conclusions of the Review, followed in 2021 by The Plan, presented as a ‘road map’ towards reforming the ways in which children and families are supported in Scotland. The Promise is again overseen by Fiona Duncan. It has become a principal driver of Scottish child care policy. There is much in the Promise that is difficult to disagree with. It does however, raise two critical questions – whether it demonstrates the depth of understanding and analysis that is required to make significant difference to children and families in whose lives we intervene, and whether it tells us anything we did not already know.

This paper aims to comment constructively on the Promise and the Plan, and to present evidence as to how its over-arching objectives might be more effectively addressed. Many of the actions they propose are somewhat peripheral in terms of achieving major systemic change. In contrast, some fundamental problems are barely, or only superficially, referenced.

## EARLY ADVERSITY AND LATER LIFE CHANGES

A childhood compromised by severe and sustained adversity, or by persistent disruption and unsettlement, is likely to reduce the chances of positive and optimistic life outcomes in adulthood. A wealth of research literature, as well as years of analysis of administrative data, have confirmed this unfortunate reality over and over again. The ‘ACE’ (Adverse Childhood Experiences) study, conducted in the US in 2006<sup>1</sup> has gained substantial traction in terms of offering an explanation for this connection. While there is much legitimate criticism of the absence of systemic factors from its analysis and its somewhat simplistic assessment methodology, it has helped to focus worldwide attention on the strong correlation between the extent of exposure to a range of harmful experiences in early life to later life outcomes. These findings were, of course, hardly surprising to anyone who had knowledge of the social care sector and its users.

Closer to home, a major UK study in 2019<sup>2</sup>, conducted by researchers across a number of UK universities found an ‘inverse intervention law’ establishing that families living with poverty and inequality were far more likely than others to be the subject of interventions from statutory social services. In Scotland, the long-established cohort study ‘Growing Up in Scotland’ has consistently found that ineffective parenting practices, and their effect on children’s cognitive and emotional development, are far more prevalent in families with low incomes and poor social support networks. One way that the interplay of these factors currently manifests itself is in a significant and substantial increase in child protection referrals and interventions. Examination of the reasons children are being increasingly drawn into this system shows that the risks identified are far more likely to be of neglect rather than of sexual or physical assault, against a backdrop of severe and persistent material poverty and parents with poor mental health and problems of addiction. This deserves much further analysis in its own right, but it is important to understand the current triggers for, and nature of, the involvement of statutory services in family life.

Children referred to social work services before the age of five (which, across Scotland, represents an alarming and staggering figure of 25% of the population<sup>3</sup>) are far more likely to be the subject of child protection investigation and continued monitoring than immediate removal or statutory supervision through the Children's Hearings system at around 1.5%. The relative percentage of children who have been in out of home care at this life stage is also far lower at less than 2%. The incidence of poverty, inequality and other factors that negatively affect parenting capacity is broadly similar to that prevailing when far higher numbers of children, both in absolute and relative terms, were placed in the care of public authorities. It is therefore unlikely that lower rates of admissions to care could be attributable to improvements in families' social and economic circumstances. When it is deemed too risky for children to remain in their family home, placement with relatives, often grandparents, through kinship care arrangements, is now increasingly preferred to use of formal care settings. It is important that any strategy intended to improve the outcomes of children who have experienced adversity and disadvantage takes account of this current context and is not based on an out-of-date understanding of the factors that need to be addressed.

## THE INDEPENDENT CARE REVIEW

Given the above, it is difficult to understand the logic of the high profile of, and level of investment in, some of the proposals put forward by the Independent Care Review and taken forward in *The Promise*. There is certainly a body of knowledge, developed over a number of decades, which has focused on the specific experiences and long-term outcomes of those who have experience of public care services. Many notable researchers, such as Mike Stein, Sonia Jackson and others were instrumental in drawing attention to the over-representation of people who had been in formal out-of-home care settings in groups who experienced adverse outcomes – homelessness, incarceration, teenage pregnancy, unemployment – in adult life. Most of these studies were, firstly, retrospective

and gathered their data from care-experienced adults. The cohorts involved, furthermore, had been largely drawn from those whose care experience occurred in later childhood rather than in early life, and who had moved on directly from care to 'independent adulthood' (often aged 16) rather than returning to their families. They were also a 'snapshot' of the prevailing position at the time the research was conducted.

We do not know whether these negative experiences persisted throughout the lives of those studied or not – longitudinal data from England suggests that, for example, while the educational qualifications of children in the care system are much lower than the general population at the end of statutory schooling, that this gap narrows over time as people return to learning later in life. It does not seem to be the case, therefore, that outcomes for all care-experienced people are persistently bad throughout their adult lives, even if they are not positive at the point of leaving care. The review does not indicate the extent to which care-experienced people's life outcomes are within the normal range, despite there being many such individuals, nor does it make clear the extent to which the adversity experienced outside the care system contributed to negative life outcomes.

We need to be clear whom we are talking about when we use terms like 'care experienced' and understand the criteria for inclusion in, and exclusion from, this cohort. The review does not make its criteria explicit. We also should acknowledge that legislation, policy and practice have changed substantially over the years in response to increased awareness of research evidence and to a number of major public inquiries, and that the profile of the care population and practice in care settings are consequently quite different from that existing when many of these studies were conducted. It would be interesting to compare longitudinal outcomes for the children currently involved in different elements of social work interventions such as kinship care and child protection with those in out of home care. Recent data conclude that experience of the care system per se is not a significant determinant of educational outcomes, and that other variables are more important<sup>4</sup>. For example children in out-of-home care are currently performing better educationally than

children subject to child protection measures but remaining at home<sup>5</sup>. Again, this is worthy of more detailed analysis in its own right, but it is important to understand and respond to current needs, not those of several decades ago. It would also provide valuable data as to the extent to which adult adversity is attributable to the experience of care rather than the factors that triggered the admission.

It is worrying, too, that the vast and compelling body of existing knowledge does not appear to have had much bearing on the review's deliberations and conclusions. Objective evidence seems to have been jettisoned in favour of 'listening' and 'voices' prioritised over knowledge. The material changes such as those that have taken place in workforce development, foster carer training and support for children's learning seem barely to be recognised. Even if we accept the validity of this approach, it is difficult to ascertain the robustness of the sampling methodology used and therefore how reliable it is in terms of representativeness in relation to factors such as ages of participants, type of care used, number of moves in care, number and durations of placements, in what era the care experience occurred and any of the background factors that precipitated care admission. There are some claims that are clearly dubious such as that stating that 'babies and infants' were consulted. In addition, the size of the sample, given the number of variables, would need to be considerably larger and appropriately stratified in order to present credible findings.

Local authorities and the social work staff they employ do not remove children from home for no reason. Both legislation and resource availability dictate so. Before a child is removed, risks to her/his immediate wellbeing are deemed to be too great for the resources available in the community to be able to reduce them sufficiently. This must be able to be demonstrated, if necessary, to the satisfaction of a court of law. Recognition of the role of local authorities and the social work staff they employ in reducing risk in many families in order to avoid admission to care, is disappointingly absent. The effectiveness of care services in safeguarding children and the extent to which positive and sustainable change has been achieved in many families, despite

resource constraints, does not seem to be either recognised or valued by the review. A lay person reading the review and its associated plethora of documents could be forgiven for assuming that care harms all children who use it, that families are wilfully kept apart for no valid reason, and that social work staff do not have the best interests of children at heart.

## REAL CHANGE FOR THE BETTER

Public social services have faced increasing demands for intervention in the face of declining levels of investment. Social work caseloads for those working with children and their families frequently comprise more than forty cases. For a profession whose key objective is the formation and development of purposeful, functional relationships, it is ironic that workloads often preclude social workers achieving the kind of connection with children and their families that enables respect, trust and honesty. It is disingenuous to suggest that this can be addressed in any way other than by allowing social workers the space and time to make these meaningful relationships. Adding more compulsory requirements to an already hard-pressed workforce will make things worse, not better.

The separation of work with children from support for adults adds another unnecessary layer of complexity<sup>6</sup> and results in families receiving services in an inconsistent, fragmented and uncoordinated way. This is of particular relevance to many of the families currently engaged with social work services where parental mental health, disability, illness and addiction frequently feature. The review attempts to steer a rather uncomfortable and contradictory path between advocating more intervention on the one hand while on the other criticising public services for apparently intrusive involvement. There is limited recognition of the part both statutory requirements and resource availability play in the way services are delivered, and the consequent ways in which they impact on the chances and lives of those in receipt of them.

Given the government's stated commitment to achieving equality, tackling poverty and children's

rights, it is hard to understand why the focus has not been much broader. Poor outcomes for those in the care system are a function of inadequate investment in social welfare across the board, not specifically the experience of out-of-home care. Arguably the outcomes for many would have been much worse if children had not been placed in care. Of course there are positive changes that can be made to out-of-home care, but it is largely lack of investment rather than lack of awareness or commitment that has inhibited progress.

One factor that appears to have been instrumental in separating the care-experienced group from other children at risk of inequitable outcomes is the extent of lobbying that has taken place on their behalf. Powerful lobbies can mean that disproportionate attention is focused on the interests of one group while taking less account of the bigger picture, and on the end result rather than the fundamental causes.

If government is really serious about avoiding inequitable outcomes for children who experience public care, it needs to be serious about avoiding them for all children. Substantial and significant investment in public services is what will make a difference, with clear entitlements for children and their families and a nationally consistent approach. In particular, investment is acutely required in children's social work. Caseloads must be restricted to a level which enables formation of the effective relationships so critical to children's welfare.

Children's needs should not be seen in isolation from those of their parents/carers – unless intensive support is given to parents to improve the home environment and provide effective parenting while children are in care placements, return home is likely to fail. The fundamental objective should be to avoid care by providing as much support to families as possible.

A real and demonstrable commitment is needed to put services in place at community level that would reduce the incidence of many family difficulties, identify those who need additional help and provide that support timeously and sustainably. A key element of this would be an effective and integrated pre-natal and early years service that facilitated child and family learning, promoted good family health, provided family and

parenting support and enabled quick access to specialised services in order to achieve better life chances and more positive and equitable outcomes where this would be of benefit.

The changing pattern of out-of-home care also should be recognised. More and more children are being cared for within their extended families. Kinship carers should receive adequate financial assistance but should also have access to the information, advice and support that enables them to give the best possible care. The role of foster carers too should be reviewed and financial reward and professional development provisions established that reflect the complex needs and circumstances of many children in the care system.

Critical to the effective delivery of any service is the quality of the workforce. There is no doubt that there is a strong correlation between outcomes achieved and workforce qualifications<sup>7</sup>. It would be inadvisable to abandon workforce development in favour of a more nebulous approach to staff selection. A core element of social work training focuses on the importance of, and the capacity to form, empathetic, honest and trustworthy relationships. The social pedagogical approach, already well established across Europe, is increasingly prominent in social care of children and is based largely around understanding how to form and grow the kind of relationships with children that contribute to positive change.

Siblings are rarely separated through choice. Families tend to be larger and more diverse than average among those at risk of coming into care and the reality is that there are almost no foster carers who have the physical space for, never mind the skill and capacity to cope with, a family of four or five children. Social workers are frequently doing their utmost to ensure family contact is maintained despite the constraints on their time and resources. If this is to be addressed, there must be, firstly, sufficient capacity in the care system so that there is never 100% occupancy, and care provision developed that can accommodate family groups.

Many more children could remain at home if risks were avoided, reduced and addressed. Family support needs to be multi-dimensional,

coordinated and flexible. Key to this is understanding how families define their own problems and to facilitate solutions. Parents need to be helped and their needs and views should be central to any intervention. Creative solutions should be found in order to avoid care. Where it is unavoidable for reasons of immediate safety, close partnership with families should contribute to an early and sustainable return home.

The balance of time spent in meetings and on administration rather than on face-to-face contact has to change. If there is an intention to review legislation it should be with a view to reducing, not increasing, administrative burdens. Analysis is needed as to the value added by these processes and streamlining introduced accordingly.

A pivotal role for an adequately-staffed and sufficiently-resourced social work service should be at the heart of effective care reform. Workers should be able to work holistically with families and artificial barriers between children's and

adult services minimised. A National Care Service with a holistic approach to supporting individuals and families throughout the life cycle could be the key to consistency, effective collaboration and centrality of the importance of thriving children in strong, well-supported families.

Positive change for people who have experience of care is achievable, but only if the right choices are made and the resources needed committed to. All families have to be well supported and all risks to children's welfare adequately addressed. Evidence must be applied both to accurate definition of the problems and to selection of effective solutions. The Promise may have worthy intentions but it offers few imaginative or sufficiently far-reaching ideas to achieve the fundamental realignment to which it aspires. A road map without a clear direction of travel, that underestimates the distance to be travelled and that overlooks obstacles to be overcome along the route is, unfortunately, likely to lead to the wrong destination.

## REFERENCES

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