‘Making their way in the world’

Reporting on a study into the health and social care needs of children and young people, aged 8 to 16 years old, living in West Glasgow Community Health and Care Partnership who are ‘looked after’ at home or in kinship care.

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For West Glasgow Community Health and Care Partnership (NHS Greater Glasgow and Clyde and Glasgow City Council)

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The TASC Agency

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September 2008

‘Making their way in the world’ - Summary Report

A study into the health and social care needs of children and young people

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West Glasgow Community Health & Care Partnership

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About the study

This report is a summary of the work reporting as 'Making their way in the world', a study into the health and social care needs of children and young people, aged 8 to 16 years old, living in West Glasgow Community Health and Care Partnership who are 'looked after' at home or in kinship care.

A main study report is also available, as is a separate report on the findings of a review of policy and literature (known as Report 2); and finally a poster has been produced (next page) which represents visually the characteristics of positive health and wellbeing which can be found in the lives of children and young people (considering these as strengths or protective factors), as well as aspects of ill-health (physical, social, mental or environmental health and wellbeing) which might also be expressed as children and young people's health needs or as risk factors which undermine positive health and wellbeing.

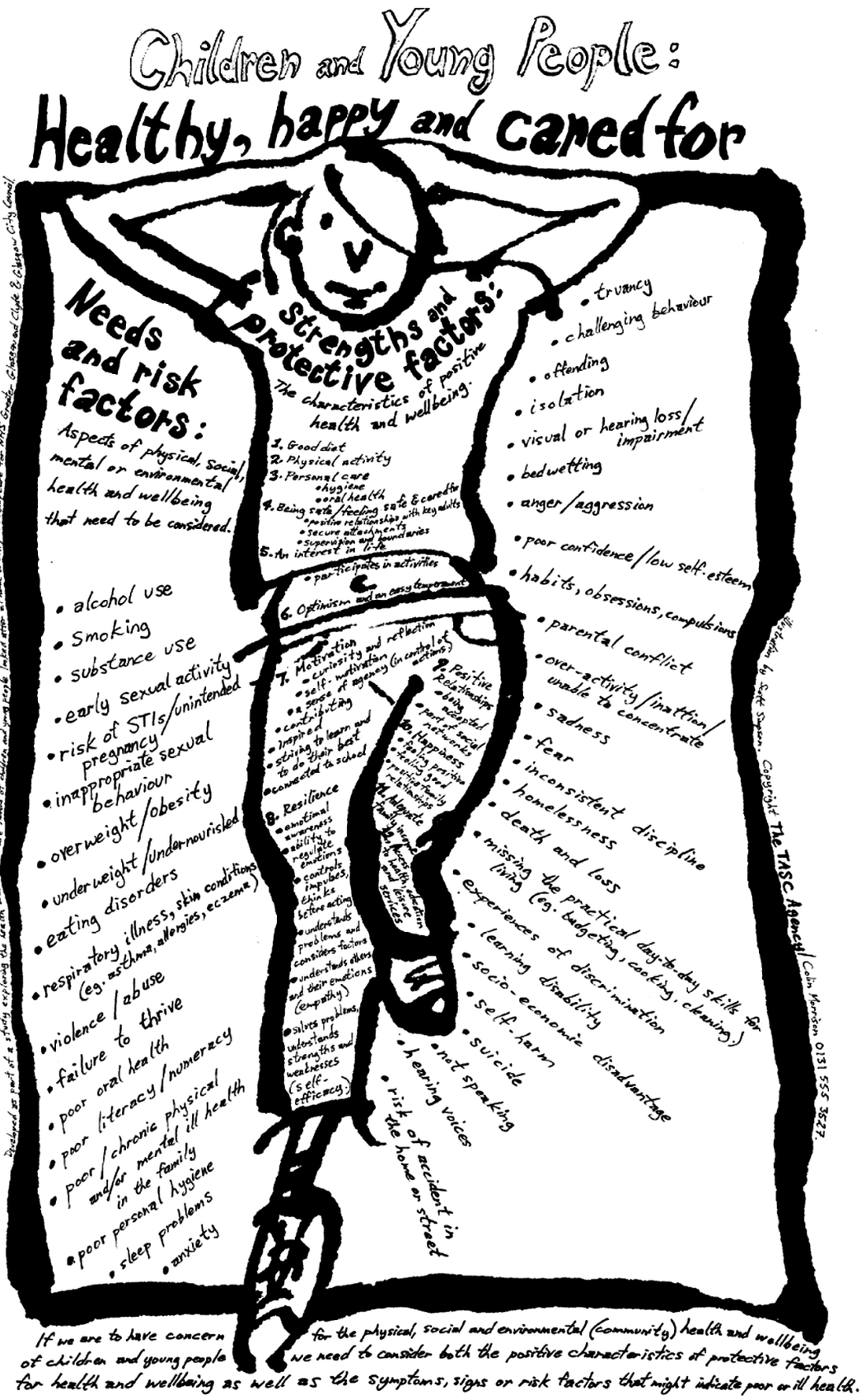
An interest in tackling health and social inequalities is central to the work of partner agencies within West Glasgow CHCP. Through the Local Children's Services Planning Group partners identified a gap in knowledge in relation to **the health and social care needs of children and young people aged 8 to 16 years, who are 'looked after' at home or are in kinship care.** Within this group there is also an interest in children and young people who are also involved in the youth justice system.

West Glasgow CHCP commissioned independent agency, TASC, to design and facilitate a study which identified needs but also provided participants with the opportunity to identify aspects of service provision which are successful or which require improvement, and with highlighting gaps and barriers to providing early intervention and preventative services.

In the course of the work the study team also reviewed policy and literature which can assist with framing and understanding the issues at hand.

In the course of the study the team interviewed:

- 17 children and young people aged 8 to 16 years who are looked after at home or living in kinship care (some of whom are involved in youth justice services).
- 24 parents and kinship carers (whose children are 'looked after').
- 72 professional staff across services.


Children and Young People:
Healthy, happy and cared for
Needs and risk factors:
Aspects of physical, social, mental or environmental health and wellbeing that need to be considered.
• alcohol use
• smoking
• substance use
• early sexual activity
• risk of STIs/unintended pregnancy
• inappropriate sexual behaviour
• overweight/obesity
• underweight/undernourished
• eating disorders
• respiratory illness, skin conditions (eg. asthma, allergies, eczema)
• violence/abuse
• failure to thrive
• poor oral health
• poor literacy/numeracy
• poor/chronic physical and/or mental ill health in the family
• poor personal hygiene
• sleep problems
• anxiety
Strengths and protective factors:
The characteristics of positive health and wellbeing.
1. Good diet
2. Physical activity
3. Personal care
• hygiene
• oral health
4. Being safe/feeling safe & care of the • positive relationships with key adults • secure attachments • supervision and boundaries
5. An interest in life
• participates in activities
6. Optimism and an easy temperament
7. Motivation
• curiosity and reflection
• self-motivation (in control of actions)
• sense of agency
• contributing
• inspired
• striving to learn and to do their best
• connected to school
8. Resilience
• emotional awareness
• ability to regulate emotions
• controls impulses, thinks before acting
• understands problems and considers factors
• understands others and their emotions (empathy)
• solves problems, understands strengths and weaknesses (self-efficacy)
9. Positive Relationships
• safe, accepted networks
• part of social networks
10. Happiness
• feeling positive
• feeling good
• positive family relationships
11. Adequate family income
12. Access to health education and other services
• truancy
• challenging behaviour
• offending
• isolation
• visual or hearing loss/impairment
• bedwetting
• anger/aggression
• poor confidence/low self-esteem
• habits, obsessions, compulsions
• parental conflict
• over-activity/inattention/unable to concentrate
• sadness
• fear
• inconsistent discipline
• homelessness
• death and loss
• missing the practical day-to-day skills for living (eg. budgeting, cooking, cleaning)
• experiences of discrimination
• learning disability
• socio-economic disadvantage
• self-harm
• suicide
• not speaking
• hearing voices
• risk of accident in the home or street
If we are to have concern for the physical, social and environmental (community) health and wellbeing of children and young people we need to consider both the positive characteristics of protective factors for health and wellbeing as well as the symptoms, signs or risk factors that might indicate poor or ill health.
Developed as part of a study exploring the health and social care needs of children and young people looked after at home or living in Kinship care for NHS Greater Glasgow & Clyde & Glasgow City Council
Illustration by Scott Symon. Copyright The TASC Agency! Colin Morrison 0131 555 3527

About West Glasgow CHCP

West Glasgow Community Health and Care Partnership (West Glasgow CHCP) is one of five CHCPs in Glasgow. These are run jointly by NHS Greater Glasgow and Clyde and Glasgow City Council. West Glasgow CHCP is characterised by stark contrasts in terms of economic, social and health perspectives, and by diverse communities and localities.

A Community Health and Wellbeing Profile for West Glasgow[1] has recently (February 2008) been produced by the Glasgow Centre for Population Health; key information is reported in the main report.

1 A Community Health and Wellbeing Profile for West Glasgow
Glasgow Centre for Population Health February 2008 at http://www.gcph.co.uk/content/view/105/91/

Looked after children and young people in West Glasgow CHCP

There are currently 270 children and young people looked after at home or in kinship care in West Glasgow CHCP; these are the children and young people who are the focus of this study. A further 192 children and young people from West Glasgow CHCP are accommodated away from home.

Of the 270 children and young people looked after at home or in kinship care:

- 68% of these children and young people live with their parent(s): 32% in kinship care.
- 49% are female and 51% male.
- 13% are aged 0 to 4 years old; 44% are 5 to 11 years old; 34% are 12 to 15 years old; 8% are 16 or 17 years old; and 1% 18 or over.
- 264 of the 270 children and young people who are looked after at home or in kinship care have an allocated worker.

Changes in services for children and young people

Across Glasgow's CHCP structure there are significant changes happening in terms of children's services. A new Integrated Assessment Framework (IAF) has been developed. Glasgow has designed and is adopting a staged model for intervention. There is a shared recognition that better assessment and improved, community based and less stigmatising services are long overdue.

Since the publication of 'For Scotland's Children'[2] in 2001 which focused on the development of **better integrated children's services** the broad agenda about changing children's services, under the umbrella of 'Getting it Right for Every Child' (GIRFEC)[3] reminds us that we need a **unified approach to services**, a **single assessment model** and a focus on **outcomes** for children. While the contributors to this study describe issues relating to the health and wellbeing of looked after children and young people they also explore how services are designed, delivered, managed and experienced by the wider population of vulnerable and at risk children and families.

Across Glasgow's CHCP structure there are significant changes happening and these are reflected in elements of the full report. In terms of assessment, it has been recognised that there are too many assessment models or frameworks, and that there is a real frustration for everyone when repeated assessments, often long awaited, do not lead to clarity about need or the provision of support; in many cases assessment has not meant action. The model which is now accepted as beneficial in terms of the service user and the service provider is often called shared or **integrated assessment**.

A new **Integrated Assessment Framework** (IAF) has been developed in Glasgow and is being rolled out across West Glasgow CHCP as this report is published, following a roll out in other Glasgow CHCPs. As this research was being conducted staff from across agencies were attending training on the model. There are specific aspects of the new Integrated Assessment Framework which have the potential to make significant impact and these are explored in the main report.

The IAF and its implementation is also significant in the shift and evolution towards a new model of service delivery. In order to change the service landscape, Glasgow has designed and is adopting a staged model for intervention. **Staged intervention**, sometimes called tiered intervention, sets out the responsibilities of universal and specialist/targeted services or teams while identifying characteristics which indicate the potential requirement for higher stage services. Glasgow's model and its importance to the population of children and young people of interest to this study are explored in the main report.

The picture which emerges, whilst recognising the commitment and good practice of many workers, shows that better assessment and improved, community based and less stigmatising services are long overdue.

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2 Scottish Executive (2001) For Scotland's Children: Better Integrated Children's Services at http://www.scotland.gov.uk/library3/education/fcsr-00.asp

3 For more on current policy see our accompanying document 'Report 2 - What the policy and literature tells us'.

What do we want for Glasgow's children?

Service providers in West Glasgow CHCP know well that there are some populations of children and young people whose needs are not being met, and as a result whose outcomes are poorer than others. When it comes to health, education, quality of life, family experience, there is some way to go to ensure that these children are safe, nurtured, healthy, achieving, active, respected, responsible and included. The Government recognises for many looked after children and young people in particular: "The problems are deep rooted and difficult" but also that they are "not impossible to deal with"[4].

The main study report, and this summary report, provides several ways of looking at the health and social care needs of vulnerable children and young people; we hear from children and young people, from parents and kinship carers and from professionals. In addition we also have the agenda set by local and national policy and legislation discussed in Report 2.

But is this a good enough lens through which to read and consider our findings?

In the main study report the authors ask the reader to consider another way. We suggest that in our analysis and our thinking about what could and should be possible we need to have a concern for issues of **social justice** and **fairness**. We have to ask ourselves as we read: **Do the children, young people and families who share their views and experiences with us live their lives with human dignity?**

Our perspective, explored in full in the main report, is only one of many which could be adopted, but the purpose is to encourage deeper reflection, and is based on the work of philosopher Martha Nussbaum[5] who has developed a way to look at people's day to day lives which takes account of what is called **human capabilities**, described as **"what people are actually able to do and to be – in a way informed by an intuitive idea of a life that is worthy of the dignity of the human being".**

Nussbaum specifies some necessary conditions for a decently just society, in the form of a set of fundamental **entitlements** of all citizens. In describing how each human capability can be understood in day to day life she articulates the **thresholds** which must be met; so rather than making claims of rights as such, there is an indication of the **minimum expectation** in terms of the experiences that the person must have. Our interest in Nussbaum's work is that many of these capabilities **make explicit reference to what is reported as missing or inadequately experienced in the lives of children, young people or families at the heart of this study.**

4 'From 'Looked After Children and Young People: We Can and Must do Better ' available at http://www.scotland.gov.uk/Publications/2007/01/15084446/0

5 See Nussbaum M. (2000) 'Women and Human Development' and Nussbaum M. (2006) Frontiers of Justice: Disability, Nationality, Species Membership

As stated, this is only one way to look, one way to extend our thinking about what is contained in our reports. However, human capabilities, and the thresholds which Martha Nussbaum identifies, are interesting because they go beyond the promises or the intentions stated in policy documents, legislation or even human rights declarations. They make us think about whether, day to day, the children, young people and families we meet experience life in ways which we can judge to be worthy of this notion of human dignity. And where the experiences we describe in this summary and more fully in the main report indicate that they do not, they shine a light on the work we need to do.

Key themes in the policy and literature

The review of policy and literature – separately available as Report 2 - adopts three main themes. There is an overview of the policy and legislative agenda, since 2000, in terms of care and protection for Scotland's children; other useful research and literature about looked after children is presented; key local plans and policy is highlighted.

Firstly there is an **overview of the policy and legislative agenda, since 2000, in terms of care and protection for Scotland's children**. Looking back over the past 8 years this section of the report explores the national policy/guidance context within which agencies have been expected to have framed their responses to all children and young people where there are concerns for their protection or safety and in order to ensure a positive experience of school or residential care. This is not an attempt to describe every policy initiative since 2000, but an identification of what seems particularly important in consideration of the health and social care needs of vulnerable children and young people, and so of looked after children and young people too.

In the recent Scottish Executive report on the implementation of the UN Convention on the Rights of the Child in Scotland[6], published in August 2007 (with a focus on work before the 2007 change in administration) the then Scottish Executive stated that "protecting the vulnerable in our society, especially children, is a priority for Scottish Ministers". In recent years child protection, and broader issues of care and welfare, have certainly had an increased profile and considerable attention. The Executive's UNCRC report confirmed a commitment to protection from harm as a right which all children hold.

Although there may be shifts it is unlikely that there will be any drift in such a commitment from the new Scottish Government and indeed with a continued interest in key education reforms under the title 'A Curriculum for Excellence', an increased focus on the needs of young people not in education, employment or training through the work known as 'more choices more chances' and the newly emerging commitment to early intervention **it seems that addressing vulnerability and improving life outcomes remains a focus for the current administration.**

Following on from this overview Report 2 also highlights other **useful research and literature**. Again, this is not exhaustive, but points to some important **contextual work** that should form part of developments in consideration of Policy and Services for looked after children and young people in West Glasgow CHCP.

Finally, material particular to Glasgow, predominantly **key policy and local plans** are highlighted, again to contextualise current debate and thinking about improving the outcomes for the population of children and young people at the heart of this study.

One issue to point to may be that where research or other work is produced which has a concern for looked after children and young people it is often concerned more, or sometimes exclusively, with those who are looked after *away from home*, rather than those (the majority) who remain with parents or kinship carers. The sense from emerging work however is that this differentiation is unhelpful and has meant that the experiences and needs of those children and young people who remain at home have not been properly recognised and addressed.

6 'A report on Implementation of the UNCRC in Scotland' available at: http://www.scotland.gov.uk/Publications/2007/07/30114126/0

What children and young people told us

Children and young people who are looked after at home or living in kinship care talked to us about their health and care and their views of services.

For some children and young people some aspects of health and wellbeing are positive; even where starting points may have been difficult. However for some looked after children and young people aspects of health and wellbeing can be problematic; this includes worries about alcohol, drug use, smoking, caring responsibilities, stress and anxiety, conflict at home, poor school attendance, sexual activity and violence.

Children and young people also identified characteristics of service interventions and supports that feel helpful; this includes when adults listen, when professionals care and when you can build relationships. They also identified the importance of early intervention and preventative work.

We asked children and young people who are looked after at home or living in kinship care to tell us about aspects of their health and care which are going well and also about things that are not good for them at the moment. Young people also told us about what helps when it comes to health and wellbeing, and what could be done earlier in the lives of young people to provide support when they face difficulties.

17 young people were interviewed. 11 were female and 6 were male. The oldest interviewee was 16 years old, the youngest 8 years old; the average age was 13 years and 4 months. **In the main report extensive use is made of quotations from children and young people to illustrate the key findings and conclusions drawn.**

It is important to remember that for some looked after children and young people **some aspects of health and wellbeing can be going well; even where starting points may have been difficult**. Young people reminded us that they too have ambitions and hopes for the future, they reported that:

- Achievement and attainment at school are important. In terms of school, fresh starts are sometimes necessary. Where these are agreed and planned they work positively for the young person.
- Whilst not being with a birth parent can be hard; sometimes alternative placements are better.
- Some young people understand signs of stress and have adopted approaches to managing it.
- There is an understanding of the importance and benefits of healthy eating; but it can be hard to maintain. Young people also recognise that what you eat is often dependent on what parents/carers makes available.
- Physical exercise plays a part in some young people's lives. Physical appearance and presentation are also important.

However for some looked after children and young people **aspects of health and wellbeing can be problematic**. Participating children and young people told us about these things:

- Young people identified problems, often interrelated, with **alcohol, drug use, smoking, sexual activity** and **violence**; and pressure from those around them to get involved.
- **Caring responsibilities** can be overwhelming.
- It is hard not to think a lot about what has been difficult in life. Young people experience **stress and anxiety**; some have experiences of **self harm**.
- **Feelings** and moods can be difficult to manage, and to understand.
- **Conflict and bad atmospheres at home** are difficult for children and young people to understand and manage.
- Many children and young people **smoke**.
- Some have trouble **sleeping**.
- There can be difficulty in **accessing services** in locations where it's not safe to go.
- **School attendance** is poor for some young people.
- On occasion, professional intervention or support may not be welcome. But when relationships have been built with staff, **changes in workers** can be upsetting and worrying.

Children and young people also identify **characteristics of service interventions and supports that feel helpful**. They report that it's helpful when adults listen to you, and don't just lecture. That it makes a difference when professionals care and when you can build relationships with them. In general, supportive adults help young people to explore experiences and re-build confidence.

In the full report children and young people also identify what could **be improved about service interventions, including what could have been done earlier for them**. They report that children living with parents who are drug users need better help, support and understanding and that in general services need to focus more on the needs of the child, not just the adult. They say that there is a need for learning about sex, drugs and alcohol before moving to High School. In general, support from professional people should be available earlier.

What parents and kinship carers told us

The parents and kinship carers of children and young people who are looked after at home talked about their child's health and care and about their views of services.

Parents and kinship carers identified some aspects of health and wellbeing that are going well; even where starting points may have been difficult. Positive developments can be small or incremental.

However, for some children and young people some aspects of health and wellbeing can be problematic. Behaviour can be challenging. There are worries about risk taking, poor diet, smoking, anger and risk of violence. Non attendance at school, running away and staying out late is a worry. Bullying, lack of confidence and poor self esteem affects some children and young people.

Parents and kinship carers also highlighted concerns about services. It can be hard to get support, waiting lists are long, there are problems with contacting, getting a response and achieving continuity in relation to Social Work staff. Some kinship carers report a lack of support including financial support. Becoming a kinship carer can feel overwhelming.

Parents and kinship carers identified things about services that feel helpful, and that should be better. They value professionals who are accommodating, helpful and available. They agreed that there is a need for earlier and sustained engagement from services.

We met with the parents and kinship carers of children and young people who are looked after at home. We asked them to tell us about aspects of their child's health and care which are going well and about things that are problematic. They also talked about their views of services; what they feel is supportive and works well, and what they would like to see improved. They identified what services could do in relation to earlier or preventative work.

10 parents and 14 kinship carers were interviewed. 21 of the group were female, 3 male. **In the main report extensive use is made of quotations from parents and kinship carers to illustrate the key findings and conclusions drawn.**

Parents and kinship carers identified some **aspects of health and wellbeing that are going well; even where starting points may have been difficult.** Positive developments can be small, incremental. Our participating parents and carers told us:

- Achievement and attendance in school or college is important.
- For some young people issues around drug and alcohol use and offending are better than they were.
- Young people benefit from engagement with physical exercise and activities and caring about their personal appearance.
- When social work, foster care and family support work alongside each other change is possible.
- Kinship carers also identified that with the move into kinship care it is possible to establish a stable home life, good basic care, and improve health and wellbeing.

However, for some children and young people **some aspects of health and wellbeing can be problematic**. Our participating parents and kinship carers told us about some of these aspects of life.

- **Behaviour can be challenging** and difficult to manage. There may be a poor understanding of **risk**. Children **running away** and **staying out late** is a worry.
- Boundaries and behaviours can begin to break down for all the children in the family. For some families it is difficult to understand why their child is so challenging.
- **Anger and violence** can be frightening and leave parents and carers struggling to cope. Communication with, and empathy toward, your child can be difficult, especially when it's difficult to understand their behaviour.
- **Non attendance at school** is a concern. **Social isolation** can result when children disconnect from mainstream school and the community.

There can be concerns about **diet**, and **smoking** is common.

- **Bullying** can isolate children. **Violence and fear of violence** in the community mean young people fear going out and cannot always access services. A **lack of confidence and poor self esteem** affects some children and young people.
- Whilst loving and supporting their children, **becoming a kinship carer can feel overwhelming**; and can impact on relationships, health and aspects of life of the carer too. Kinship carers find it hard to explain to children why their birth Mum or Dad can't look after them. When birth parents have ongoing substance misuse problems or mental ill health carers struggle to handle children's questions, loss and disappointments. Kinship carers have worries about the impact of parental drug use and other negative experiences on the child they care for.

Parents and kinship carers also highlighted concerns about services.

- A common concern is that it is **hard to get the support** you need, when you need it, for example specific requests for family work may not be met.
- **Waiting lists** for specialist services are long. Professionals can take too much time to communicate decisions. Even after waiting, responses may not be what is hoped for. There are specific **problems with contacting, getting a response and achieving continuity in relation to Social Work staff**.
- **Getting information** after becoming the kinship carer can be hard. Some people find it **hard to ask for help**. But parents and kinship carers need help too.
- There are concerns about a **lack of support and understanding** from some school staff.
- There is a lack of **financial support** for kinship carers; and subsequently carers may struggle to manage financially.

Parents and kinship carers identified **characteristics of interventions and supports that feel helpful**; both for their child and for them. In particular they value **professionals who are accommodating, helpful and available**. Having someone on the end of the phone makes a difference. Respite, and safe, community based social activities help. Both statutory and voluntary sector agencies can help.

Parents and kinship carers also identified **what could be improved about service interventions**, including **what could have been done earlier** for them or for their child. Kinship carers report that sometimes intervention and removal from the parental home needs to happen earlier. For both birth parents and kinship carers there is a need for earlier support and counselling around bereavement and loss, this should also be available to children who do not necessarily present with challenging behaviour. Across the board, whatever challenges or difficulties a child may face, parents and kinship carers agreed that there is **a need for earlier and sustained engagement**.

What professionals told us

Professionals from across services talked about the health and social care needs of the young people they work with. Across the study they identified that children and young people who are looked after at home or in kinship care have poorer health than children in the general population. They identified a range of issues and concerns, summarised below, but which focused on complexity, unmet needs and poor engagement with universal services. They reflected many of the same specific health concerns as parents and carers.

While health is often poor, some themes emerged in relation to the foundations of good health and wellbeing necessary for all children and young people; these were primarily the need for a stable home environment with positive adult child relationships and the importance of resilience and improved self esteem.

Across interviews professional staff questioned whether any work was being undertaken with looked after children and young people that could be described as early intervention. In terms of prevention there was a sense that interventions were often about coping, managing and 'fire-fighting' rather than engaging in responses which were preventative, restorative, empowering, enabling or therapeutic.

Professional interviewees also described what is wrong with current service provision. The key issues raised by interviewees, summarised below, include poor information sharing, ignorance of a child's looked after status, a lack of understanding of risk and vulnerability, poor assessment and disengagement from universal services.. Whilst some services are under resourced and under staffed there is a need to focus on the family and the social/environmental context within which children live. In the context of what appears to be a list of aspects of services which are problematic a lot can be learned from good local work. In the full report short pen pictures of good local practice are presented.

Professional interviewees identified a number of ways in which improvements can be made to future service delivery which include the need for holistic health assessment which informs action to address vulnerability and risk factors. Service interventions need to get in early, and be present when required. In particular, there has to be an increased capacity across universal services to identify and respond to need.

We asked professionals to tell us about the health and social care needs of the young people they work with. We asked them to identify aspects of service provision which are successful or which require improvement, and we explored the foundations of good health and wellbeing and the gaps and barriers to providing early intervention and preventative services. Professional interviewees also shared views on positive aspects of current services; and on how services need to change if the outcomes for looked after children and young people are to be improved.

In terms of participating professionals, the study engaged with 72 staff: 21 from Social Work/Social Care; 6 from Education; 39 from Health; 6 from the Voluntary Sector. **In the main report extensive use is made of quotations from contributors to illustrate the key findings and conclusions drawn.**

Across the study professional interviewees identified that **children and young people who are looked after at home or in kinship care have poorer health than children in the general population**. They identified a range of issues and concerns, summarised below.

- For many children and young people **health and care issues are complex**. This can be overwhelming for the child, family and for the service provider. Often there are **unmet needs** and **poor engagement with universal services**; basic care is not provided. **Parents are often ill equipped** to cope with difficulties.
- When it comes to complex or chaotic individual or family situations the response of services is often, at least initially, about **preventing escalation and reducing risk**; with the hope that stability can lead to other work.
- **Oral health** is poor. **Smoking** is common. For many children and young people there is a lack of **sleep**.
- **Difficult and challenging behaviour** is common; and often a symptom of **distress, trauma and abuse**. In addition, **alcohol and drug use** are identified as making the biggest negative impact on young people's health and offending behaviour.
- **Emotional wellbeing** is a key concern: communication about feelings and experiences is difficult; often there is a **lack of nurture and empathy**. Children and young people may feel their issues are of little priority or importance. They have **poor self esteem** and little sense of their **self worth**. For children and young people there can be a sense of **loss, sadness and anxiety about family circumstances**.
- Whilst keen to support **kinship carers** in the main, sometimes kinship care placements may not always be suitable; some kinship carers may find the task too much.
- Some children and young people are spending considerable **time out of school**; often isolated; missing opportunities to learn, including about health and wellbeing. It isn't known if health education is provided in alternative placements.
- There may be a lack of **experience, opportunity and aspiration** in the family, a limited sense of what might be possible. Parents may be dubious as to the benefits of engaging with services.

While health is often poor, some themes emerged in relation to the foundations of good health and wellbeing necessary for all children and young people; these were primarily **the need for a stable home environment with positive adult child relationships and the importance of resilience and improved self esteem**.

Across interviews professional staff questioned whether any work was being undertaken with children and young people in the population at the heart of the study that could be described as **early intervention**. The sense from workers was that if they are already 'looked after' then their circumstances indicate often complex and entrenched personal and family difficulties. In terms of **prevention** there was a sense that interventions may have a concern for stabilising situations, preventing further escalation of difficulties and avoiding further harm; however for many it felt like their **intervention was often about coping, managing and 'fire-fighting' rather than engaging in responses which were preventative, restorative, empowering, enabling or therapeutic**. Issues raised in conversations about notions of early intervention and prevention included the following:

- Many **families need an intervention long before they currently get one**; for many this should have happened when children were infants. It appears that there is a resistance to identifying problems early. Failure to thrive may go without a response. Workers have concerns about evidencing the need to intervene; and a fear of getting it wrong.
- Although under 5s universal services may have established good relationships and a knowledge base from which to work this is not sustained into the primary school years. So, families may be known to services, and concerns well known; but **no-one responds**, in time younger siblings then present with the same issues.
- Even if early intervention is the intention, **waiting lists** are long.
- In addition, **service reorganisation** over the years has made capacity to deliver early intervention/prevention harder. This frustrates workers.
- Preventative work should begin by getting to know children and young people through **universal services and approaches**; but more often than not the focus has been on **higher tariff work**. Responses are often guided by having the appropriate label rather than vulnerability or need.
- Across the board, there is a **lack of preventative/community based services**, including youth work. Whatever the problems or failings of services may be, it must never be too late to make a difference.

In the context of what appears to be a very long list of aspects of services which are problematic a lot can be learned from good local work. In the full report some short pen pictures of good local practice are presented. Professional interviewees also identified **characteristics of current services which are positive**.

- **Co-location** of services is an aid to communication and results in better integrated services.
- **Individual work**, undertaken alongside people, is effective.
- Services can and do on occasion work well together; and with the young person.
- **Engaging vulnerable children and families with universal services** is key.
- Opportunities to **work with peers** can be of real value to the child.

While it is helpful to describe and recognise, even celebrate, good professional practice our professional interviewees also described **what is wrong with current service provision**. The key issues raised by interviewees are summarised here.

- Some professionals may not even know the **'looked after' status** of a child or young person. If they do, they might not understand what this means. Some workers don't know what services there are out there; or they don't understand what a service does; and so don't or won't refer. There is a failure to recognise the fundamental issues underpinning **vulnerability**. There can appear to be **little urgency to act**.
- Children and young people looked after at home/in kinship care get **no formal health assessment**. Generally, for vulnerable children and young people, **assessment is poor**. The knowledge base is poor. Services and individuals within them do not take responsibility or take action. Children's engagement with a service intervention is reviewed sometimes in isolation from other work. **Needs are not met**. There is frustration that entrenched problems just become stuck.
- In general, Social Work Services are **under resourced and under staffed**. Therapeutic services are rare and hard to access. There is a lack of specialist services; nowhere to refer your concern to, or inappropriate placement of the young person.
- **Thresholds are high**; in Social Work and Child and Adolescent Mental Health Services. However, it is evident that professional groupings are more likely to identify 'other' services thresholds are too high, rather than their own.
- There can be a focus on the child, out of context, when **the focus needs to be on the family and the social/environmental context within which children live**. There can be pressure on services to provide a quick fix when longer term support is required.
- **Assessment of kinship care placements** may not be adequate; and nor is support for kinship carers good enough.
- Some children and young people are not known to, or do not use, **universal/primary health care**. Rules about 'no shows' are excluding children and young people from services they need; if young people fail to turn up they go back to the end of the queue. Health professionals need to be alongside the child beyond the early years.
- **School based services differ**; improvements in the support for all pupils is required. Staying in the mainstream matters.
- Young people who are looked after may be taken off **supervision** inappropriately, just before they are 16.
- Children and young people fall or bounce between services.
- **Information sharing** can be poor; this impacts on the ability of the worker to work with up to date and relevant information in the best interests of the child or young person. **Poor IT systems** affect communication.

Finally, professional interviewees identified a number of ways in which **improvements can be made** to future service delivery which would benefit all vulnerable and at risk children and young people:

- Every child who is looked after at home or in kinship care needs a **holistic health assessment**; taking full account of the family and the child's social environment.
- Services must **use and act on knowledge about vulnerability** and risk factors. Services need to be **proactive**. Somebody needs to take the lead; somebody needs to ensure a plan is in place.
- The child's perspective is crucial. The **rights of the child** should be central to all actions and decisions.
- **Service interventions** need to get in **early**, and be in for the **long term**. Relationships need to be built with children and young people and parents from the early and primary school years.
- Young people need community based **youth work provision**.
- **Therapeutic interventions** are required which are as local as possible. However, any intervention with the child or young person has to address the child's environment.
- **School** should be the location for more services; and also build relationships with families so that they can address school related issues.
- **Co-location and multi-disciplinary work** must be encouraged.
- There is a need to increase every practitioners understanding and capacity to work with **young people experiencing mental ill health**.
- There has to be an increased **capacity across universal services** to identify and respond to need.
- Flexibility in terms of **availability and access to services** is required.
- **Front line practitioners** should be involved in strategic thinking and planning of services.

Considerations for policy and practice

Across the study there has been one clear message; prevention, and where this is not possible, the earliest possible intervention, makes the difference, and the place for that preventative work or intervention is in the life of the family, not just the individual child. If there is to be a real difference in services in West Glasgow CHCP – and in outcomes for children and families - this is the difference that must be made.

There are issues that must be addressed if West Glasgow CHCP partners are to clarify their aspirations for looked after children and young people, and to more effectively support them make their way in the world. These are summarised below, and addressed in more detail in the main study report.

The following issues and areas are highlighted for further consideration:

i **Vulnerable and at risk children and families need universal services which understand and respond to circumstances**. Workers across universal services build relationships with children and families, often over many years, and know that what they see, what they deal with day to day, are often expressions of vulnerability and need. However, universal services have not adequately addressed concerns, and more specialist services have allowed themselves to be seen as the potential answer. There is no doubt that specific issues or very entrenched complex health or educational or other social needs may require specialist input, but there must have been a point in every looked after child's life when someone, or a series of people, across universal services had a concern which was allowed to develop into a problem.

ii **Better connections are needed across Health services**. In terms of Health services this study was open to finding how children and young people looked after at home experienced so called 'pathways' between services, hoping to find that information was shared, that the child or family were at the centre of responses to identified need, that transitions were seamless. However what has been reported is that to date there has been a lack of connection between pre-school/under 5s services and with services accessed once at school. To compound these problems we have also heard about the poor connections many families have with primary health care. Rules about 'no shows' are excluding children and young people from services they need. Some contributors report that adult services and children's services do not communicate well. It is only when those looked after at home become accommodated that a holistic health assessment is done and efforts are made to coordinate health services so that the child is the focus, at the centre of a plan, to maximise their health and wellbeing.

iii **Practitioners from different professional backgrounds need to understand each other and work together in the best interest of the child; utilising new assessment and service design to do so**. If the Integrated Assessment Framework and the staged intervention model are to work this is key. Different professionals need to understand that health and social care needs are everyone's business. However, it is clear from some of the data presented in this study that some practitioners find it easier to see the shortcomings of other people's practice than their own. For example it is usually other people's thresholds that are too high. The thinking which underpins the staged intervention model and the approach offered by integrated assessment is overdue and fundamental if many of the problematic issues and scenarios described in this report are to be impacted upon. If this study was to be conducted again – in 12 months, 2 years, 3 years time - the picture painted of the lives of children and young people looked after at home or in kinship care should be changed. If it is not then we would suggest it is not the new models or frameworks which have failed (they can be improved as you go) but the opportunity to do things differently, and to do them better, which has been missed.

iv **There is a need to reconsider the purpose and value of being 'looked after at home'**. To date, where there have been concerns about a child's welfare or behaviour this may have led to a referral to the Reporter where considerations of the need for compulsory measures of care would have informed the need for a Children's Hearing. On occasion a supervision order may have acted as a necessary prompt for service intervention. In reality however interventions for the child who may be looked after but still at home or with a kinship carer have often lacked the characteristics of successful practice identified earlier. This then begs the question: if we are arguing that the status of 'looked after at home' has brought few benefits for the child is it irrelevant? While the Children's Hearing is an independent arbiter, this study concludes that no child should depend on a statutory order for their needs to be identified and met; and having such an order should not mean that the quality of response/service would be any better.

iv **Kinship carers need a better deal**. Kinship carers need improved access to support, for them and for the children they assume responsibility for, and they need financial assistance. In *'Getting it Right for Every Child in Kinship and Foster Care: a National Strategy'*[7] the Government makes commitments to better support for kinship carers. There have also been calls for a new category of 'looked after in kinship care' in the report '*Looking After the Family; a study of children looked after in kinship care in Scotland*'[8]. This is of course a matter of national policy and legislation but certainly an area of debate and development which could be influenced by Glasgow's CHCP partners.

7 'Getting it Right for Every Child in Kinship and Foster Care' available at http://www.scotland.gov.uk/Publications/2007/12/03143704/0

8 'Looking After the Family; a study of children looked after in kinship care in Scotland' available at http://www.scotland.gov.uk/Publications/2006/06/07132800/0

In conclusion

There is no denying the scale of the issues which face some children and families living in West Glasgow CHCP. In turn, those services who want to impact on health outcomes can feel overwhelmed by what they encounter.

In the main study report we have quoted contributors who describe this sense of not knowing where to start, of feelings of helplessness. While some interviewees pointed to progress, to improved systems or service organisation, front line workers can struggle.

Professionals across West Glasgow CHCP are therefore charged with ensuring that better **integrated assessment** and new **structures for service delivery** enable services to put in place more timely and more appropriate responses to need, that they ensure that progress and appropriateness of interventions is monitored and that there is honesty and clarity about what can be achieved by what intervention and by when.

The reality is that resources are finite and so it is clarity of purpose and smarter service design and delivery that might make an important difference.

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