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Process for Very Young Children in Scotland: An Examination of the Factors That Facilitate and Hinder the Care Planning

Linda Davidson and Karen McKenzie

Introduction

Our understanding of the needs of young children has changed dramatically in the last 30 years, with research highlighting the importance of a good attachment relationship in determining their long term physical, emotional, social and cognitive development (Bowlby, 1979; Zeanah and Emde, 1994). In addition, a wealth of research demonstrates the consequences for a young child's mental health of disruptions to the attachment process (American Academy of Paediatrics, 2000; Balbernie, 2001). In particular, the quality of relationships in the first two years of life has been found to affect the development of the infant brain (American Academy of Paediatrics, 2000) with neglect, trauma and abuse impairing early brain development and the child's physical, social and emotional growth (Shonkoff and Philips, 2002).

Increased understanding about the importance of attachment relationships has led to recommendations that, in cases where it is necessary to remove a child from the birth family, this should ideally occur within the first six months of life, to reduce the distress of losing the main attachment figure at an older age (Howe, 2005). In addition, it is recommended that any delay in moving towards a permanent placement should be minimised and that a stable caregiver for the child should be identified as soon as possible (Cousins *et al*, 2003; Ward *et al*, 2006). However,

research indicates that these recommendations are not always followed (Goerge and Wulczyn, 1998; Cousins *et al*, 2003).

Goerge and Wulczyn (1998) noted that in the US there were twice as many 0–5-year-olds in foster placement as 5–17-year-olds, and that young children were in substitute care longer than other age groups, with infants spending between 11 to 42 months therein. Similarly, Cousins and colleagues (2003), in their study of 11 Health and Social Services Trusts in Northern Ireland, found that as age increased, the child's chances of securing an alternative permanent placement reduced. In addition, while 48 per cent of young children remained with one carer, 52 per cent had experienced more than one placement. Ward *et al* (2006) carried out a comprehensive study of six local authorities in England and found that of 42 babies who were admitted to care before their first birthday, most were looked after for between 14 and 69 months. They concluded that achieving stability and permanence was a lengthy process for many of them.

Figures from Scotland indicate that while intervention is occurring at an earlier stage in children's lives (Scottish Government, 2007, 2008c) and nearly half of very young children are looked after for less than six weeks, 21 per cent of those who were aged under one year had been looked after for between six and 12 months (Scottish Government, 2008b). This suggests that there is still room for improvement in the care planning process.

It is acknowledged that the assessment and care planning process can be confusing and emotional for families and professionals alike (Rocco-Briggs, 2008). This lack of clarity can result in some young children drifting in care until assessments are completed, by which time the process of rehabilitation is further complicated by the disruption of normal attachment relationships within the family. As many of the looked after children will not have experienced a stable environment during infancy (Richardson and Lelliot, 2003) and are more likely than their peers who live in private households to experience some form of psychological problem (Meltzer *et al*, 2004), it is crucial to ensure that their life chances are not further damaged by the process of becoming 'looked after'.

One of the most complex and challenging tasks undertaken by a social worker is the process of assessing risk and whether parenting is 'good enough' (Winnicott, 1953). Good practice demands that the decision to separate children from their parents should never be taken without careful consideration of the child's needs and, whenever possible, targeted support should be provided to assist children to remain with their families (Children [Scotland] Act, 1995). However, for those children where the risks are deemed to be too great, a robust care plan is required to ensure that timely, child-centred decisions are made to secure their long-term future. Devaney and Spratt (2009) argue that this is because child abuse is a 'wicked' problem – here, 'wicked' in the sense of being complex and difficult to solve. They recognise that social workers operate within a climate where they must make decisions about the future of a child, often in a context of incomplete information, conflicting demands and time constraints.

This decision-making process can be made even harder when social workers take account of the research which raises serious concerns about the outcomes for children growing up in local authority care (Social Exclusion Task Force, 2007). A lack of suitable foster parents, instability of placements, re-admission rates and poor educational and social outcomes would suggest that some local authorities are struggling to meet the needs of the children in their care. Delays in decision-making can, however, make the outcomes even poorer for the child; the longer they remain looked after, the less chance there is of a successful reunification with their birth family (Sellick *et al*, 2004).

A number of studies have explored the care planning process for looked after children and the reasons for delay and drift. The results suggest that a number of factors contribute to these, in particular the individual experience of the worker, related practice anxiety, a lack of confidence and a lack of coordination between adult and children's services (Reder and Duncan, 1999; Beckett and McKeigue, 2003; Sellick *et al*, 2004; Taylor *et al*, 2008). Another key factor is the predominant view that the preferable course of action is that the baby should be returned to the birth parents (Ward *et al*, 2006). This is enshrined in legislation such as the Children (Scotland) Act 1995, which outlines

that, wherever possible, children should be brought up by their own families and that an order or supervision requirement should only be made when not to do so would be worse for the child. While the detrimental effect of delay in proceedings for children is acknowledged, it is not incorporated as a principle in the Act. In their study of babies and young children in care, Ward *et al* (2006) argue that the professional judgement of social workers is undermined by the need to demonstrate clearly that the needs and rights of the parents have been taken into account and that this leads to delay in the decision-making process. They note that the role of the social worker and the perceived lack of confidence and professional expertise have resulted in many courts delaying proceedings to wait for an 'expert opinion'. Ward and colleagues (2006) found that, despite most of the care plans initially recommending a return to the birth family, the majority of children were eventually adopted. The same study highlighted the need for realistic care planning with greater use of concurrent planning, ie working towards rehabilitation with the family while at the same time working towards an alternative long-term plan for the child and a consistent caregiver for him or her.

In summary, research suggests that there is increasing concern about the long-term welfare of very young children being looked after and that disrupted attachment relationships result in poorer outcomes for them. If separation from the birth family is deemed necessary, this should be carried out within the first six months of life and a permanent placement and stable care-giver should be found as soon as possible. Figures from Scotland suggest that nearly a quarter of children under 12 months are being looked after for periods of between six and 12 months but despite this, there has been limited research carried out in Scotland looking at this age group. The current study, therefore, seeks to examine the care planning process for very young children (0–2 years) in a predominantly rural area of Scotland, who were accommodated for more than one year, and the factors that social workers identify as facilitating and hindering this process.

Method

Ethical approval

Ethical approval for the study was obtained from the social work department in the geographical area where the research took place.

The research area

The research area is predominantly rural with a population of approximately 100,000. It was selected because there has been a significant change in the age profile of looked after children since 2002, with the numbers of those under one year of age increasing by 140 per cent at the time of the study. The number of children aged 0–5 accommodated here is higher than the Scottish average and at the time the research was carried out, the area had the highest average in the whole of Scotland.

Design

This project was undertaken using a mixed method research design (Creswell and Garret, 2008), comprising quantitative and qualitative phases. The quantitative part of the study involved gathering data from existing case files in relation to looked after children aged 0–2 years ($n = 18$) who had been separated for more than one year. Of these, 11 were male and seven female. A qualitative approach was used to explore the views of six randomly selected social workers about current practice in relation to care planning, using semi-structured interviews. The content and structure of the interview took account of the model of reflection developed by Boud *et al* (1985) and guidance on question format provided by Fuller and Petch (1995). The questions were piloted with practising social workers beforehand. The interviews lasted between 45 minutes and an hour. The qualitative data generated from the interviews were analysed and grouped into common themes.

Recruitment

Eighteen children, who were aged 0–2 years at the point of first being looked after and who had been accommodated by the local council for more than one year, were identified from case files. Six of the social workers who had been involved in the care planning process for these children were chosen at random and contacted by email. This explained the purpose of the interview, the fact that

their participation was voluntary, the time required to be set aside for interview and the fact that their views would be confidential and anonymised in the final report. All agreed to participate in the study and were subsequently contacted by telephone to arrange a convenient time and place for the interview. All interviews were carried out in a setting that afforded privacy. The time since qualification of the six social workers ranged from one to 27 years.

Results

At the time of the study, the circumstances of the children were as follows: ten remained in foster care, five had been freed for adoption and three were placed with grandparents. Of the five children who were freed for adoption, two had spent 12 months and three had spent 24 months in foster care. Of the remaining children, two had been 'looked after' for 12 months, four for 18 months, five for 24 months and two for 36 months. In addition, all had their names on the Child Protection Register before being accommodated, five were registered on the grounds of physical and emotional abuse and one on physical injury, and three had more than one social worker in their first year of placement.

Social workers' views

The care planning process

All but one of the social workers interviewed felt they had a clear understanding of the care plan required for the child at the time he or she was accommodated and in five out of six cases the plan was to return the child home. Despite this understanding, in only one case was a timescale for rehabilitation agreed and recorded. Three of the workers described a process of 'waiting to see what would happen next' and yet all six workers felt timescales would have been helpful. All but one of the social workers felt strongly that the plan for rehabilitation was not in keeping with the child's needs and all of them expressed a view that paying attention to the parents' needs had caused delays in the decision-making process. This perhaps reflects the tension between what is considered

to be in the best interests of the child, ie establishing a secure, stable and constructive caregiving environment for the child as soon as possible, and pressure for this to be provided by the birth family if at all possible (Children [Scotland] Act, 1995).

This tension is also reflected in the Adoption and Children Scotland Act 2007, which acknowledges the need for the adoption agency to consider both the importance of a stable family environment for the child's development while taking account of the views of the parents, guardians and relatives of the child.

Suggestions to improve practice

The social workers made a number of suggestions that they felt would improve the care planning process. These included: a focus on the needs of the child rather than the parents; the development of local and national best practice procedures in relation to accommodating young children; reviews that followed agreed timescales which were better suited to the needs of the child; better co-ordination and co-operation with adult services; improved processes for supervision, mentoring, case discussion and reflection; and developing the knowledge base and expertise of social work practitioners.

Discussion

The study aimed to examine the care planning process for children aged 0–2 who had been looked after for over a year. The research took place in a geographical area which had experienced a significant increase in the numbers of children under one year of age being looked after and where the number of young children accommodated was higher than the Scottish average. This could be viewed in different ways – negatively as an indication of the increasing disintegration of the family, or positively as indicating the success of early intervention strategies for children at risk of serious

harm. The information obtained suggests, however, that these procedures could work more efficiently.

All of the children concerned had been accommodated for at least 12 months and for two of the children this extended to 36 months. As was noted in the introduction, research suggests that this time delay is likely to have an impact on their psychological and emotional well-being (Bowlby, 1979; Zeanah and Emde, 1994). For these children, the process of assessment and decision-making is crucial to their future (Troutman *et al*, 2002) and yet, as was found in other research studies, many had remained in care for a long period before important decisions were made (Cousins *et al*, 2003).

While the majority of the social workers reported that they had considered the child's age and stage of development in planning, they acknowledged that this only occurred later in the process, eg when the child reached one year of age or a particular developmental milestone. Related to this was the fact that while all participants knew something about attachment theory, they all felt their knowledge was limited due to a lack of training. This suggests that the knowledge base for social workers in this field could be improved in order to facilitate better evidence-based practice (Ward *et al*, 2006), a view echoed by what the social workers said themselves.

A number of factors were identified as assisting progress and another set were seen as hindering in the sense of causing delays. These are laid out in Table 1. But the striking fact is that three of them – assessment, professional experience and resources – were perceived as doing both. The social workers reported, for example, that although waiting for an assessment or assessments could cause serious delays, once completed, they could be a stimulus for change. This is consistent with the results found by Ward *et al* (2006) that many social workers were perceived by the courts as lacking expertise and so proceedings were delayed until an 'expert' opinion could be sought.

Similarly, good supervision could help the social worker move forward with a case, but those who felt they had supervisors who were inexperienced and uncertain about the action to be taken saw this as a major factor in delaying the care planning process. The need for improved training of

those involved in care planning procedures has been identified (Scottish Executive, 2001, 2005), but there has been limited emphasis on the role of supervision in this process.

Core groups, which are multi-agency meetings held when a child's name is on the Child Protection Register, were found to be particularly helpful in that they afforded staff an open, regular case discussion and decision-making opportunity. Section 31 reviews on the other hand were felt to be unhelpful, with four of the six social workers expressing concern about the lack of continuity at these meetings and the change of chair influencing the outcome for the child. This was despite the fact that all of those attending the meeting should have been working to the same care plan and pursuing the best interests of the child. While the social workers who were interviewed did not expand on why they felt this was the case, it was most likely due to different chairs having a different interpretation of the care plans and supporting information.

Delays in obtaining help for the parents from adult services, for example in relation to drug or mental health problems, were identified as another factor. The majority of participants noted frequent lack of agreement between adult and children's services, often with several months' wait for a service and unrealistic timescales for any therapy recommended. The failure of adult services to take account of the needs of children has been found in other studies (Ward *et al*, 2006) and suggests the need for a more co-ordinated approach between the two sets of services.

The participants clearly identified a number of areas where practice could be improved. They were able to reflect on both the positive and negative aspects of care planning in each case and all recommended further training on the developmental needs of young children as an approach likely to improve the situation. Overall, their recommendations for change were consistent with those identified by other researchers (Monck *et al*, 2003; Cousins *et al*, 2003; Ward *et al*, 2006). Many of the issues raised by the social workers have also previously been considered in Scotland by

the Adoption Policy Review Group (Scottish Executive, 2001, 2005). This provided a number of recommendations to improve the care planning process, including the need to develop a plan for permanence as soon as the child becomes 'looked after', introducing parallel planning where appropriate, the development of Children's Services Plans which show how links would be made with other relevant services, improved training for social workers and panel members, and clear guidance about the remit of the panels and the roles of decision-makers in the overall process.

Many of these recommendations were incorporated into the Adoption and Children Scotland Act (2007) which was fully implemented in 2009. There is a focus within the Act on permanence planning, including the introduction of Permanence Orders that aim to provide the courts with greater flexibility in making orders which best meet the needs of the individual child. This legislation, in conjunction with additional policies which focus on the needs of children in Scotland, such as *Getting it Right for Every Child* (Scottish Government, 2008a) and the *Early Years Framework* (Scottish Government, 2008d), are designed to address many of the barriers to timely and appropriate placements for looked after children in Scotland identified in the current study. Future research will allow an evaluation of the extent to which these aims have been achieved.

Methodological limitations

The study had a number of limitations, the most obvious being the small numbers involved in each aspect. This has implications for the generalizability of the findings, although a number of them are consistent with those from previous research. It is also important to note that this research focused on very young children, all of whom had been in a care placement for a year or more. However, as the research indicated, there are increasing numbers of such children who are being accommodated and they are likely to be among those most at risk from early, disrupted attachment relationships. It is, therefore, valuable to learn more about the process of care planning for this vulnerable group.

Conclusion

Although social work practice occurs within a legal framework, individual family circumstances vary to the extent that there is often no one way to reach a decision. The present study indicates= that aspects of the Scottish legislative framework at the time of writing, such as section 31 reviews, can be perceived as hindering rather than enhancing the care planning process, while services which are outside of this legislative framework, for example, adult mental health services, are unlikely to focus on the needs of the child.

The participants identified that in order to make informed decisions in the care planning for young children, social workers need to be working from a strong knowledge base, using procedures and practices that focus on the needs of the child, and collaborate and are complemented by appropriate supervision, mentoring and peer support. What cannot be denied is the increase in the number of young looked after children, nationally and locally, and the need to account for this change in the training and practice of social workers. Recent legislative changes in Scotland have addressed many of the shortcomings of previous practice and it is hoped that these will lead to the better outcomes so keenly sought.

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Table 1

Factors that social workers identified as hindering and facilitating the care planning process

| <i>Factor</i> | <i>Number identifying factors as assisting progress</i> | <i>Number identifying factors as hindering progress</i> |
|--|---|---|
| Holding a section 31 review ¹ | 1 | 4 |
| Permanence panel | 2 | 3 |
| Core group ¹ | 4 | 0 |
| Adult programme | 0 | 4 |
| Assessment | 5 | 5 |
| Experience of workers | 4 | 5 |
| Supervision process | 2 | 5 |
| Court hearing | 1 | 1 |
| Report writing | 0 | 2 |
| Available resources | 3 | 3 |
| Accounting for the needs of parents | 0 | 6 |
| Serious delays in legal processes | 0 | 1 |
| Over-optimism about parents changing | 0 | 2 |

¹ Section 31 of the Act is the legal requirement placed on each local authority to review the care of every looked after child, with the aims of both adjusting the care plan to meet the changing needs of the children and to avoid delay and drift for the child and carers. In the area in which the current research took place, these reviews are held after the first six weeks, three months and thereafter every six months. In addition, monthly multi-agency core group meetings are held when a child is on the Child Protection Register.