

CELCIS' Response to the Health, Social Care and Sport Committee's Inquiry into the Health and Wellbeing of Children and Young People

CELCIS is Scotland's Centre for Excellence for Children's Care and Protection, based at the University of Strathclyde. CELCIS is a leading improvement and innovation centre in Scotland. We improve children's lives by supporting people and organisations to drive long-lasting change in the services they need, and the practices used by people responsible for their care. Our evolving work over the last two decades focuses on a child's life course, from birth through to adulthood, empowering those with lived experience, the workforce, and carers to support whole-system improvement and change. We welcome the opportunity to respond to the Scottish Parliament's Health, Social Care and Sport Committee's inquiry into the health and wellbeing of children and young people in Scotland.

Our response is underpinned by research evidence, practice experience, our expertise and extensive insight and intelligence from lived experience and professional practice gathered through our long-standing, cross-organisational and interest-specific networks. These networks are made up of people across the workforce, including leaders working across the spectrum of children's services and other public services in support of children, young people and their families, adults with care experience, as well as other communities of lived experience.

6. What are the key issues around health and wellbeing for children and young people in Scotland?

In Scotland, there are over 14,000 'looked after' children, and over 7000 young people who are eligible for aftercare.¹ This includes young people who are care leavers, and children and young people who are currently being cared for in foster care, residential care, kinship care, or living at home with one or both birth parents whilst receiving support from social work; all of these individuals are care experienced. There are also 2645 children 'at risk of significant harm' and thus on a Child Protection Register.² All of these children are in need of care and protection; however, their circumstances and needs are varied. Whilst each of their experiences is unique, all children and young people in need of care and protection have encountered difficulties in their lives, which can have a detrimental impact on their development, wellbeing and their opportunities.

For many children and young people who have experienced trauma, abuse, and neglect, the impact of this can be felt across their life course.³ Children who are at risk of significant harm and who are on a Child Protection Register receive support from practitioners (including health practitioners) who form the 'Team

¹ The term 'looked after' children is drawn from statute and refers to children who are the subject of a Compulsory Supervision Order, (CSO). All children who are supported through a CSO are care experienced, but some care experienced children will not be considered 'looked after' in statute (and thus may not receive support) such as those looked after informally by kinship carers.

'Aftercare' refers to support that young people who cease to be 'looked after' on or after their sixteenth birthday are entitled to from Corporate Parents, up to their 26th birthday.

² Scottish Government (2021) [Children's social work statistics 2019-2020](#). Edinburgh: Scottish Government

³ Brennan, R., Bush, M., Trickey D., Levene, C. and Watson, J. (2019) *Adversity and Trauma Informed Practice, a short guide for professionals working on the frontline*, London: YoungMinds; Teicher M., Andersen S., Polcari A., Anderson C., Navalta C. and Kim D. (2003) The neurobiological consequences of early stress and childhood maltreatment, *Neuroscience and Biobehavioral Reviews*, 27(1-2), 33-44

Around the Child' and co-ordinate support through a Child's Plan. Care experienced children (who may also be on a Child Protection Register and receive support via this system) are supported by Corporate Parents through [Part 9](#) of the Children and Young People (Scotland) Act 2014, which requires Scottish Ministers, local authorities, and a range of other public sector bodies (including health) to uphold particular responsibilities to them, across all areas of their work.

There are also children who are in need of care and protection but who are not 'looked after' under the Children and Young People (Scotland) Act 2014 or supported within formal child protection systems. They may have been assessed to not be at risk of significant harm, receive support through third sector organisations, or the children may not be known to any statutory or non-statutory agency. For these children, their circumstances are sometimes described as being on the 'edges of care'. They can experience similar adversity or harm as their peers with care experience or included on a child protection register, but without the support offered to their peers, their wellbeing can be at an increased risk.⁴

Whilst individual circumstances vary, for a variety of reasons barriers exist which must be overcome to ensure children and young people in need of care and protection experience positive health and wellbeing. Barriers may include the impact of adverse early life experiences; the impact of limited opportunities to develop and maintain supportive relationships with adults who care for them; instability in living arrangements and uncertainty about their future; and the impact of loss and trauma.⁵ The evidence is clear that the health and wellbeing of children in need of care and protection is not on a par with their peers.⁶ For instance, care experienced children are more likely to have dental problems, something recently addressed by the Scottish Government,⁷ and less likely to use dental services than their peers, after adjustment for socioeconomic status.⁸ There are a number of factors that can be detrimental to the health and wellbeing of children and young people in need of care and protection:

The impact of trauma and disrupted attachments on mental health and wellbeing

⁴ Children's Commissioner (2019) [Trends in childhood vulnerability, Vulnerability technical report 1](#), London: Children's Commissioner; Children in Scotland (2014) [The Brock Report: Safeguarding Scotland's vulnerable children from sexual exploitation](#), Edinburgh: Children in Scotland

⁵ Waterton, J., Griesbach, D. & Baker, C. (2019) 'Health and Wellbeing: The health and well-being of children and young people in care.' in Evidence Framework Feb 2017-Feb 2020, Independent Care Review

⁶ Sacker, A., Lacey, R., Maughan, B. and Murray, E. (2021) [The lifelong health and wellbeing trajectories of people who have been in care: findings from the Looked-after Children Grown up Project The LACGro Project](#), London: Nuffield Foundation

⁷ Scottish Government (2019) Protecting Scotland's Future, The Government's Programme for Scotland 2019-2020, Edinburgh: Scottish Government (page 114)

⁸ McMahon, A., Sharpe, K., Macpherson, L., Wood, R., Connelly, G., Milligan, I., Wilson, P., King, A., Elliott, L. and Conway, D. (2017) "Looked after children and access to dental services and oral health in Scotland: a national data-linkage study (LAC-DENTAL): IJPDS Issue 1, Vol 1:303

Many children in need of care and protection have experienced trauma (including complex trauma).⁹ Where children have experienced disrupted attachment relationships, the impact on their development can be enduring. Disruption to relationships can often result in complex trauma. All humans are strongly influenced by two basic needs: our need for survival and our need to connect with others. For most children, most of the time, these needs are met in the context of safe, loving and predictable care. However, where children experience complex trauma, these two needs are often set at odds with one another. When complex trauma occurs in the context of infants' and children's closest relationships, and happens repeatedly over time, complex trauma can greatly influence what a child feels, understands and communicates about themselves, their world and, crucially, their relationships with others. Any child with these experiences may find managing stress, and understanding and controlling emotions, difficult. This can affect their social and learning experience in schools, and adaptive behaviours may lead to interpersonal difficulties in adulthood.¹⁰

Preventative or early supports to children and families to address the causes of complex trauma or mitigate its impact are crucial, and form a foundation of changes suggested by The Promise of the Independent Care Review.¹¹ It is also necessary to support the entire workforce with the skills and capacity to support these developmental needs. This will include training such as the [National Trauma Training Programme](#), but also support, supervision and the capacity to practice in this way, which may require commitment from strategic leadership to map and allocate necessary resources.

There is limited recent research evidence on the mental health and wellbeing of care experienced children and young people in Scotland. Published in 2004, the key findings of the national survey of the mental health of children and young people looked after by local authorities in Scotland found significant differences in wellbeing and health outcomes including diagnosis of a mental disorder, or instances where children had tried to harm or kill themselves, which is most high for children living in residential care.¹² The prevalence of emotional and mental health issues for care experienced children and other children who have experienced poverty is also consistently noted as being significantly high across UK and international literature.¹³ Many of these children experience multiple mental health problems, which leads to complexity in assessment and identifying

⁹ Waterton, J., Baker, C. & Griesbach, D. (2019) 'Love: The experience of love for children and young people in care' in *Evidence Framework Feb 2017-Feb 2020*, Independent Care Review; SWIA (2006). *Extraordinary Lives: Creating a positive future for looked after children in Scotland*. Edinburgh: Social Work Inspection Agency

¹⁰ Coram Voice (2015) [Children and Young People's Views on Being in Care - A Literature Review](#), University of Bristol

¹¹ Independent Care Review (2020) [The Promise](#), Glasgow: The Independent Care Review (page 46)

¹² Meltzer, H, Lader, D, Corbin, T, Goodman, R and Ford, T (2004) *The mental health of young people looked after by local authorities in Scotland*, London: TSO.

¹³ Tarren-Sweeney, M., & Hazell, P. (2006), Mental health of children in foster and kinship care in New South Wales, Australia, *Journal of Paediatrics and Child Health*, 42(3), 89-97; Sempik, J., Ward, H., & Darker, I. (2008). Emotional and behavioural difficulties of children and young people at entry into care, *Clinical child psychology and psychiatry*, 13(2), 221-233; Milburn, N. L., Lynch, M., & Jackson, J. (2008). Early identification of mental health needs for children in care: a therapeutic assessment programme for statutory clients of child protection, *Clinical Child Psychology and Psychiatry*, 13(1), 31-47; Lachlan, M., Millard, A., Putnam, N., Wallace, A. M., Mackie, P., & Conacher, A. (2011). *Mental health care needs assessment of looked after children in residential special schools, care homes and secure care*. Glasgow: ScotPHN.

the most appropriate interventions and supports. These studies highlight the scale of the challenge in meeting the mental health and wellbeing needs of children and young people who are looked after. The increased risk of attempted and completed suicide for this group of children and young people is also highlighted in research.¹⁴ Additionally, evidence suggests that 44% of care leavers experience mental health or emotional/behavioural difficulties, which have links to poorer outcomes in other life areas.¹⁵

Relationships

For all children, supportive, enduring relationships with those who care for them are the 'golden thread' in their lives. For children and young people, who have experienced disruption or adversity in important relationships, it is crucial that quality of these relationships is prioritised.¹⁶ This is relevant not only to the developmental needs of children as they grow up, but also for access to services, including health services, throughout their lifetime, in which building trust in relationship-based services will be especially critical.

Despite this, care experienced children and young people report feeling such relationships are often not prioritised, and that they are not supported to sustain relationships with significant adults in their lives.¹⁷ Loving and caring relationships are central to the changes suggested by The Promise of the Independent Care Review,¹⁸ and are integral to protecting and promoting the wellbeing of children in need of care and protection.¹⁹ This must start with preventative and early support for families so that it is safe for children to stay at home. This support must be accessible and should include support from universal services that families are already familiar with and feel more comfortable approaching for support.²⁰

Where it is not possible for children to stay at home, they must be supported to maintain relationships with the people that matter to them. These relationships, for example with their brothers and/or sisters, are often an important protective factor to mitigate against any uncertainty or trauma they experience, and have a profoundly positive impact on their wellbeing over the course of their life time.²¹ There has been recent [legislative change](#) to ensure that the relationships between care experienced children with their brothers and/or sisters are

¹⁴ McLean, J, Maxwell, M, Platt, S Harris, F and Jepson, R (2008) *Risk and protective factors for suicide and suicidal behaviours: a literature review*, Edinburgh: Scottish Government.

¹⁵ Dixon et al (2006) *Young People Leaving Care: A Study of Costs and Outcomes* York: University of York

¹⁶ The Care Inquiry (2013) [Making Not Breaking: The Findings & Recommendations of the Care Inquiry](#). Adoption UK.

¹⁴ Coram Voice (2015) [Children and Young People's Views on Being in Care - A Literature Review](#), University of Bristol

¹⁸ Independent Care Review (2020) [The Promise](#), Glasgow: The Independent Care Review (page 7)

¹⁹ Sacker, A., Lacey, R., Maughan, B. and Murray, E, (2021) [The lifelong health and wellbeing trajectories of people who have been in care: findings from the Looked-after Children Grown up Project The LACGro Project](#), London: Nuffield Foundation

²⁰ Independent Care Review (2020) [The Promise](#), Glasgow: The Independent Care Review (page 46)

²¹ Meakings S, Coffey A and Shelton K (2017a) 'The influence of adoption on sibling relationships: experiences and support needs of newly formed adoptive families', *British Journal of Social Work*, 47:6, pp 1781–1799; Jones, C. 2016. "Sibling relationships of children in foster care and adoption: A review of international research", *Children & Society*, 30(4), pages 324-334

protected, but it is important that this legislation is met with requisite support and resourcing so that it is fully implemented and makes a difference in the day-to-day lives of every child in Scotland. Social workers require sufficient support with the knowledge, skills, and time capacity to understand and assess children's sibling relationships, in order to make the right decisions about the support they may require to develop these. Crucial to this is listening to children and taking their views into account. Where assessment indicates it is in a child's best interests to live apart from their siblings, social workers again require skills in assessment and understanding of children's unique circumstances and views in order to ensure the time they do spend with their siblings is positive. Alongside the knowledge, skills and time capacity required of social workers, there must be commensurate attention to the organisational culture and resources required to implement these changes. For example, ensuring there are enough foster carers with the skills, support and space to look after brothers and sisters together, or to support their relationships if they live apart.

In addition to maintaining existing relationships, it is crucial that care experienced children experience stable, warm and loving relationships with the people who care for them. This may include their kinship carers as well as foster parents, carers in residential care, but also other adults in their lives such as teachers and early years carers, or healthcare workers. Ensuring that we support the workforce to provide 'consistent, loving relationships for children' is a core foundation of The Promise²². It is also important that every service in Scotland that supports children, either directly or indirectly, is trauma-informed.

Permanence and security

It is critical to the health and wellbeing of children who need care and protection to experience permanence and security in their lives. Many children who cannot stay in their family home live in multiple different homes and may not always have sufficient notice or support when they move between homes.²³ Timely decisions about their immediate and long-term needs and where their permanent home should be are crucial for their wellbeing, supporting the development of attachments and relationships, recovering from trauma or experiences of loss, and preventing escalation of wellbeing concerns.²⁴ Multiple moves can also be a barrier to accessing consistent mental health services.

There can often be delays in reaching decisions and permanence for children, which can lead to children experiencing a period of uncertainty until a final decision is made about their future care.²⁵ CELCIS's Permanence and Care Excellence (PACE) programme, commissioned by the Scottish Government, worked alongside 27 of Scotland's local authorities to reduce the time taken in

²² Independent Care Review (2020) [The Promise](#), Glasgow: The Independent Care Review (page 96)

²³ Sanders, R. (2020) [Care experienced children and young people's mental health](#), Glasgow: Iriss; Hambrick 2016. Hammond, S., Cooper, N. & Jordan, P. (2018) "Social Media, Social Capital and Adolescents Living in State Care: A Multi-Perspective and Multi-Method Qualitative Study", *British Journal of Social Work*, vol 0, pp1-19 (page 5)

²⁴ Sanders, R. (2020) [Care experienced children and young people's mental health](#), Glasgow: Iriss

²⁵ Grant, M., Whincup, H. and Burgess, C. (2019) Perspectives on kinship care, foster care and adoption: the voices of children, carers and adoptive parents, Stirling: University of Stirling; Whincup, H., Grant, M., Burgess, C. and Biehal, N. (2019) Decision making for children, Stirling: University of Stirling

reaching that vital point of stability for children across the local authorities who were involved.

Leaving care

Despite developments in policy and practice to enable positive transitions for young people leaving care, for many this continues to be a time of acute vulnerability. In Scotland, the average age that care experienced children and young people leave home is 17, while the average age that their non-care experienced peers leave home is 26.²⁶ This means that too often emotional, financial and practical support is suddenly ruptured, damaging relationships and social networks and leaving care experienced young people to cope with the complexities of independent living, which can lead to isolation and impact on wellbeing.²⁷ The link between financial insecurity and poverty and wellbeing for care leavers is also stark, with financial worries often articulated by young people leaving care, and noted as a trigger for mental health challenges for some.²⁸ Implementation of legislation to support more care experienced people 'stay put' with carers, as well as enabling and encouraging positive, enduring relationships with former carers is critical to young people feeling supported when they make life transitions.²⁹

7. What are the current challenges with improving the health and wellbeing of children and young people over the next 5 years?

The COVID-19 pandemic has resulted in significant uncertainty, disruption and adversity for many across Scotland. The existing effects of poverty and inequality have been compounded. There has been a particular detriment to children and young people in need of care and protection and their families and carers, who may have already experienced adversity in disruption in their lives, and for whom existing isolation and wellbeing concerns and/or poverty may have been exacerbated over the course of the pandemic.

As has been outlined in our response to Question 6, children and young people in need of care and protection experience higher levels of adversity than their peers, which results in increased experiences of isolation and wellbeing concerns. Throughout the COVID-19 pandemic, children and young people have reported an impact on their mental health and a lack of appropriate support around this.³⁰ Child and Adolescent Mental Health Services (CAMHS) were strained before the pandemic, but the impact of the pandemic across health services, as well as a rise in need due to lack of preventative support and interventions has resulted in further strains to service provision, meaning that many children and young people must demonstrate extremely acute need to

²⁶ CELCIS (2015) [Housing Options and Care Leavers: Improving Outcomes into Adulthood](#). Glasgow: CELCIS

²⁷ Stein, M (2005) [Resilience and Young People Leaving Care: Overcoming the odds](#). Joseph Rowntree Foundation

²⁸ Baker, C. (2017) [Care leavers' views on their transition to adulthood: A rapid review of the evidence](#). Coram Voice

²⁹ Swain, V. (2016) [Keep Connected: Maintaining Relationships When Moving On](#). TFN; Boddy J (2013) [Understanding permanence for looked after children](#): A review of research for the Care Inquiry. London: The Care Inquiry.

³⁰ Children's Parliament (2020) [How are you doing? A report on the findings from the How are you doing? Survey](#), Edinburgh: Children's Parliament

meet service thresholds.³¹ This highlights the importance and urgency of adequate funding for CAMHS services in the recovery from the pandemic, as well as funding for community based and/or third sector services to support children and young people's mental wellbeing, including preventative support before concerns reach crisis.

The pandemic has also exacerbated the effects of existing poverty for many children, young people and their families, and others are newly experiencing poverty or significant financial strain as a result of the pandemic. Further detail about the link between poverty and health and wellbeing is provided in our response to Question 9. However, we would also draw attention to the need for workforce development for everyone who supports children, young people and families either directly or indirectly, around awareness of the impact of poverty, addressing stigma and reframing these impacts. The British Association of Social Workers' [Anti-Poverty Practice Guide](#) is a useful resource to facilitate greater awareness amongst all practitioners working under a GIRFEC approach of how to identify needs, interventions and reflective practice associated with socio-economic disadvantage.

Another issue that has become apparent during the COVID-19 pandemic is digital access, including access to technology, connectivity and skills, all of which are required to access many services and supports including healthcare and education, even more so during the pandemic. The 'digital divide' exacerbates inequalities and risks fundamentally denying access to services, support and networks, all of which have a direct impact on health and wellbeing – from information and signposting to support, to GP appointments. There have been a range of positive practices from Scottish Government, local authorities, further education and the third sector to address this, however with more health and care services operating remotely, online and in the future, this issue requires sustained attention going forward.³²

To resolve many of the challenges that exist in Scotland, as well as the challenges posed by the COVID-19 pandemic, there is a need for changes to the systems that support the health, wellbeing and care of children, young people and families. There is currently a complex legislative and procedural landscape governing the support for children and young people in need of care and protection. For instance, there are separate systems that support children where there are child protection concerns and that support children and young people via corporate parenting duties under Part 9 of the Children and Young People (Scotland) Act 2014. Many children receive support through both of these systems from different practitioners. There are also separate services to support children and adults, which can result in gaps in provision for young people as they grow up, or fragmented services for different family members in need of

³¹ Public Health Scotland (2021) Child and Adolescent Mental Health Services (CAMHS) waiting times Quarter ending 30 June 2021, Glasgow: Public Health Scotland;
Children and Young People's Commissioner Scotland (2020) Independent Children's Rights Impact Assessment, Edinburgh: Children and Young People's Commissioner Scotland;
Christina McMellon, C. and MacLachlan, A. (2020) APPENDIX 2: Mental Health: Children's Rights Impact Assessment (CRIA), Edinburgh: Children and Young People's Commissioner Scotland

³² Further information on this issue, positive practice and recommendations going forward can be found in CELCIS' briefing '[Bridging the digital divide for care experienced young people in Scotland: If not now, when?](#)'

support. The Promise of the Independent Care Review highlighted this as in need of radical reimagining.³³

Change is also required to ensure that any services needed to support children, young people and families is available to them at the earliest point of need, for as long as they need, by services they are confident to access – such as universal and/or community-based services, which is advocated by the GIRFEC model. However, current resource allocation is a barrier to offering sufficient preventative and early support, *as well as* provision of services to meet acute needs.

Restructuring to offer support based on need rather than availability was highlighted as a driver for the creation of a National Care Service in a recent consultation by Scottish Government.³⁴ However, the potential for any restructure to cause disruption or detriment to services and ongoing improvement work must not be understated. This is especially pertinent for children and young people in need of care and protection who rely on these services for their care. There is a need for careful planning and consideration of systems change,³⁵ and attention to the current plans for the implementation of The Promise.

We would also highlight the many innovative practices from the workforce to support children and young people throughout the pandemic, many of whom have gone above and beyond their roles to offer care and support that has mitigated the impact on the wellbeing of care experienced children, young people and families. An example of this includes residential care workers who temporarily moved in to residential homes during lockdown to offer consistent care to children during this unsettling time. Further examples have been compiled by CELCIS in the resource [Meeting the Challenge of COVID-19](#). Whilst sharing learning to continue positive practices going forward is important, there is also an urgent need to support and sustain the workforce in recovery from the pandemic.

8. What offers the best opportunity for improving the health and wellbeing of children and young people over the next 5 years?

There is a range of policy and frameworks for measuring performance in Scotland that play a role in supporting the health and wellbeing of children and young people, including the [Health and Social Care Standards](#) and the [National Performance Framework](#). We have outlined three key legislative or policy instruments that will be critical to supporting the health and wellbeing of children and young people in need of care and protection, if implemented comprehensively. In doing so, we also draw attention to CELCIS' work on [Active Implementation](#) to support complex change (for example through the [Permanence and Care Excellence](#) Programme of the [Addressing Neglect and](#)

³³ Independent Care Review (2020) [The Plan](#) (page 4)

³⁴ Scottish Government (2021) [A National Care Service for Scotland - Consultation](#), Edinburgh: Scottish Government

³⁵ Further detail about these considerations can be found in CELCIS' response to the Scottish Government's proposal for a National Care Service, CELCIS (2021) [CELCIS's response to A National Care Service for Scotland – Consultation](#), Glasgow: CELCIS

[Enhancing Wellbeing](#) Programme), the learning from which informs our response.

1) Incorporation of the United Nations Convention on the Rights of the Child

The [United Nations Convention on the Rights of the Child](#) (UNCRC) lays out the rights of all children and young people. All of these rights are interconnected and indivisible, and are important to the health and wellbeing of children, ranging from [Article 24](#), the right to good quality health care, to [Article 39](#) the right to recovery for any child who has experienced harm. Scotland is set to be the first country in the UK to incorporate the UNCRC into domestic law, subject to the Scottish Parliament's approval. This will mean that public authorities must act in ways which are compatible with children's rights under the UNCRC, and it will give children more legal power to enforce their rights if they are not upheld. This has implications for how services are planned and resources allocated, which includes participation of children in planning of services.

Programmes like [Bright Spots](#) (for which a [Scottish pilot](#) is being developed by CELCIS), enables care experienced children and young people to give their views to their local authority about their own subjective wellbeing and the support they receive, which can be used to inform the planning and commissioning of services. The incorporation of the UNCRC also has implications for child-rights budgeting, as planning and budgeting must uphold the rights of children. There must then, for example, be sufficient resource allocation of early and preventative services to support children and their families to uphold all their rights.

However, as with other legislative and policy changes proposed or underway in Scotland, there is a pressing need for careful and sustained efforts to ensure that this change can be successfully implemented. Too often proposed changes in policy or changes to legislation are not met with commensurate resource and planning to enable these to have the intended impact in the lives of children, young people and families. Implementation of this and other changes will often require both urgent and immediate change, as well as work across organisations (for instance, government departments and local authority agencies) to implement long-lasting transformational change, with commitment and action from leadership to ensure there is adequate and sustained funding. This requires co-ordinated actions from across national and local government and public bodies, challenging practices of siloed-working that cannot enact the required changes for children, young people and families, and support for the workforce with the systems, capacity and support to enact these changes.

2) Implementation of the GIRFEC model

The Getting It Right for Every Child (GIRFEC) model advocates a range of approaches to support a child consistently as their needs change, with 'the right help at the right time', to ensure that the child's needs are at the centre of all support and decision-making processes across the continuum of their care and protection, from when a support need is first identified, to when the child and their family need more sustained and specialised support. However, inconsistencies in the implementation of the GIRFEC model have also been

identified,³⁶ which mean that the experiences of children and families of the GIRFEC model differ across Scotland.

CELCIS's [Addressing Neglect and Enhancing Wellbeing programme \(ANEW\)](#), which works directly with local authority services, has resulted in crucial system-wide local and national learning about how universal services could be better supported to address the unmet needs of families, including:

- The need to address barriers and a lack of resources that prevent universal services managing wellbeing concerns earlier (when a child and their family first need support from services).
- The importance of community-based, non-statutory services for families.
- How the numerous systems involved in multi-agency responses to a child's needs can result in fragmented responses that therefore do not best support the needs of each child.
- The need for consistency of implementation of GIRFEC across local areas.
- What is required for collaborative, multi-agency working, assessment practices and supporting the meaningful participation of children and families in the decisions that affect them.
- Support and clarity in the roles and functions of the practitioners including the Named Person and Lead Professional.
- Support across the workforce to facilitate trauma-informed and relationship-based practice. In addition to training through the [National Trauma Training Programme](#) this must also include access to support and supervision, understanding and attention to staff capacity to carry out these practices, attention to the structure and commissioning of services to promote retainment of staff and relationships.

3) Implementation of The Promise

In 2020, Scotland's Independent Review of Care concluded with the publication of [The Promise](#). This review, driven by those with experience of care, sets out ambitions for change to transform the ways in which children, families and communities are supported to stay together. There has been widespread support and commitment from Scottish Parliament, government and across local areas in statutory and non-statutory organisations. The five foundations around which changes are proposed are: listening to the voices of children and young people, family support so that it is safe for children to stay at home, loving and stable care for children when it is not safe to stay at home, support for the workforce who care for children, and a scaffolding of help, support and accountability must be ready and responsive to the needs of children, young people and their families. There has been commitment to realise The Promise by 2030, with planning over the next three years set out in [Plan 21-24](#). Enacting these plans (and further plans over the next 5 years) will be challenging, requiring deep work to understand the current systems and infrastructure, utilising evidence about what works to support improvement and implementation, as well as the requisite resources to support and enact these changes. However, getting this right is an opportunity to ensure that all children and young people "grow up loved, safe and respected", realise their full potential, and improve the health and wellbeing.³⁷

³⁶ Scottish Government (2021) '[Coronavirus \(COVID-19\): Children and Families Collective Leadership Group minutes - 8 April 2021](#)' Edinburgh, Scottish Government

³⁷ The Promise Scotland (2021) [The Plan 21-24](#)

9. How does addressing poverty lead to improved health and social care outcomes?

It is widely recognised that health is affected by socio-economic factors: housing, education, income, employment communities and support will impact many aspects of a person's health and wellbeing.³⁸ There is also a strong evidence base around the detrimental impact of poverty on children's health and wellbeing, which can have life-long consequences. Children in the UK who live in poverty are more likely to be born small, suffer from asthma, or have tooth decay, to give a few examples of the impact on children.³⁹ For children in need of care and protection who live in poverty (of which the correlation is discussed below), the impact on their health and wellbeing is compounded by the impact of adversity or disrupted attachments. This can then be further exacerbated if practice to support them entrenches stigma and marginalisation around their experiences of poverty, with impacts on wellbeing including shame, disempowerment anxiety, withdrawing from support, lack of confidence, or anger.⁴⁰

The COVID-19 pandemic has also exacerbated poverty,⁴¹ which further compounds the detrimental impact of the pandemic on health and wellbeing. This includes children in need of care and protection, whose wellbeing is also affected by the impact of poverty on their experiences as they grow up. The UK-wide Child Welfare Inequalities Project found that children in the most deprived 10% of small neighbourhoods in Scotland are nearly 20 times more likely to be 'looked after' in care or on the child protection register than children in the least deprived neighbourhoods.⁴² A Joseph Rowntree Foundation evidence review on the relationship between poverty, child abuse and neglect found despite the limited evidence base, there is a strong association between families' socio-economic circumstances and the chances that children will experience child abuse and neglect. This review highlighted that poverty is overlooked as a factor contributing to children who become looked after or are in need of protection. Such evidence emphasises how important it is to address poverty in any

³⁸ Public Health Scotland (2021) [Overview of the Right to Health](#), *The Right to Health*, Edinburgh: Public Health Scotland

³⁹ Public Health England (2015) Children and young people's health benchmarking tool.

National Child and Maternal Health Intelligence Network, Public Health England; Roberts H. (2012) What works in reducing inequalities in child health. Bristol: The Policy Press; Wickham S., Anwar E., Barr B., Law, C. and Taylor-Robinson, D. (2016) Poverty and child health in the UK: using evidence for action, *British Medical Journal*, 101: 759–766; Taylor-Robinson D, Smyth RL, Diggle PJ, et al. (2013) The effect of social deprivation on clinical outcomes and the use of treatments in the UK cystic fibrosis population: a longitudinal study. *Lancet Respir Med* 1:121–8; Taylor-Robinson D, Smyth R.L., Diggle P.J., Whitehead, M. (2013) A longitudinal study of the impact of social deprivation and disease severity on employment status in the UK cystic fibrosis population, *PLOS One*.

⁴⁰ British Association for Social Work (2019). *Anti-poverty Practice Guide for Social Work*. Birmingham; Featherstone, B., Gupta, A., Morris, K., & Warner, J. (2018). Let's stop feeding the risk monster: Towards a social model of 'child protection'. *Families, Relationships and Societies*, 7(1), 7-22

⁴¹ Joseph Rowntree Foundation (2021) [Laying the foundations for a Scotland without poverty](#), York: Joseph Rowntree Foundation (page 3)

⁴² Bywaters, P. et al. (2017) [Identifying and Understanding Inequalities in Child Welfare Intervention Rates: comparative studies in four UK countries. Briefing Paper 4: Scotland](#)

measures to improve the health and wellbeing of children, young people and their families.

The need to address child poverty is well acknowledged in the policy landscape in Scotland. The Child Poverty (Scotland) Act 2017, sets out targets for addressing child poverty and requirements for Scottish Government and local authorities to report on their plans to do so, as well as establishing a statutory Poverty and Inequality Commission to report on any progress made. Whilst CELCIS welcomes recent commitments from Scottish Government to double the Scottish Child Payment, the most recent report from this commission is clear that without further significant action, the targets set out in legislation will be missed.⁴³ This is repeated in findings of the Joseph Rowntree Foundation that doubling the Scottish Child Payment is not enough to address child poverty: Their report [Laying The Foundations for a Scotland Without Poverty](#), finds that in exacerbating poverty, the COVID-19 pandemic has impacted health, with 89% of those claiming benefits due to a loss in income since March 2021 reporting that their mental health was worse compared to March 2020, and 51% saying their mental health was much worse.⁴⁴

Such evidence demonstrates the urgency of measures to address poverty in order to improve health for all children and families. These measures may include direct measures to increase the income of children's parents or carers. For example, research has shown that children in kinship care families are disproportionately living in the poorest households across the United Kingdom,⁴⁵ so increasing support and allowances for kinship carers could act to improve health and wellbeing of children and young people in these families. Another example of measures required to indirectly increase income of children's families, and a recommendation of the Poverty and Equality Commission in 2021, is improving access to funded early years and childcare provision, which is crucial to enabling parents to access work and raising their income. Currently many parents report that the main barrier to accessing funded ELC provision is a lack of flexibility in the hours available to them, and so the Commission recommends greater flexibility in the hours available in funded provision to ensure parents can use it.⁴⁶

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⁴³ Poverty and Inequality Commission (2021) [Child Poverty Delivery Plan progress 2020-2021 Scrutiny by the Poverty and Inequality Commission](#)

⁴⁴ Joseph Rowntree Foundation (2021) [Laying the foundations for a Scotland without poverty](#), York: Joseph Rowntree Foundation

⁴⁵ Nandy, S, Selwyn, J, Farmer, E and Vaisey, P (2011) *Spotlight on kinship care: Using Census microdata to examine the extent and nature of kinship care in the UK at the turn of the Twentieth century*, Bristol: University of Bristol

⁴⁶ Poverty and Inequality Commission (2021) [Child Poverty Delivery Plan progress 2020-2021 Scrutiny by the Poverty and Inequality Commission](#) (page 14)

