# THE FORK IN THE ROAD – A SCOTTISH PERSPECTIVE ON RELATIONSHIP-BUILDING AS A CATALYST TOWARD PREVENTION IN CHILD WELFARE

BY

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DISSERTATION

Submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in Social Work
in the Graduate College of the
University of Illinois at Urbana-Champaign, 2011

Urbana, Illinois

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## ABSTRACT

This dissertation uses a case-based methodology, in-depth participant interviews, and document review, to explore the experiences of child welfare professionals within an emerging Scottish child welfare system. The Scottish system is often viewed as a hybrid approach that is highly focused on prevention and community involvement but sits between residual approaches found in countries such as the U.S. and Canada, and universal approaches found in countries such as Sweden and Belgium. Since Scotland's devolution from the United Kingdom in 1999, new policies have impacted all areas of Scottish life and many are highly focused on the well-being of Scottish children. The perspectives of Scottish child welfare professionals provide important insights into a distinct, relational approach to social work that emphasizes characteristics such as honesty, listening, persistence, trust, and understanding. Unique aspects of the Scottish system include a focus on civic engagement, a multi-agency approach, and including children's views from the first point of contact. Additionally there has been a focus on working with families impacted by substance misuse through an approach that acknowledges the spectrum of issues that often surround addiction, but is still highly focused on resilience and recovery. The experience of the Scots in developing and implementing their child welfare system over the past decade may provide important insights into building sustainable, holistic models of child and family support in other cultural contexts.

## ACKNOWLEDGEMENTS

The gracious responsiveness of all research participants and their encouragement to pursue this line of inquiry made this research possible. I continue to be humbled by the Scottish commitment to innovation and to children, families, their communities.

I greatly appreciate the support of my advisor, Dr. Wendy Haight, and dissertation committee members, Dean Wynne Korr, Dean Steven Anderson, and Dr. Connie Shapiro. Their dedication to students and their contributions to the field of social work are deeply appreciated. I also appreciate the support of my parents and their encouragement to pursue higher education.

Finally this work would not have been possible without the support of my children and my husband as they consistently nudged me toward the finish line.

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# CHAPTER 1

## INTRODUCTION

> "*It is all very well to learn the practicalities … but if you, as a professional don't have the underlying values of inclusion, facilitation, and taking the child with you rather than telling the child what to do…If you don't have those values and principles at the core, then it is not going to work because you are essentially taking on something that you don't believe in and that is going to come across.*" *(Heather)*

Heather has been a direct service child welfare social worker for more than a decade of rapid social change in Scotland. During our interview, Heather's discussion of the challenges to implementing new national child welfare initiatives in her council reflect her core values of grounding direct practice, policy, and interventions on respectful relationships between social workers, the children, families and communities they serve. This dissertation explores the experiences of child welfare professionals such as Heather practicing within an emerging Scottish child welfare system that prioritizes community involvement, respectful relationships, prevention, and voluntary participation in services. Their perspectives provide important insights into a distinct, relational approach to social work with child welfare involved families within the context of involved, local community councils.

Scottish child welfare approaches stand in contrast to those of countries such as the U.S., Canada, and England, which are often characterized as residual child welfare systems. These systems offer child protection interventions after families have been identified through legal proceedings. Residual systems are crisis-oriented and tend to focus on blame at the individual and family level. When families first enter the system, they are connected to a criminal justice

process, not to community services (Aldgate & Hill, 1995; Batty, 2005; Gilbert, 1997; Murray & Hallet, 2000). Residual systems can place child welfare workers in inequitable, often adversarial roles when working with vulnerable parents and their children (Maidment, 2006). In contrast, the systems within countries in Western Europe, such as Sweden and Belgium (Stafford & Vincent, 2008), and Japan (Bamba & Haight, 2011), support universal access to services. Families voluntarily engage with professionals, who are focused on prevention, at various stages in their children's development. All families have access to services at their first point of entry into the system.

Reviews of child welfare policies and practices often have overlooked Scotland. Much of the literature has assumed that Scotland's policies and practices are aligned with the rest of the U.K. (Stafford & Vincent, 2008). In fact, there are differences that place the Scottish child welfare approach somewhere between that of residual and universal models. Scotland's model is focused on prevention, but also utilizes a legal system for the most serious child protection cases. A unique aspect of the Scottish system is its focus on civic engagement and respect for community autonomy in providing services to vulnerable families. The National government provides monetary resources and leadership in developing goals for child welfare, but it is up to local councils to implement programs to meet those National goals. Local councils sensitively tailor goals to the characteristics of their specific communities taking into account population density, geography and subcultural beliefs and practices related to children's socialization. The experience of the Scots in developing and implementing their child welfare system over the past decade may provide important insights into building sustainable, holistic models of child and family support into this new century. In particular, recent innovative policies and practices specific to child welfare protection and parent substance misuse suggest that Scotland's approach

warrants a closer look as a potential model for working with these vulnerable families (Templeton, Zohhadi, Galvani, & Velleman, 2006).

Scottish child welfare policy and practice supports relationship building between local service providers and vulnerable families. Examination of the emerging Scottish child welfare system will illustrate the ways in which characteristics of child welfare systems can impact the relationships of child welfare professionals and families. Holland and Scourfield (2004) suggest that social workers should be particularly sensitive to issues of communication when working with families. They argue that liberty and respect are important considerations for negotiating complex relationships of autonomy and reciprocity with child welfare-involved parents. The concepts of prevention exemplified by the Scottish child welfare system, such as reciprocity and family support, stand in contrast to those exemplified by residual systems, such as vulnerability, risk, and child protection. Preventive concepts, exemplified by the Scottish system, have gained momentum in other countries only during this last decade and their tangible results may not be observed for another decade (Holland & Scourfield, 2004; Spratt & Callan, 2004). In the U.K., the practice of incorporating family strengths, and integrating services based upon strengths principles, is discussed as the "re-focusing debate" (Holland & Scourfield, 2004,p.200). These practices are now accepted as an achievable goal for social workers and child welfare professionals. Qualitative work is needed to understand parents' and social workers' experiences of interventions, resiliency, relationships, and family strengths in such holistic models (Templeton, et al., 2006).

The perspectives of professionals involved in implementing Scotland's evolving child welfare system can provide an opportunity to reflect on how child welfare policies can impact the relationships of child welfare professionals and families. These perspectives may help us to

step outside of our cultural contexts to consider diverse strategies for engaging in productive relationships with high risk, child welfare-involved families in other cultural contexts such as the U.S. The aims of this dissertation are to describe the experiences and perspectives of Scottish child welfare professionals regarding:

1. Building relationships with parents/carers and other community members and professionals optimal for successful delivery of preventive and intervention services. We will explore affective qualities of relationships such as feelings of trust, honesty, and support; as well as instrumental activities such as facilitating, counseling, and advocating.

2. Any changes in their relationships with families as a result of devolution policies. Our discussion will focus on new policy initiatives and their impact on child welfare practice.

3. Child welfare practice with difficult families, and how relationships have been impacted by new policy initiatives. Difficult families are challenging to engage in services because they struggle with a spectrum of issues including substance misuse, poverty, inadequate housing, or health concerns.

**Why Scotland?**

The social justice issues that modern Scotland face are significant in both urban and rural areas. Poverty or income inequity impacts almost half of Scotland's population. Furthermore, there is considerable uncertainty about how the current worldwide economic downturn will affect Scottish families in the near future (Scottish Govt, 2008, "Achieving Our Potential…" ). Scotland faces other intertwined social problems including a cultural tradition of heavy drinking and the increased use of other drugs such as heroin and methadone (Scottish Executive, 2004,

"Hidden Harm"). A 2007 annual report titled "Action on Alcohol & Drugs in Edinburgh" acknowledges that heavy drinking has been regarded as a part of Scotland's "national identity"(p.5). Emergency admissions for chronic liver disease have risen by almost 100% over the last 8 years for both men and women. Drug related deaths associated with heroin, morphine or methadone are up more than 25% since 2005. Furthermore, parental substance abuse places significant strain on the child welfare system (Denmark, Murray, Shielles, & Simpson, 2007). Additionally, a recent report notes that there are about 15,000 "looked after" children in Scotland (Scottish Government, 2010, "Equally Well Review... *"*p.36*)*. Looked after children are those who are found living in foster or kinship care; in residential care or boarding schools; or independently or with their parents, but with monitoring. These children are at higher risk for substance misuse, teen pregnancy and poor educational outcomes, and there is new concern about addressing such poor outcomes (Scottish Government, 2010, "*Equally Well Review…"* ).

Although social issues such as child maltreatment occur universally, there is substantial cultural variation in how societies respond, including the extent to which they engage vulnerable families in preventive services and relationship building (Folgheraiter, 2004; Jack, 1997a) . The Scottish child welfare system is an important case because it has made rapid progress in focusing on integrated prevention systems. These prevention efforts have been focused on relationship building within regional councils between parents/carers, child welfare professionals and community members.

The Scottish child welfare system exemplifies a "values-based" approach together with relationship-based services. A values-based approach to human services, which emphasizes social justice, equality, and individual and collective rights, is consistent with the Scottish people's long political struggle for autonomy within the U.K. A values-based approach is salient

for child welfare systems that struggle, often within complex cultures of class, poverty or privilege. Social workers face daily challenges of balancing child protection and the rights of the individual child with providing healthy opportunities within which parents and families can develop. The nature of the relationship between the child welfare professional and the parent/carer may represent a key to opportunity and social justice. Conversely, the parents' relationship with the professional can serve as a barrier – locking the family out of important connections to resources. The preventive framework within which Scottish social workers operate suggest they may be particularly sensitive to balancing respect for parents and linking them to appropriate services with child well-being and protection.

Scotland's child welfare system is an important context for exploring the role of relationships in child welfare prevention and intervention services. Scottish child welfare policies and practices predate efforts in other countries connected to the Organization for Economic Co-operation and Development (OECD) to move toward prevention. Scotland has the potential for serving as an international model for procedural change. Even though it is small, and faces some significant social challenges, Scotland has maintained a staunch resistance to pressure from England and other countries, to move toward a socio-legal child welfare system. This suggests a deep, sustainable commitment to holistic, relationship-based principles (Aldgate & Hill, 1995).

## Conceptual Framework

Changes in Scottish child welfare practice since devolution have not been without challenges. In the U.K., devolution refers to the gradual transfer of powers for commerce, the economy, healthcare, and social issues from the U.K. central government to a newly established Scottish Parliament (Smith, 2008). In early 2000, several high profile cases of child abuse and

neglect in both England and Scotland raised concerns about staff shortages in social work and poor communication between education, health, social welfare, and police agencies involved with responding to the needs of vulnerable families. Subsequently, the Scottish Parliament highlighted a vision for prevention for Scottish children and families. With a cultural heritage that identifies with community autonomy and resistance to expanding the criminal justice system, Scotland has an existing foundation upon which new preventive strategies, initiated during a time of intense social and economic change, show preliminary signs of success. This dissertation project provides an opportunity to consider the impact and characteristics of sustainable relationship building in preventive child welfare work from the perspectives of child welfare professionals.

The importance of both affective relationship qualities such as feelings of trust, respect and caring; and instrumental relationship qualities such as facilitating access to services, teaching, and counseling, are fundamental tenets of social work (Holland & Scourfield, 2004). There is considerable evidence to suggest that how social workers incorporate relationship characteristics make a difference to case outcomes. Through their collaboration with others and direct practice with families, social workers can significantly impact the outcome of local policies, available prevention services, and particular cases (Chapman, Gibbons, Barth, & McCrae, 2003; Dunst & Trivette, 2009; Faver, 2004; Jack, 1997b).

In countries like the U.S., parent programs for child welfare involved caregivers typically are focused on individual skill building and are provided after parents have been processed through a hierarchy of steps connected to the criminal justice system (Barth et.al, 2005; Thorburn, 2007). This socio-legal approach, which also has embedded values aligned with a clinical, abuse pathology perspective, has evolved since the 1960s. It began as a mechanism to

clarify and intervene in cases of child abuse. It then evolved into a legal infrastructure designed to protect children from future harm (Leventhal, 2003). This approach immediately places the vulnerable parent and professionals in adversarial positions. Research suggests that the tensions in these roles undermine the relationship upon which preventive services can be built (Britner, 2002; Holland & Scourfield, 2004). Focusing interventions on social models that integrate relationship-building, incorporating models of trust, acceptance, attachment, reciprocity, resilience and social competence are critical (Smith, 1999; Ribner & Knei-Paz, 2002).

Scottish child welfare practice also can be conceptualized as an ecological approach which considers the interaction of multiple, interconnecting and nested social systems ranging from micro systems, such as relationships between individuals, to macro systems, such as national child welfare systems. For example, Bronfenbrenner's theory (Bronfenbrenner & Morris, 2006) purports that a child's development is embedded within relationships within the family, school and community; and other systems influencing family functioning (Swick & Williams, 2006; Pence, 1988; Bronfenbrenner, 2005). Ecological systems theory is considered a cornerstone for the development of preventive, strength–based programs in child welfare and family support. It has encouraged the development of community-based interventions that support parents and families, recognizing that issues such as poverty, underemployment, access to health care and child care impact parents' ability to care for their children.

Consistent with ecological systems theory, research points to the importance of parents' relationship with others in their community for the healthy development of their families and children. Gordon Jack (1997a) reviewed evidence linking social isolation with increased maltreatment, especially within communities where there are few formal social support programs. Providing effective formal support to vulnerable families involves relational

characteristics consistent with sound clinical practice such as listening and empathy (Dunst, 2000). It also involves participatory elements such as encouraging family responsiveness and decision making which will help the family sustain connections to the community. Connecting relational and participatory elements supports the family with developing new competencies that will promote their well-being. Research by Chapman et al. (2003) indicates that child welfare workers viewed parents with more social connections more positively than those who were isolated. Parents viewed their interactions with child welfare workers more positively when the worker could facilitate their access to needed services in the community, and when social workers consistently followed through with their promises.

In contrast to relationship-based, participatory child welfare practice, Dunst and Trivette (2009) characterize traditional views of families involved in systems of care such as child protection services, as centered around deficit models. Clinical treatment models which focus on a disorder, or professional expertise to help solve others' deficits, place the parent and professional in unequal roles where the professional becomes responsible for remediation of the problem. Alternatively, Dunst and Trivette note the importance of capacity building practices. Strategies are strength-based and focused on empowerment models that encourage development of new capacities through access to community resources. In child welfare capacity building systems the empowerment models are family centered and resource based. They include relational help-giving that is associated with sound clinical practice and the professionals' positive beliefs about the parents' strengths.

Yet, relatively little is known about the nature of healthy relationships between vulnerable parents, child welfare professionals, and community members providing family support services in capacity-building models. How do complex relationships with others impact

parents' capabilities? What do child welfare professionals view as important characteristics of that relationship? What is most important for delivery of services and encouraging parents' successful progress toward their goals? Research in the U.S. suggests that child welfare professionals who move quickly to meet with parents, listen to their requests, are honest about problems, and provide rapid access to services are viewed as less adversarial, and more helpful, when compared to those child welfare workers who delay, withhold information, or have infrequent contact with parents (Chapman, et al., 2003). Ribner and Knei-Paz (2002) in their work with multi-problem families note the importance of the social worker establishing a working style that is warm, accessible, goes the extra mile, and provides a platform for equality in the relationship.

Further research is needed to examine the quality of relationships between child welfare professionals and parents/carers based on an ecological perspective that emphasizes a relationship-based social work approach (Folgheraiter, 2004, Maidment, 2006, Jack, 1997a). A basic tenet of this approach is that when there is reciprocity between the social worker and others in the community, trusting relationships develop. Parents, family members, and others in the community begin to feel comfortable with both affective and instrumental aspects of relationships such as seeking advice, receiving help, developing joint community goals, or working collaboratively to assist someone in need. When there is reciprocity, problems experienced by one, are more likely to be viewed as a community concern rather than an individual problem and community resources are put into action to assist (Folgheraiter, 2004).

There are some U.S. states, including Illinois, that are beginning to incorporate strengths based, help-seeking interventions in a concept called "differential response". This approach provides child welfare professionals with the option of redirecting a maltreatment report and

providing a more flexible family assessment rather than the traditional legal investigation for a referred family (Merkel-Holguin, Kaplan, & Kwak, 2006). The goal is to provide alternative prevention for families outside of the confines of criminalization. There are concerns that differential response initiatives must be tied to staff training at all levels, and increased community prevention resources upon which child welfare professionals can rely (Merkel-Holguin, et al., 2006). Also, legislation should provide flexibility in mandatory reporting requirements, otherwise there may be little change in parents' perception that they are under investigation. Without a common understanding at the onset, the resulting adversarial relational dynamic may persist in the parent-professional interactions, and that will quietly undermine prevention efforts.

Some research in the U.S. highlights helpful aspects of a relationship-based approach. One salient case study conducted by Kretchmar, Worsham and Swenson (2005) examined an alternative foster care program (the Ark) that incorporated therapeutic concepts related to "reflective functioning" (p.32). Reflective functioning refers to the parent's ability to understand, envision or identify their own, and their child's, mental experiences such as anticipating their child's thoughts, feelings or desires. Some research suggests that healthy attachments and reflective functioning are critical for self-regulation and establishing sustainable relationships (Slade, 2006). When child welfare professionals are restricted through systemic limitations inherent in a residual system, their ability to provide therapeutic interventions that model healthy attachments may also be restricted. Yet, modeling characteristics of self-regulation, reflective functioning, and healthy attachments through child welfare practice may be an important strategy for impacting change in parents' behaviors that will further protect children.

Results from other studies focused on carers within the child welfare system such as foster parents suggest that the way social workers work with them is critically important to the success of a case. Foster parents described relationships with caseworkers that were frequently viewed as ineffective and were fraught with difficulties (Robertson & Haight, 2008). High staff turnover made it difficult to develop healthy communication patterns between caseworkers and foster parents or maintain trusting relationships. Caseworkers were accused of withholding information or even lying to foster parents so they would accept a problem child. Misinformation, or at least a "don't ask – don't tell" attitude from caseworkers seemed to be prevalent when foster parents described communication exchanges. While foster parents recognized that caseworkers might not know important details – especially with new cases – they nevertheless clearly resented the inadequate information. As one foster parent put it "… *you have to play 20 questions with the agency in order to find out, does this child have sexual issues? Is there an HIV problem? None of that information is offered up front*" (Robertson & Haight, 2008).

Caseworkers in the same study also struggled with their understanding of the boundaries of confidentiality. They acknowledged that they were careful about providing only information that they deemed necessary. Yet, they also cited examples where they had attempted to give full disclosure including extensive education classes and foster parents still complained (Robertson & Haight, 2008). Other research suggests that although child welfare staff may not be directly dishonest with parents, the withholding of information, or other institutional barriers such as scheduling meetings at a time when birth parents couldn't attend, were viewed as dishonesty by parents. This perception of dishonesty acted as a barrier to effective service delivery (Jivanjee, Friesen, Kruzich, Robinson, & Pullmann, 2002.).

Hochman, Hochman, and Miller (2004) found that poor communication between parents/carers and caseworkers impacts the quality of care provided to children. Important information may be guarded by the agency or others citing confidentiality rules (Hochman, Hochman, & Miller, 2004). Maintaining appropriate confidentiality guidelines is an important professional social work ethic and also a characteristic of a respectful relationship. However, when misunderstood, these communication disconnects can lead to unhealthy interactions that, over-time, can fester and potentially undermine the successful delivery of services.

In residual, socio-legal systems, professionals complain that the increased time and effort for child welfare workers to take on the sleuthing roles of investigators have undermined preventive and therapeutic capacity-building efforts that should be accessible to all parents (Jack, 1997b). Templeton, Zohhadi, Galvani, & Vellman (2006) report that a large body of the current child welfare research literature is from the U.S. "*with its focus on the medical model, abstinence and associated terminology…*" (p. 32). This discussion may have little relevance for understanding interventions currently underway in Scotland and other European countries that are focused on preventive, holistic approaches. The concern of many professionals is that child welfare interventions that do not incorporate characteristics of sustainable relationship- building are at risk of failing large segments of vulnerable parents. Furthermore, understanding the interdependence of human beings and that nondefensive, sustainable relationships are foundational components of liberty is an important foundational value upon which successful societies are built (Faver, 2004; Holland & Scourfield, 2004). By liberty, these scholars are referring to approaches in family support that emphasize the freedom to voluntarily participate in services that reflect an equitable and respectful partnership between families and professionals.

## Methodological Approach

This research is descriptive and employs a case-based design. The goal is to explore, in-depth, the perspectives of Scottish child welfare professionals involved in integrated child welfare systems focusing on the nature and quality of their relationships with children, families and communities. Procedures included in-depth interviews with diverse participants including direct service child welfare workers from two different regions in Scotland, and professionals involved in policy at a national view. Review of national and local level policy documents provided triangulation and expansion of interview data. The resulting data provide richly descriptive, meaningful views of how Scottish children are nested within their families and local communities. It also highlights the important role of relationships within post-devolution child welfare national policy and practice in two diverse councils.

## Research Questions

The specific research questions addressed by the dissertation are:

1. What do Scottish child welfare professionals view as characteristics of effective relationships between child welfare social workers and child welfare engaged families?
2. What do these knowledgeable professionals identify as key policies since devolution, and how have these impacted child welfare practice?
3. What do these knowledgeable professionals describe as characteristics of effective relationships with difficult families, and how have new policy initiatives impacted child welfare with these families?

## Overview of Dissertation

Chapter Two provides an overview of Scotland that focuses on the historical struggle for liberty from early history through the late 20th century. This struggle is at the heart of the sociopolitical movement that is now coalescing through devolution. This history contextualizes the Scots' alignment with certain core values and theoretical principles incorporated into modern Scottish life and the new child welfare policies.

Chapter Three provides a brief overview of devolution in Scotland focusing on post-devolution policies in child welfare and anticipated future changes. It discusses how the policies were developed focusing on the central role of dialogue with multiple groups of people. The chapter also describes ways that the new government has attempted to incorporate values that reflect community autonomy, and holistic child welfare prevention.

Chapter Four describes the research setting, participants and procedures. Key features of the methodology include in-depth interviews with participants in two distinct regions in Scotland, and document review. Common themes were identified, including the centrality of relationships and community participation. Validity was enhanced through triangulation of methods, interviews, document and field note review, participants (direct service providers and academics), and regions (highlands and midlands); member checking; and peer review of the coding scheme.

Chapter Five interprets participants' understanding and experience of developing and sustaining effective relationships in direct practice with families. It highlights the emic themes that emerged from participants' responses. Emic themes included the importance of engaging families beginning with assessment to establish a respectful, collaborative working relationship.

Participants also assessed new initiatives and holistic approaches to supporting children and including their perspectives and goals. They also discussed strategies for engaging difficult families, such as communication, persistence, honesty, and trust. This chapter provides insight into how the Scottish social worker navigates the evolving child welfare system while staying focused on a set of core principles important to preventive work for all children in Scotland.

Chapter Six explores participants' views of newly developed post-devolution child welfare policies, how they have been integrated into Scottish culture, and how they impact relationships between child welfare social workers and vulnerable families. Participants emphasized the importance of collaboration and communication as professionals team together to implement holistic interventions called "joined-up work". They also underscored the importance of local autonomy in decision making, a foundational component of the Scottish child welfare system. Civic responsibility and public awareness are essential because volunteerism and charitable groups play a central role in the holistic, preventive approach that underscores Scotland's child welfare system. The second half of the chapter presents participants' views of how these core values of prevention, local community autonomy, civic engagement and holistic interventions are interwoven into new policies focused on child well-being.

Chapter Seven provides an in-depth analysis of substance misuse, a significant societal problem discussed by many participants. Participants discussed new post-devolution policies have increased awareness of the impact of substance abuse on Scottish children, communities, the economy and society. New policies such as "Hidden Harm" have exposed the risks faced by children living in substance misusing households. Subsequent policies such as "Road to Recovery" identified preventive steps taken with substance misusing families to engage them in

community supports that will both ensure children's safety and address parents' addiction. Participants identified a spectrum of problems necessary to address with many substance-involved families including poverty, health problems, and inadequate education. This chapter includes participants' assessments of integrated efforts to change substance misuse, an embedded societal problem.

Chapter Eight summarizes key aspects of the research findings related to the role of relationships as catalysts for change in Scotland. It synthesizes ideas such as the importance of understanding and respecting a society's right to incorporate their cultural ethos into child welfare policy and practice. The chapter further examines the challenges of supporting vulnerable families in a context of rapid societal change. The chapter concludes with a discussion of the strengths and limitations of this study, possible implications and suggestions for future research.

# CHAPTER 2

## HISTORICAL CONTEXT OF SCOTLAND AND ITS RELATIONSHIP TO THE CHILD WELFARE SYSTEM

*"I had previously worked in (another country) and came back to Scotland and my impression in general…the responsibility in leadership has devolved to local areas. And Scotland, because of …the way in which the population and the geography impacts (child welfare) practice, does determine quite a local context. So if you were to compare Glasgow which is one of the largest local authorities and then take, for example, the other end…the Orkneys…it is so different in terms of delivery and also the impact on relationships. If you look at rural it is a very different practice when compared to urban … is quite substantially different in terms of how they might operate…But in terms of the tenet of the approaches they are not necessarily different…" (Isabella)*

Isabella is an academic child welfare professional partly responsible for looking at the national context of child welfare and how new policies are impacting direct practice in Scotland. Because of her broad experience that includes other countries, she recognizes the uniqueness and diversity of the Scottish system. This chapter will briefly describe Scotland's demographic characteristics and ancient history context important to understanding the experiences of modern Scottish families. Themes of community autonomy, pride and resistance to oppression foreshadow participants' descriptions in later chapters. The second part of the chapter will summarize the political context that brought Scotland to devolution in 1999 as it has impacted child welfare.

## Demographics

The modern nation of Scotland covers an area of about 30,400 square miles and is geographically bounded by England on the south and oceans on the north, east and western borders. There are also populated islands including Shetland, Orkney and Eilean Siar. In 2008 the estimated population of Scotland was a little over 5 million [www.scotland.org/facts/ accessed 6-14-2011]. Major urban areas include Edinburgh and Glasgow, and small urban areas are Paisley, Stirling, Falkirk, Perth, Dundee, Aberdeen and Inverness. Migration to and from Scotland is still common and a large number of people identifying as Scots or with Scottish heritage live abroad. For example, in the U.S. 4.8 million Americans reported Scottish ancestry in the 2000 census. The largest ethnic group in Scotland are those who identify as White Scottish (88.09%) with the next largest ethnicity being Pakistani (0.63%), Chinese (0.32%), Mixed (0.25%), and then Black Scottish (0.02%).(Scottish Executive, 2004, "Analysis of Ethnicity in 2001 Census"). Scots are currently engaged in an important social justice discussion about ethnicity classifications and minority experience in Scotland, and their impact on access to employment and services (Scottish Executive, 2003, "Focus Groups with Minority Ethnic Communities").

Despite its small size, Scotland is comprised of 3 distinct geographical areas. The majority of the population lives in a region that has historically been identified as the Lowlands or Scottish Borders, which is a large valley that borders England on the south. A Midland region incorporates farming areas and small hills towards the northern edge. The Highland regions and isles include vast expanses of uninhabited areas which are often difficult to traverse, particularly during winter weather. These geographic features are connected with Scotland's poignant

historical struggles for autonomy and the sub cultural variations between unique regions that permeate so many aspects of political, social, economic, and community infrastructure.

## Historical Context

### Ancient History

The quality of relationships between modern Scottish child welfare professionals and parents and their children can be understood as embedded within cultural traditions and evolving societal structures. Scots live in a small country where modern buildings are intermingled with Neolithic standing stones and stone chambers that serve as a constant reminder of their ancient history. By 80 AD the Romans had settled in the area now known as England, and attempted to conquer the northern lands inhabited by painted, tattooed, and "half naked savages with reddish hair and large limbs" (Tabraham, 2003, p.27). These natives called themselves "the last of the people on earth, the last of the free."(p.27). A battle oath of that era, that survives today and is claimed by both the Scots and the Irish, declares that … "Heaven is above us, and the earth beneath us, and the sea is round about us. Unless the sky shall fall with its showers of stars on the ground where we are camped, or unless the earth shall be rent by an earthquake, or unless the waves of the blue sea come over the forests of the living world, we shall not give ground" (Rolleston, 1922, p.24). The Romans were not able to gain much ground and eventually built a wall (known as Hadrian's wall) designed to keep the natives from hauling pillage north after raiding the southern Roman settlements. Perceptions of the Scots as a resolute, stubborn people linger today and remnants of the wall are still visible along what is now the northern edge of England. Several towns along its border host celebrations through a feast and expanse of torches

that light up the long ruin. Such traditions help to keep this significantly rugged period of Scottish history alive in present memory.

Historian Chris Tabraham (2003) relates that in ancient times these Celtic peoples, called Picti and Scotti by the Romans, were living in identifiable tribal groups within secure settlements. Other historical accounts note that the people were highly inquisitive, enjoyed intrigue and gossip, and were very verbal placing great value on subtlety of speech, humor, and the oral traditions of story-telling (Rolleston, 1922; Maclean, 1990). Oral historian, Calum Maclean (1990) documented the depth of this heritage and modern regard of the verbal cultural tradition by traveling (beginning in the 1950s) to remote highland villages and islands to record folklore as told, or in some cases sung, in the Scots-Gaelic by village poets and story tellers. Maclean notes that the collection of one storyteller included exact dates of certain battles, births and significant events and occupied many pages of manuscript. Yet he apologized that he could only remember " …not even a third of the tales his father had" (p.16).

Interestingly the enduring impact of the verbal culture is reflected in new policy development, outlined in *Your Scotland, Your Voice: A National Conversation* (2009), where extensive efforts are made to engage others in dialogue about issues. Strategies include engaging local levels and community forums as well as using new technologies that incorporate blogs and public access sites.

Historians note that although the ancient Scots tribes were warlike, proficient fighters on horseback, and brawled back and forth among themselves, they nevertheless could quickly align with each other when threatened by outsiders (Tabraham, 2003; Ross, 1990). These groups evolved into more than 180 clan families (or communities of people where each clan identifies

with a common ancestor) living in established territories in Scotland that are still recognized. Unlike the Anglo Saxons that settled part of England, the clans did not have a caste system of monarchs and serfs, but lived by a more collective system where clan leaders were elected by family members and kept their leadership positions only as long as they were able to substantially protect and provide for others within their clan. It was also possible for family groups or individuals that migrated into clan territories, but could not claim a bloodline, to be absorbed into clan society by giving allegiance to the clan leaders. Working through the clan system and from his base at Iona, St. Columbia is given credit for converting the Scots to Christianity in 563 A.D. and the island has endured as a religious retreat into modern times (Maclean, 1990).

When a more feudal system, stemming from England and France, was imposed upon the Scots it was met with significant resistance. It evolved into large clan systems where "kings", as they are often referred to in the historical literature, were really warrior chieftains in larger clans. The first recognized king was Kenneth Macalpin (c 841-859) because he managed to coordinate other large clans to build a stronger defensive posture (Ross, 1990). The Scottish kings, beginning with Macalpin, were proclaimed at Scone on the "Lia Fail" or the Stone of Destiny. Tradition claims that Scots would remain free only as long as kings were proclaimed on the stone (Ross, 1990). The stone was stolen and moved to Westminster in England in 1296 where it was placed under the coronation throne and was important in the crowning of the monarchs of Britain. There were several attempts to spirit the stone back to Scotland including as recently as 1950 when a group of young men broke into Westminster and managed to get it part of the way home before they were caught. The Stone of Destiny was not finally returned until devolution and now, after much negotiation with England, the Lia Fail (or some argue a very good replica)

sits at Edinburgh Castle. [www.scotland.gov.uk/News/Releases/2008/06/24083429 accessed 6-14-2011] The serious bantering back and forth over the Stone of Destiny further underscores the desire of modern Scots to connect to their past even if only as part of a ceremony.

Historically women have played significant roles in the clans which likely reflects the impact of the Pictish heritage where descent was matrilineal (Maclean, 1990). Women fought in battles and matriarchal, warrior heroines such as Maeve, Deidre, and Boadicea, are highlighted as vigorous, independent and spirited feminine models. Women also held positions of honor as story-tellers, and were spiritual leaders (Ross, 1990; Rolleston, 1922). It wasn't unusual for women to maintain their clan name when they married into another clan. Also their children, by the time they were 8-10 years old, might leave their father's home and live for a period of time with their mother's clan as a way to educate them and strengthen family ties.

Over the centuries between 1300 -1700, the English from the south and Scottish clans from the north would push back and forth either gaining or losing ground through military victories. However, the clan structure and influence remained strong, particularly in the highlands of Scotland. By 1746, however, England was successful in undermining the family alignments and destroying once secure Scottish strongholds (Tabraham, 2003; Maclean, 1990). Following a significant military defeat by the English at the battle of Culloden, cultural traditions including clan gatherings, tartans, and bagpipes, were outlawed under threat of death. Many Scots responded by emigrating in family groups to countries like the U.S., France, Ireland, and Canada, and forming secret Caledonian societies to maintain traditions.

**Modern History**

Over the last two centuries, Scotland, England and Wales have formed a successful union. Yet the Scots have struggled to maintain a cultural identity, regional decision making, the Gaelic language, and to restore their economic resources. It isn't unusual for some modern Scots to refer to "the '45" in the 1700s, and the battle of Culloden between the Scottish clans and the English, as if the catastrophe had happened perhaps only a generation ago. The historical remnants of struggle that continue to underscore centuries of oppression feature prominently in the consciousness of some modern Scots and are reinforced by the remaining ruins of battle sites, the verbal tradition that keeps poignant stories alive, and popular media such as Mel Gibson's portrayal in "Brave Heart" of the Scottish hero, William Wallace.

Beginning in the late 1700s and lasting through the mid-1800s, some clan leaders, now with more affinity toward European societal practices than with their own clan's collective traditions, corroborated with the English during the highland clearances. The highland clearances were one of the more tragic periods of highland history because people from entire villages were displaced from their homes so that some dishonorable clan leaders could increase their personal wealth by selling clan lands and reducing expenses related to supporting clan families in traditional ways. Other clan leaders sold land and possessions, but without personal gain, because they negotiated with the English to maintain families in their homes under tenancy arrangements (Maclean, 1990; Tabraham, 2003). However, the potato famine which impacted Scotland as well as Ireland continued to spread hardship and once again many family groups emigrated abroad.

For the people who were left, particularly in the highlands, life was difficult. Many children from farming families, typically called crofting families in Scotland, where herding and farming were the primary income, moved to work in urban areas. Most families spent what little money they did have to send their children to boarding schools in lowland Scotland or England where they could learn to speak southern English. Maclean (1990) notes that there was a sense of embarrassment about being a Highlander, or speaking Gaelic, or English with a Gaelic or Scottish accent. The depopulation changed the entire way of life for highland communities where previously money was used only for luxuries and villages were almost entirely self-sufficient in their food, clothing, brewing and entertainment. There were ongoing efforts during this time to reestablish Scottish government including the establishment of the Scottish Home Rule Association in 1886, and the establishment of the Scottish National Party in 1934. [www.scotland.gov.uk/Topics/a-national-conversation accessed 6-14-2011]

By the mid 1900s, Scotland's economic growth continued to lag behind England where corporate profits from Scottish resources tracked back to England and other European countries. In 1968, Prime Minister Edward Heath indicated a commitment to devolution from the U.K. in the Declaration of Perth which would gradually move Scotland toward an independent home rule. By 1973 there was a recommendation to devolve Scotland and Wales. There was also significant discontent among the Scots with Margaret Thatcher, the U.K. Prime Minister, who alluded to Scotland as the "nanny state" because of the perception of extensive social welfare programs when compared to per capita income (Tabraham, 2003, p.213). Then in 1989, Thatcher imposed a tax on Scotland a year earlier than on England or Wales, and the pressure for Scottish independence and devolution began to gain ground with the first meeting of the Scottish Constitutional Convention. By 1999, there was a successful outcome of the continued endeavor

toward home rule when the Scottish parliament was established and reconvened in Edinburgh. [www.scotland.gov.uk/Topics/a-national-conversation accessed 6-14-2011] Although, in 2011 Scotland is not completely independent from the U.K., but the process of devolution has allowed the new Scottish parliament to increase power for autonomous decision-making of the 32 Scottish regional councils, which loosely reflect the geographic clan alliances of historic times (Tabraham, 2003; Prebble, 1963 ).

## Child Welfare and Child Protection in Scotland

This section provides a brief overview of how Scotland's child welfare system has developed prior to devolution from the U.K. Much of the literature about child welfare in the U.K. over generalizes about policy and procedures within the former Great Britain or focuses on England. Scotland shares some of the same policies as the rest of the U.K. but also has maintained significant differences suggesting that Scotland's child protection system has always been more of a "hybrid" with elements of both comprehensive universal, and selective residual approaches (Stafford & Vincent, p.3). The Scots also have a history connected to early work in innovative child welfare. For example, in the early 1900s Scottish social welfare leader Sister Marie Marley began pioneering work that included a home for emotionally disturbed children (1931), and later Scottish psychoanalyst John Bowlby supported the importance of mothers' relationships to their children. Bowlby's work led to further acceptance of family relationships as important to normal healthy development, and that removing children from their homes could undermine their well-being (Stafford & Vincent, 2008).

During the 1960s, there was a response to the international move to incorporate policies and reporting procedures to protect children from neglect and abuse that were driven, in part, by

concepts from Dr. Henry Kempe's clinical work on the "battered child syndrome" (Kempe, Silverman, Steele, Droeggemueller, & Silver, 1962, p.17). The Kilbrandon Committee convened in Scotland in 1963 to explore the implications of international trends to protect children from maltreatment. They determined that children in need of care, and children identified as delinquents, should be addressed in one comprehensive system. The key principle underscored in the Kilbrandon report was that inadequate parental care and community support was at the root of both child protection issues and juvenile delinquency. The resulting policy and practice was designed to focus on addressing those issues within the context of the family. Cases were referred to the legal system only if the circumstances were being disputed, or in extreme cases. These practices left the mitigation of services in the majority of situations to a panel of community volunteers not connected to the legal system. Hearings were intended to include children, their parents, and representatives from the community such as teachers or health care providers familiar with the family. The goal was to develop a unique case plan specific to the child's situation (Aldgate & Hill, 1995; Stafford & Vincent, 2008).

The Kilbrandon recommendations became a foundational document that set Scotland apart from other countries (Stafford & Vincent, 2008). Additionally, the responsibility to investigate referrals of child abuse began to move from the voluntary or charitable sector to the statutory social work office established with the 1968 Social Work (Scotland) Act (Stafford & Vincent, 2008). The voluntary sector shifted to playing a larger role in providing direct parent services, home visiting and other social supports. It remains as a valued, embedded resource in Scotland's child welfare system.

Formally established in 1971, the Children's Hearing System remains an example of an integrated approach designed for prevention which continues to be popular in Scotland (Aldgate

& Hill, 1995). Each regional council elects lay community people to serve on their children's panels and most communities have several constituted panels. This system relies on the engagement of community members in the lives of neighborhood children and families. When children or their families are referred, these representatives, along with others in the community who know the child and family well, meet with the parents and the child, to discuss a plan of support. This approach remains separate from the criminal justice system and is aimed at providing community resources for vulnerable children without the stigma of criminality. Murray and Hallett (2000) suggest that this system has remained a strong, nonadversarial support system that incorporates the principles of liberty and self-determination. Characteristics of informality and flexibility are noted as positive features of the panels to build community connections that uniquely fit the needs of each child and family. Although it is unclear if members of the children's panel are representative of the most vulnerable populations that appear before the panels, particularly in urban councils where there is greater diversity, research suggests that regional council members maintain a deep commitment to the concept of individually connecting with each referred child and family (Aldgate & Hill, 1995)

**The Impact of Reports and Reviews**

Child protection also took a higher media profile beginning in the '70s, which has resulted in shifts in how particularly tragic incidents are being reviewed in England, Wales and Scotland. For example, the Colwell case involved a-7-year old girl who was returned to her mother and stepfather after being in foster care for a number of years. She died of severe abuse despite concerns reported by neighbors, and supervision by social workers. Previously, inquiries into child deaths had been internal, but this was one of the first very public inquiries. This public scrutiny had a significant impact on policy (Stafford & Vincent, 2008). Over the next two

decades, a number of inquiries in the U.K. raised criticisms of child welfare practice including inadequate identification of risk factors, training of social workers, and poor communication and interagency compliance. These cases had a considerable impact on child welfare policy and practice throughout the U.K. including discussions about parental rights and children's rights. By 1989, the Scottish Office Guidance emphasized that there should be greater transparency in the inquiry process with parents so that each stage was communicated and that parents' and children's viewpoints were taken into account (Stafford & Vincent, 2008; Scottish Office, 1989).

Although there were undoubtedly positive changes made to child welfare policy and practice in response to the public inquiries, many social workers, particularly in England but also in Scotland and the rest of the U.K., felt increasingly beleaguered. Gordon Jack noted that social workers' roles changed, moving away from direct contact with parents around preventive issues of health and social welfare and towards a more investigative focus. The investigative focus may conflict with social work values of building relationships with parents that will provide a foundation for effective practice. Also the increased time and effort for child welfare workers to perform investigative roles for a very few families has undermined preventive and therapeutic capacity-building efforts (Jack, 1997b).

The participants interviewed in this research project mentioned that they worried about mistakes and the resulting media attention. During the spring of 2010, when I was conducting the interviews, there was a public inquiry underway about a particularly abhorrent sexual abuse/incest case that had been perpetrated over many years with several children in one family. The family evaded detection by moving to different communities in northern England. The abuse continued for more than a decade despite one of the children telling teachers, visits from social workers, and teen pregnancies for the girls in the family. Interagency communication was very

poor during those years in England and confidentiality practices made sharing of information difficult. The joint agency administrators made a public apology to the children in the family (now adults) and also to the communities where the family had resided. They reassured the public that systems had changed significantly since the time that these crimes were perpetrated so that abuse at this level wouldn't happen today. While this assessment is likely true, there continues to be concern about what might happen to change the system if there were another high profile case.

The Children (Scotland ) Act of 1995 attempted to strengthen social workers' ability to respond to children in need, assess risk, develop a better balance between investigations and statutory work and partnership with parents. It also increased the statutory ability to obtain a Child Protection Order (CPO), but with increased transparency into the process so that parents could stay more informed and included in the decision-making process (Stafford & Vincent, 2008). Despite these challenges to improve child welfare systems, the shift in many countries toward protection consistent with a residual model reflecting Kempe's clinical diagnosis approach, the Scottish approach has remained solidly focused on prevention and community engagement in family well-being into the 21st century (Aldgate & Hill, 1995).

# CHAPTER 3

## THE IMPACT OF SCOTLAND'S DEVOLUTION ON CHILD WELFARE

*"The people of Scotland want leadership focused on what is the best option for Scotland, what promotes the national and international position of our country, and what offers the best opportunity for them and their families in the generations to come. Divergent views are the very essence of democracy. Robust debate is part of what makes us Scottish. The exchanges, the criticism and the debate will be passionate – how else could it ever be in Scotland – but let those contributions be based in fact, reason and logic rather than smears, allegations and mis-information. Scotland deserves no less…"* [First Minister Alex Salmond, 8/14/2007, www.scotland.gove.uk/News/This-Week/Speeches accessed 2/6/2011]

The devolution of Scotland from the former United Kingdom is a modern, peaceful example of societal transformation impacting all areas of life. This chapter will elaborate on some of the changes that have happened in Scotland since devolution focusing on child welfare policy including the extensive role that local civic involvement plays in policy development and implementation.

The political changes occurring within the U.K. have impacted all four nations of Scotland, Wales, Northern Ireland and England differently. However, devolution has been particularly embraced by Scotland where commitment to local autonomy and civic society have deep cultural roots. Since the establishment of the Scottish Parliament in 1999, there has been a rapid infusion of new and overtly Scottish policies that impact families, particularly in the areas of health, the economy, education, and family and child welfare. Initiatives have been

implemented in ways that continue to support significant autonomy for Scotland's 32 regional councils (Jeffrey, 2002). Devolution provides child welfare professionals with important opportunities to focus on social work solutions that are uniquely suited for Scottish families (Daniel, Vincent, & Ogilvie-Whyte, 2007; Tabraham, 2003). These interventions are being developed during one of the most challenging times in recent history as Scots are coping with both rapid political change and reduced economic resources as a result of the world-wide recession. It is unclear if regional councils will have the capacity to respond effectively and still maintain their traditions of autonomy in the face of future budget cuts.

Changes in Scottish child welfare practice since devolution have met with some controversy. Stafford and Vincent (2008) point to the growing influence of media for highlighting, and sometimes inflaming, extreme cases of child abuse. In early 2000, several high profile cases of child abuse and neglect in both England and Scotland raised ongoing concerns about staff shortages in social work. Media coverage highlighted poor communication between education, health, social welfare, and police agencies involved with responding to the needs of vulnerable families. While media attention to child protection can be productive by promoting child safety, it can also inflame political rhetoric and public sentiment in ways that can backlash against social workers already engaged in implementing sound preventive practices.

In Scottish child welfare work there has been increased attention on building prevention services and relationships by integrating multi-agency approaches. This focus on partnership was the result of the Scottish Executive conducting an unprecedented major audit of the system in 2002 which was expanded in 2004 to include the Scottish Children's Hearings System (Stafford & Vincent, 2008). The evaluation included case reviews, surveys about public perceptions of the system, feedback from children, professional consultations, and comparisons with other

countries. It highlighted both areas of good practice and gaps. There was considerable emphasis on inter-agency cooperation, integrated services, and child-centered early intervention. The review noted that in some councils there were insufficient services and understaffing that made case management difficult.

Social workers, their relationship with families, and their ability to include other service providers, such as educators, health care providers and police are viewed as critical for the success of new initiatives. The theoretical perspective of the Scottish Executive Committee's review was bio-ecological theory and research. The report suggested that a parent's capacity to meet their children's developmental needs depends upon many factors that are not only intrinsic to the family, but also to the immediate community including the services available to the family (Daniel, et al. 2007). Integrating services so that families have sustainable access to an array of resources reflects the belief that families have the ability to learn, grow, or change; and that parents should be involved in the process (Dunst & Trivette, 2009; Folgheraiter, 2004). Part of the Scottish social worker's job is conceptualized as reducing systemic barriers to help families navigate supports and avoid the deleterious effects of social isolation on children (Fraser, Walton, Lewis, Pecora, & Walton, 1996; Ghate & Hazel, 2002).

The report from the Scottish Executive audit reflected the public confidence in the Scottish Children's Hearing System, but also that professionals such as teachers, nurses and doctors are often in a position to establish the best relationship with the family and children. Yet, these professionals did not always understand the full spectrum of choices available to them when supporting children and families. Unnecessary referrals were made to the children's panels for issues that could have easily been provided without panel involvement (Stafford & Vincent, 2008). Clarifying the importance of integrated services and multidisciplinary responsibility for

child well-being was seen as a significant gap and noted in the review. The report also acknowledged strengths including some of Scotland's previous collaborative efforts between health and education which recognized lasting, positive outcomes of connecting with families of young children and providing early intervention. Prior to the audit, early intervention education efforts such as Sure Start and New Community Schools had already been initiated in Scotland for many children aged 0-3 (Silver, Amster, & Haecker, 1999; Stafford & Vincent, 2008,). A key issue raised by the audit, and brought to the forefront for policy consideration, were the deleterious outcomes of social exclusion where parents may be disconnected from resources within their communities. Immediately following devolution, the Scottish Government identified social exclusion as a target for intervention with children and families in a series of influential reports targeted toward social workers and other professionals working with children. These reports were used for guidance in developing child welfare practice guidelines. They reports include:

1. *For Scotland's Children – Better Integrated Services and an Action Plan (2001).* This report highlighted weaknesses in the child welfare system for children, young people and families and provided examples of good practice for services.
2. *'It's Everyone's Job to Make Sure I'm Alright': Report of the Child Protection Audit and Review (2002 ).* This report provided a summary of the child protection review and audit which highlighted gaps in care in Scotland. A literature review of research and evidence-based practice was provided subsequently in 2003. This report resulted in government programs to reform child welfare policy and practice that included changes such as increased multi-agency work, programs to improve practice with engaging families, and also new methods to include children's views.

3. *Protection of Children (Scotland) Act 2003* - This is the main legislative piece that builds upon the principles set out in the United Nation "Rights of the Child", the 1995 "The Children (Scotland) Act", and the European Convention on Human Rights (ECHR). It highlighted responsibility of all local authorities to develop plans to protect children through child protection committees, social work, education, health care, voluntary agencies, and police work.
4. *Protecting Children: A Shared Responsibility (2003).* This report expanded with guidance based upon the principles set out in the United Nation "Rights of the Child", and "The Children (Scotland) Act" (2003). It highlighted responsibility of all local authorities to develop plans to protect children through child protection committees, social work, education, health care, voluntary agencies, and police work. It also noted the importance of including children's views in child welfare and protection work.
5. *Growing Support: A Review of Services for Vulnerable Families with Young Children (2003).* This report provided a summary of current services available within local authorities for families with young children, noting widespread diversity and significant disadvantage. Access to services was considered poor – particularly in rural areas. The report also noted an increasing need for services linked to addressing substance misuse. The document included recommendations for services and clarification about the importance of using risk assessments and a literature review of effectiveness of early childhood interventions.

## The Concordat

The concordat is central to many of the Scottish government's policies and initiatives. A concordat is an agreement between two parties that may be enforced by law, or may be bound by

honor. Both types of concordats are promises outlining a series of actions and held in high regard. Honor bound and legal concordats are used in Scottish policies and initiatives. There are a number of concordat documents, covering a variety of topics that have been catalogued on Scotland's government library website.

In child welfare "the concordat" typically refers to an agreement between the Scottish Government and the local councils designed to reduce "ring-fencing", or extensive national monitoring and restriction of local funds. Instead, the Scottish Government provides local councils with capital, based on their population and size, to use as they see fit to provide local services. The Scottish Government provides national goals and outcome targets for the local councils. Councils then provide an outcome agreement indicating how their council will make progress toward that target. Examples of national child welfare outcome targets might be "we will improve the life chances for children, young people and families at risk" and "we will have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others." A target connected to child welfare at the local level might be to "increase the proportion of pre-school centers receiving positive inspection reports" and "increase the proportion of school leavers (from Scottish publicly funded schools) in positive and sustained destinations (employment, education or training)." (Scottish Government and COSLA. 2007, November 14). Progress reports are submitted annually and councils are subject to inspection. The concordat states that this is an important and fundamental shift toward continued autonomy and the national government's role is not to micro-manage local regions which, in turn, should reduce bureaucracy and facilitate innovation and progress in key areas. This particular concordat began in 2008 and will be revisited in 2011 (Scottish Government and COSLA, 2007, November 14).

## Raising the Bar

In response to the findings of "It's Everyone's Job to Make Sure I'm Alright", the Scottish Parliament launched the Child Protection Reform Programme (CPRP), a three year program with the goal of improving protection for children and reducing the number of children at risk of abuse or neglect through increased prevention and integration of services (Daniel, Vincent, & Oglivie-Whyte, 2007). An initial step in developing CPRP was a summit in Edinburgh that included a multidisciplinary group of professionals from across the country. They worked on aspects of the CPRP such as the role of the initial risk assessment and ways to maintain a positive relationship with vulnerable families (Daniel et al., 2007).

During the summit, the Scottish Executive presented a preliminary agenda focused on child protection. The summit participants, however, challenged what they viewed as a narrow perspective. Participants recognized that a catalyst for the CPRP summit in 2003 were several high-profile, child welfare crisis cases in England and Scotland, so improving investigative operations were an initial target of discussions. However, the narrow focus on investigations created tensions with those who wanted to expand more globally to child and family well-being. In the end, a majority supported the underlying principles of increasing universal access to early intervention and prevention services which has helped to frame the ongoing integrated planning across the 32 Scottish regional councils (Daniel et al. 2007). Participants essentially "raised the bar" to incorporate indicators for a universal children's agenda and focus on child well-being (Daniel et al. 2007, pp22-29). The Scottish Executive responded to these requests and expanded the initial CPRP scope to incorporate the summit participants' requests for a policy that was more universally focused on child and family well-being.

Social workers in community care and family work were highly involved in implementing CPRP activities including a children's charter that outlined children's rights, a nation-wide helpline, a registration process for the most serious cases of offending adults and, at the regional council level, the development of integrated services plans. Subsequently, Daniel, Vincent, and Ogilvie-Whyte (2007) conducted a large, mixed-method study of the Child Protection Reform Program (CPRP). They incorporated document review, in depth interviews, focus groups, and an on-line questionnaire. They found some initial confusion and concerns about increased workloads. One social worker related " …there was a slight change, and it's called panic" (Daniel et al. 2007, p. 72). In particular, the initial announcement of the new initiatives and requirement that councils would provide a "Letter of Assurance" to the Executive's First Minister created a considerable stir if not angst from regional council administrators. Administrators were uncertain about requirements for the letter and council obligations. The local confusion quickly led to some scurrying around at the national levels to re-clarify expectations. Outcomes and the CPRP were generally viewed as successfully enhancing child safety and well being. Participants noted important strengths of CPRP including increased collaboration, feelings of joint responsibility for child welfare, improved access to services for families, and sharing of information between local service providers in education, health care, social work, and police. Some other positive outcomes included a relaxing of perceived confidentiality requirements that improved families' access to services. As one police officer indicated *"...before, we were keeping our information very much to ourselves thinking that we weren't allowed to share that information....but I notice a huge difference in that now"* (Daniel et al. 2007, p. 72).

Participants also noted areas of concern such as how social workers should respectfully handle issues of confidentiality along with the new emphasis on integrated services, particularly in small communities where people quite naturally "talk". Professional development emphasizing accurate assessment has improved appropriate referrals, but there is still worry about adequate resources within the regional councils to continue to hire and train enough social workers to meet the demand. Additionally there was worry that the children's hearings system, which has been the preventive stalwart of the Scottish child welfare system, was at a breaking point due to the increased demands to utilize children's panels in local communities. Particular gaps in services were noted for substance misusing parents, families with children with severe disabilities, early intervention for 0-3, resources for parent education and family support, and educating and empowering children. Participants felt that the Framework for Standards, a subcomponent of the CPRP, was beneficial for clarifying how relationships between professionals and clients including parents, young people, children, and kin should work. It improved coordinated efforts between agencies working with integrated service plans (Daniel et al. 2007).

Despite challenges, social workers viewed their practices in child welfare as having improved since the devolution initiatives. They were also quick to note that existing practice in Scotland had already been good and that CPRP and other recent initiatives were building upon a momentum that had started in Scotland decades earlier (Daniel et al., 2007). Activities that occurred as a result of CPRP included the following:

*Protecting Children and Young People: the Charter (2004)*. This initiative was based on results from interviews with children and young people and other information documenting what

children experienced with the child protection system. The Charter outlined children's desires and a framework for standards for professionals.

1. *Multidisciplinary Inspection Team and Standards Framework*. This initiative incorporates quality indicators within a multidisciplinary framework. The responsible review team includes staff from Her Majesty's Inspectorate of Education (HMIE), Her Majesty's Inspectorate of Constabulary (HMIC), the Scottish Commission for the Regulation of Care, Social Work Inspection Agency, and NHS Quality Improvement Scotland. Guidance was also provided to Councils for submitting an annual report to help document trends.
2. *Training and Public Awareness efforts*. These efforts included developing resources such as a handbook for schools, new social work training integrated into universities and colleges providing social work degrees, pamphlets for the public and a 24 hour childline, a hotline for children.
3. *Significant Incidents Review Guidance.* This document addresses the conduct of investigations into child deaths and other significant incidents.
4. *Letters of Assurance*. Members of the Scottish Executive (specifically the Minister for Children and Young People, Minister for Justice and Minister for Health and Community Care requested "letters of assurance" from chiefs of local authorities that agencies were responding, both individually and collaboratively, to protect children.
5. *Framework for Standards*. This document includes guidance for local authorities focused on outcomes for children and a multidisciplinary inspection process.

Early evaluations of the new integrated services plans suggest that in several council districts, enhanced communication between service providers and parents has improved working relationships and positive outcomes for children (Stradling, MacNeil, & Berry, 2009).

### Voluntary Guidance for Child Welfare as Opposed to a Statutory Approach

It is important to note that some of the post-devolution policies are not considered synonymous to child welfare legislation in the U.S. (typically referred to as "statutory" in Scotland) because regional councils are not under a legal obligation for improving their current practices. The policies and initiatives are considered guidelines for good practice, and there has been considerable emphasis at the local levels on communicating new ideas utilizing consensus-building, as portrayed through the activities at the CPRP summit. Ultimately, the decision to incorporate many new child welfare policies has been voluntary and left to the regional councils to implement in ways consistent with their community's culture. Regional councils provide letters of assurance to the Scottish Government, which in turn identifies how the work is being accomplished locally (Stafford & Vincent, 2008).

An approach to policy development and implementation that engages diverse groups, multiple methods of consensus building, and implement the policy components in a manner that allows for autonomous and flexible participation may seem unusual to Americans familiar with legislative reform. Scotland is also different from England and Wales where parallel child welfare policy development has been implemented as statutory reform. However, the self-directed process does seem consistent with the Scottish ethos of liberty, community autonomy, and community self-determination as described earlier. The review of CPRP suggests that initiatives have been successful on several fronts. CPRP raised awareness of the needs of

vulnerable children and families, developed more integrated approaches to services at policy and practice levels, increased focus on developmental theory and evidenced-based child outcomes, and increased the overall momentum toward change (Daniel, et al. 2007). Although there was some criticism of the Scottish government because it would not take the legislative step to put more force behind the policies, there was agreement that child protection efforts have improved and regional councils have benefited from the resulting reforms (Daniel, et al. 2007; Stafford & Vincent, 2008). Scottish child welfare professionals may view change as more effective when it evolves "organically" from a grassroots effort rather than when it is forced by distant legislative bodies.

## Scotland's Priorities

Since devolution, Scotland has had the opportunity to focus on a variety of priorities that impact the well being of children and families. For example, Scotland is gradually recognizing the intergenerational depth of the substance misuse problem and the impact it can have on children, the focus of a 2004 government report entitled, "Hidden Harm." The report expands on the importance of integrated prevention frameworks including strategies such as a home health care visitor for every child under age 5 (Scottish Executive, 2004, "Hidden Harm"). Hidden Harm will be discussed in later chapters. It represents the role that the Scottish Government is taking to tackle complex social problems in cultural context.

Since devolution Scotland also has prioritized collaborative initiatives between education and child welfare. A qualitative case study conducted by Tisdall, Walker, McGregor, Millen and Bell (2005) examined the impact of two new family centers and two New Community Schools (NCS). The goals for both the family centers and the schools were to integrate preventive

services for all children and families. The NCS approach was targeted on those children and families attending the school while the family centers targeted all families in the community. Using in-depth interviews with parents and staff, the results showed that parents appreciated the multi-tiered approach used by staff at all locations. Specific positive outcomes included: 1) increased parental confidence, 2) improved child behavior and development, 3) improved finances resulting from staff members' success helping parents to find employment or more benefits, 4) faster access to services, 5) improved community relationships, and 6) reduced stress. Parents seemed to prefer the more informal approach used at the family centers rather than the more structured approach used at the NCS. Integral to the parents' experience was the quality of relationships with staff. They mentioned characteristics of their relationships with staff who were viewed as dependable, flexible, willing to listen, and included parents in decision-making. Participants also viewed their relationships with staff as a conduit to their success (Tisdall, Walker, McGregor, Millen, & Bell, 2005).

## Changes in Practice and Policy

Encouraged by initial positive feedback and reviews, the Scottish Government continues to bring forward new ideas to strengthen child welfare policy and practice as well as family well-being. The emphasis on universal approaches to improving child and family well-being include identifying solutions for addressing poverty and gaps in education. For example, the "Wealthier and Fairer" Scotland initiatives are focused on increasing economic opportunities in socially and environmentally sustainable ways. New policies cover areas including finance and economic development, rural development, housing, and regeneration focusing on areas that may need specific economic stimulation (Scottish Government, 2008, "Moving Scotland Forward…"). Of particular interest are new initiatives designed to regenerate rural Scotland which include

maintaining small local schools that impact communities and provide rural families with access to education. Another new program, LEADER, employs what is identified as a "bottom-up" type of engagement of rural families to shape the policies for their communities and inform their Scottish Ministers of policy recommendations (Scottish Government, 2008, "Moving Scotland Forward…").

Efforts such the "Fairer Scotland Fund" and "Solidarity in Scotland" identify community planning partnerships and local assets designed to stimulate economic growth in ways that get at root causes of regional poverty. Countries such as Finland and Norway have been identified as potential models for Scotland (Scottish Government, 2008, "Achieving Our Potential…"). The following framework describes some recent policies and government reviews with particular focus on documents specifically relevant to child welfare social work.

1. *Getting it Right for Every Child in Scotland (GIRFEC)* (2003). This policy document was developed in response to comments and reviews of previous policies, and the CPRD review. The approach is designed to build a foundation of support based on universal services for the entire community and family. It incorporates the concept of the lead professional, or a professional who knows the family and child the best, to help co-ordinate support for the family. It has a variety of associated practice and assessment tools. GIRFEC presents a highly collaborative approach between all organizations within a local community to provide services for all families, but particularly for the most vulnerable families.
2. *Getting it Right for Every Child: Review of the Children's Hearing System* (2003). This review raised concerns about the increased use of the children's hearing system for non-offending concerns and provided the first review of the system in 33 years. It reaffirmed

the commitment to core foundational values of the importance of individualized support for children offered in an ecological approach by their local communities. However, it raised the issue of long-term outcomes for children and pointed to gaps in care for some children.

3. *Getting our Priorities Right – Good Practice Guidance for working with Children and Families affected by Substance Misuse* (2003). This report provided a framework for practitioners and others to identify issues that contribute to substance misuse, and work with families involved in substance misuse. It included the development of local action teams focused on diversionary programs for alcoholism and other substance misuse.
4. *Hidden Harm* (2004). This policy document emphasized the needs of children of substance misusing adults and focused on hearing their voices and attending to their problems. The report also heightened public awareness of the societal cost of substance abuse including the chaotic situations that impact children when their parents struggle with addiction, including poverty, disrupted school attendance, a transient life style, health care issues and poor housing. The report estimated that there were approximately 60,000 children in Scotland impacted by substance abuse who are not receiving services. It raised awareness of the importance of a multi-disciplinary approach to both finding vulnerable children and providing services and support to their families.
5. *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem* (2008). Building on Hidden Harm, this new strategy was designed to help shift paradigms for understanding drug use and what initiatives are most helpful for addressing it. It includes new drug treatment programs focused on holistic support for the person rather than a singular focus on the addiction. It recommends enlisting a number of activities to help

rebuild lives. Attention was paid to the needs of children and how to intercede within families with addiction problems. Remaining vigilant against organized crime was another priority. Recycling seized drug money into community and children's projects was identified as one method to harness communities in the effort to reduce criminal activity. This document also places a significant emphasis on prevention and public awareness.

6. *These are Our Bairns – A guide for community planning partnerships on being a good corporate parent* (2008). This report focused on the issue of improving support for "looked-after-children". Efforts include strengthening the extended family, improving access to the other support people in the community, and enhancing communication with professionals, and services necessary to promote children's well-being. This report specifically focuses on education and helping looked-after-children attain higher levels of educational achievement and transition into work or other educational opportunities.
7. *The Early Years Framework* (2008). This report focuses on the early years from the prenatal period to age 8 years as a critical period in children's and parents' lives. It recommends a coherent universal services approach that includes early childhood educators, health care, and other agencies, particularly for vulnerable families that may struggle with intergenerational poverty. It emphasizes parenting skills, improving opportunities for play and information supports, and encouraging preschools (nurseries) to take a prominent role in community learning. "Early Years Framework Part II" outlined specific strategies and recommendations including helping children, families and communities to secure outcomes for themselves; breaking cycles of poverty, inequality and poor outcomes; and improving outcomes and children's quality of life through play.

8. *Your Scotland, Your Voice* (2009). This report continues the national conversation toward Scotland's constitutional independence. It includes organized meetings in local councils, web resources and a blog, and other mechanisms to get diverse views from all areas of Scotland about the impact of the last decade of devolution from the U.K. and on what further areas should be moved to Scottish control including foreign affairs, defense of human rights, and gun control. Broad options outlined in the document include remaining in the currently devolved status quo, implementing current recommendations for additional devolution, full devolution while remaining in the UK (called "devolution max"), and complete independence.
9. *Getting it Right for Every Child: Changing Professional Practice and Culture to Get it Right for Every Child* (2009). This document provides a review of the Highland councils implementation of GIRFEC. Highland was identified as a pathfinder, one of the first councils willing to implement the new policy and participate in a review. It highlights progress, key areas that may be useful for other councils, and ongoing challenges.
10. *Improving Social Work in Scotland* (2010). This document provides a review from the social work inspection agency of the years 2005-2009 reflecting the second half of the decade after post-devolution policies and practices initially took hold. In the sections where it relates to children and families there was concern about the increased levels of needs given current financial constraints, and especially the emphasis on intervening in the lives of young children. There was a call to local governments to continue to manage social work resources well. Since the implementation of GIRFEC was still in early stages in the councils, there were inconsistent outcomes and recognition that more work was needed. There was concern about inconsistent quality of risk assessment and the

threshold for services in different councils. A few councils saw a marked increase in children coming into care while others experienced a decline, but it was unclear if these changes were directly attributable to GIRFEC recommendations and new initiatives.

## Summary

Since devolution, the Scottish Government has been deeply engaged in focusing on problems impacting Scots. The dynamic exchange that has been occurring between the national government, local councils and people has driven a host of new initiatives, many of them focused on child welfare and family well-being. It is not an exaggeration to say that the resulting recommendations and reports reflect a small renaissance in child welfare and family support development. Understanding how these changes are impacting social workers and families will be important, not only for Scotland, but also for the international community as it examines new, sustainable approaches to supporting children and families into the next century.

# CHAPTER 4

# METHODOLOGY

*"I think it would be interesting to get a mix of perspectives on this (changes in practice as a result of new devolution policies). I think that sometimes what is true is that just because you have statutes, policy and guidance, it doesn't mean that it is working that way on the ground or even that there is a level of awareness of what works…. Then you actually go and spend time in the local authority context then you realize… 'Oh this isn't how it works at all'…" (Isabella)*

Isabella is an academic child welfare professional responsible for information management of research and resources at both the national and local levels. Her thoughts reflect the challenges of understanding how new policies are being implemented in direct practice and their impact on Scotland's children and families. The flexibility to implement national level recommendations in ways that are aligned with local goals suggests that there may be considerable diversity in how practitioners intervene with families that hasn't been fully explored. This chapter will describe methods used to address the following research questions:

1. What do Scottish child welfare professionals view as characteristics of effective relationships between child welfare social workers and child welfare engaged families?
2. What do these knowledgeable professionals identify as key policies since devolution, and how have these impacted child welfare practice?
3. What do these knowledgeable professionals describe as characteristics of effective relationships with difficult families, and how have new policy initiatives impacted child welfare with these families?

## Research Design

A qualitative, case-based, descriptive design was used to develop an in-depth understanding of emerging child welfare practice in the socio-cultural-historical context of post-devolutionary Scotland from the perspectives of child welfare professionals. The overall goal was to provide a rich description of child welfare practice through in-depth interviews of diverse participants, and analysis of policy documents.

The case-based design was particularly appropriate for this project because it focuses on a bounded system (Stake, 2005; Yin, 1998). Scotland's national context bounds the case at one level described through a wide review of national documents including new policies, recommendations and reviews. The case is bounded at the council-level, including two councils located in different parts of the country, one in the midlands and one in the highlands. They were identified with the goal of providing diverse local perspectives that reflect differing sub-cultural contexts within the country.

Additionally, qualitative designs are flexible. Research questions and methods may change over the course of the study based upon the evolving research findings. This flexibility in approach allowed me to expand my procedures to incorporate several additional interviews. For example, one interview occurred with a child welfare administrator in a large urban council because other participants' comments suggested this the additional information would be useful for understanding the diversity of perspectives at the local levels.

Qualitative approaches also recognize the complexity of the multiple perspectives that are inherent in Scottish society. Rich description of diverse perspectives obtained from interviews

and document reviews may provide important clues into the relationship qualities that are most valuable for mobilizing change within the child welfare context.

## Setting

The total population of Scotland is approximately 5,200,000 within approximately 30,400 square miles (www.scotland.org/facts/ accessed 6-15-2011). The geographic areas of Scotland are loosely identified as the lowlands, which border England on the south, the highlands in northern Scotland that include the northern islands, and the midlands which are the councils that stretch from either coast between the lowlands and highlands. Two medium sized councils of approximately similar total populations of approximately 90,000 (General Register Office for Scotland, *National Records of Scotland*, www.gro-scotland.gov.uk, accessed 6-17-11) were included. The choice of councils for the study was partly due to convenience because I have contacts in both councils. Also the councils reflect two different geographic and cultural locations in Scotland that were both actively working to incorporate new devolution policies. Incorporating both councils was helpful for reflecting on the diversity within Scotland.

I will refer to Council One with the pseudonym of "Ness Council." It is located near the area of Scotland traditionally referred to as the Highlands. Many people within this region take pride in maintaining a distinctive culture and the Gaelic language (www.visitscotland.com accessed 6-15-2011). The region is bordered on one side by the Atlantic Ocean and mountains toward the north. The terrain is rugged, but does include farming areas, and forests that are being incorporated into replanting and restoration programs. Small villages are situated along two-lane roads (called "carriageways") that lead from the midlands to the highlands. Also in this region are many streams and rivers that flow into Scotland's larger lochs and then to the ocean. The

Council has rural areas, and food production is important for local business and international export. The whiskey industry is important in this region of Scotland where distilleries dot the countryside, and along with other regional retail items, is a valuable export commodity and tourist attraction. Music and art centers are found in the region and several festivals occur throughout the year attracting many international visitors. A focus on the natural environment has encouraged a commitment to renewable energy and "green" advocacy programs. It has also nurtured small rural business entrepreneurs through new initiatives called incubator units. These small business collectives share space and resources to encourage innovation and mutual growth. The increased diversity in the economy is helping this region where historically both education and earnings have been below other regions in Scotland and the U.K. (Scottish Government, 2008, "Highlands & Islands Scotland…").

The Highlands is the only area of Scotland where there is not a university, and during the last century young people migrated away from the region for their education and then stayed in other areas once employed. However, the University of the Highlands and Islands Millennium Institute is working with several other colleges in Scotland to obtain full university status and provide meaningful educational opportunities in the highland regions where learning centers and electronic networks blend resources and support (Scottish Government, 2008, "Highlands & Islands Scotland…"). There is an increased commitment to improve broadband infrastructure which is viewed as making a positive impact on both education and business opportunities, and may help compensate for poor public transport that can isolate communities, particularly during the winter months.

The Highlands have experienced slight growth since 2001, perhaps partly due to an ambitious development plan to capitalize on the seaports, which are advantageous to the military,

shipping import/export and touring yachts (Scottish Government, 2008, "Highlands & Islands Scotland European"). However, prior to this last economic downturn, the Council had been struggling with approximately a 15 percent unemployment rate. (Parekh, Kenway, & MacInnes, 2010, p.7) Additionally, about 25% of employed people in Ness Council earn less than 7.00 pounds per hour. This would be roughly equal to about $12.00 U.S dollars per hour suggesting that income inequality is a problem (Scottish Government, 2010, "Annual Survey of Hours..." ). Despite the unemployment and income disparity, the crime rate is modest in Ness Council at less than 20% per 10,000 people when compared to several highly urban areas of Scotland which have crime rates as high as 60% per 10,000 people (Scottish Government, 2010, **"**Recorded Crime in Scotland*",*). Also the number of highly vulnerable children, identified as "Looked-After-Children" (LAC), is moderate at a rate of 7/1,000 people (Scottish Government, 2010, "Improving Social Work*"*).

I will refer to the second council with a pseudonym of "Lomond Council." It is located at the northern edge of the Scottish lowlands in a midland region. It borders the highlands on the north with large hills covered in bracken and incorporated into forest restoration programs. From the top of these hills there are terrific views to both the southern lowlands and the northern highlands. The region is sometimes known as the "Gateway to the Highlands." During the late spring and summer, the area has popular hiking attractions. These areas can be treacherous due to the rocky terrain, many streams, and changeable weather. The southern area of the Council is relatively level with small rolling hills that support several villages and two small urban areas. This region is deeply connected to Scotland's historical struggle for independence, and local tourist attractions are important to the economy. It is similar to Ness Council in a number of ways including a total population of just under 90,000 (General Register Office for Scotland,

*National Records of Scotland*, www.gro-scotland.gov.uk, accessed 6-17-11), but is more densely populated within a small urban area and with convenient transport to several other urban regions. The unemployment rate is close to Ness Council, but slightly lower at about 13% (Parekh, Kenway, & MacInnes, 2010) However, employed people are, on average, paid better. Slightly less than 20% of employees are paid less than 7 pounds per hour (Scottish Government, 2010, "Annual Survey of Hours and Earnings"). The crime rate is higher than Ness Council but still less than the highly urban councils (Scottish Government, 2010, **"**Recorded Crime in Scotland"). Similar to Ness Council, the percentage of highly vulnerable or LAC was approximately 7/1000 people (Scottish Government, 2010, "Improving Social Work").

The Lomond Council region has also experienced a slight increase in population largely due to migration into the area from overseas. Migrants tend to be younger with English language and education challenges that must be overcome before a significant contribution to the workforce can be made. Additionally, there are pockets of urban deprivation that have entrenched cycles of poverty. Since devolution there is a new emphasis on community regeneration focused on multi-disciplinary approaches and indigenous economic development, but Lomond Council reports significant bureaucratic challenges to productivity that are undermining the development of new initiatives (Scottish Government, 2008, "Lowlands & Uplands Scotland European Regional Development Fund 2007-2013") . Industry related to tourism ranks highly, but manufacturing also is growing. The region is focusing on new electronic technologies, renewable energy, and financial services. Similar to Ness Council, the incubator concept where new initiatives share resources and space is becoming popular. In Lomond Council the incubators are focused on research since a major college is located within the region.

## Participants

Participants were recruited to provide rich, descriptive information about the impact of new policies on direct service within their local council context. They were sampled to provide diversity in the breadth and nature of training or other capacity issues that the council faces when implementing the new policies. Thirteen participants (see footnote 1) were recruited through personal and professional contacts with local social workers in child welfare, and then expanded through snowball sampling (see Appendix A). Participants included three academics with a national perspective located at two different universities in different regions of Scotland. Six direct service child welfare social workers also participated but three of these participants (one in Lomond council and two in Ness council) also had administrative or supervisory responsibilities, essentially working in a split position. Child welfare social workers in direct practice in Scotland are responsible for responding to referrals about a neglected children, meet with families to determine risk to children's safety, helping create family service plans, and monitoring progress. Four administrators were interviewed. These professionals were primarily focused on regional or local child welfare work including two administrators who directly supervised social workers and their cases. Included among the child welfare professionals were those within both the statutory and the voluntary, or charitable sectors, because both are critical components of Scottish social services. Participants included 2 men and 11 women and mirror the gender demographics of professionals involved in child welfare work. They also ranged in experience

Footnote 1: All participants have been given pseudonyms and other identifying features are masked to help protect confidentiality

from relatively new, within the first two years in service, to seasoned professionals with more than two decades of service providing diverse perspectives of both pre and post devolution experience. All people referred agreed to participate.

Isabella, Sophia, and Louisa are academic participants. They are knowledgeable about Scottish child welfare research. Isabella has been located in Lomond Council for several years and is responsible for a wide level of training and information management that incorporates local and national work. She has been involved in council and regional level work and child welfare training. Sophia and Louisa are not located at a university that is in a council included in the research site. Sophia has been involved in researching child welfare policy at the national and international levels for more than a decade. Louisa has had several years experience in direct child welfare work and with voluntary organizations but is now also researching child welfare policy at the national level.

At Ness Council, seven child welfare professionals participated. Claire is an administrative head in the council. She has been involved in some national level academic and political efforts in child welfare, as well as the council-wide implementation of GIRFEC. Claire has several decades of experience in child welfare as a direct service social worker and council level administrator. Julia and Heather are also involved in administrative duties at the council level that include training on new initiatives, evaluation, and information management. Heather has over a decade of child welfare experience, and Julia has slightly less. Colin, Lily, and Eileen are direct service child welfare social workers. Colin has two decades of experience and also has worked in an administrative capacity. Lily is relatively new to the child welfare profession with only a few years experience, but Eileen has been a social worker for about a decade. Eileen and Colin described a rich perspective on changes in the child welfare field since devolution. Francis

had more than a decade of experience within the voluntary sector as a direct service social worker. She described how charitable organizations are incorporated into child welfare work.

At Lomond Council, two child welfare professionals participated. Gordon is a council level child welfare administrator who, similar to Claire, has had several decades of child welfare experience in more than one council. Gordon has also been involved in some of the national level policy discussions and initiatives. Katherine, a direct service child welfare professional, has almost two decades of diverse experience in child welfare and family support work. Emily is not located in Lomond council but was suggested by Gordon as a participant who could provide an important perspective. Emily is a child welfare administrator with more than a decade of experience in a very large urban council. She described her perceptions of the problems impacting large urban councils and how interventions have been implemented within that complex context.

**Researcher**

Also included are my observations of the regions and child welfare context in Scotland. I have been married to a native Scotsman for more than 32 years and have visited Scotland a number of times, occasionally for extended stays of more than a month. The first trip occurred in 1978 to Glasgow and the highlands near Oban and Loch Ness. Subsequent visits included our children. We stay in a small village near Lomond Council where my husband's family resides, and we try to merge back into the rhythm of village life. My sister-in-law has been a mental health social worker in the region for several decades and has been helpful in connecting me with colleagues in child welfare and providing context for understanding some of the political changes. My observations and reflections are included in the field notes.

## Procedures

### Document Review

I reviewed: 1) 17 policy documents which reflect the Scottish government's recommendations on child welfare and family policy; 2) 18 audit or review documents which reflect the Scottish government's assessment of child welfare or social welfare initiatives; 3) 8 regional documents that include programmatic or related initiatives reflecting the localized implementation of the devolved government's child welfare recommendations. Regional documents of the councils represented in the study provided additional description of localized child welfare initiatives; and 4) 17 of the 43 total documents and resources were also related to substance misuse.

Documents were collected through several methods and at various times during the research program. Early stage review, prior to going to the country, helped to describe Scotland's devolution from the U.K. and identify a framework for interview questions. Later stage review helped to provide detail and context to the issues being discussed by participants. In some cases, council Internet websites provided a wealth of information about regional support for families, child welfare interventions, committees involved in family support, and the children's hearing system as it is implemented within the region.

The Scottish Executive has established an internet-accessible library to help insure public access to all legislation and government commentary. Conceptually similar to publicly available information sites like ERIC in the U.S., it is also becoming a valuable resource for full-text publications and policy documents. Also, documents are available from a newly established network of academics with a common interest in research and evaluation in Scotland. The network has established a publicly available website to provide access to recent research, peer

reviewed articles, audits, evaluation and grey literature (documents not previously published) on the topic of Scottish child welfare. The network's website was also searched for relevant documents. Additionally, several participants suggested or offered to provide other government documents related to the research question.

**Observations**

Observations of the council areas where the research occurred helped to provide cultural context within the different regions. They also provided access to the work environments and office space that the child welfare participants experienced. I also observed social and economic changes that have occurred in recent years compared to my visits to the country during the last two decades. Observations were recorded in field notes which, by design, were informal and loosely structured. These were referred to as appropriate for triangulation and elaboration, especially of interview data.

**Interviews**

A total of ten semi-structured interviews were conducted in the spring of 2010 with thirteen participants either in person (n=10) or by phone (n=3). They were audio-recorded and ranged from about 40 to 90 minutes. The interviews with the participants in Lomond Council and with the academic participants were conducted in person and scheduled at a time that was convenient for both the participants and me over the course of my two week stay in Scotland. For the participants in Lomond Council, individual interviews occurred at their place of work, with the exception of one participant where the interview occurred at a coffee shop near her residence.

The interviews in Ness Council occurred over a span of 3 days. One individual interview occurred during a break time at a child welfare conference. Other interviews were scheduled at

a time and location convenient for the participants and the researcher. One individual interview occurred at a coffee shop near the participant's office. At the participants' suggestion, one group interview was conducted in Ness Council with three participants. Similarly, one group interview occurred with two academic participants located at a university. This was partly for the convenience of the participants and their busy schedules, but also was responsive to the office settings and the context in which the participants worked. As I met with participants in their offices, it became apparent that in almost every situation the participants shared office space with one or more of their colleagues. In several situations that space was shared with two or more colleagues and, given the culture of working together, these participants expressed that they were comfortable being interviewed with their colleagues present and suggested including them in the research. Three individual interviews were conducted by phone because participants were not available during the time that I was in the country. All interviews were transcribed verbatim and sent by e-mail directly to each of the 13 participants so that they would have the opportunity to individually check and elaborate on their comments.

During the semi-structured interviews, participants were initially asked to describe their work related to child welfare. They were asked to expand on their perspectives of the characteristics of relationships that help when working with families, the characteristics of relationships that help with particularly difficult families, characteristics of their relationships with other agencies or organizations working with families and then the extent to which and how their work may have changed since devolution (see Appendix B).

## Data Analysis and Management

### Interviews

All interviews were transcribed verbatim. Emic themes were identified and were then vetted through discussion with a second independent reviewer and revised for the final coding system. All transcripts were then coded by two independent reviewers. Disagreements were resolved through discussion. Coded transcripts were then uploaded into NVivo computer software.

### Document Review

Documents were used for triangulation and also for expansion of the interviews. All relevant documents were downloaded, catalogued and stored in a secure manner. A content analysis was conducted on the most relevant policy, audit, and review documents to assess consistency with the emic themes that emerged from the participant interviews. NVivo was used to help facilitate this analysis across themes and the large number of resources collected. Documents with relevant policy, audit/review, or regional content were uploaded into NVivo and coded against the emic themes identified through the participant interviews. This process was helpful information for clarifying and elaborating the interview themes. Documents focusing on substance misuse provided context for the participants' discussions about this important social problem. Documents in this category were also entered into NVivo and coded for the emic themes identified within the interviews. I also paid attention to content presented in the documents which may not have been raised by participants but that could be useful for understanding the political and social justice issues impacting the participants' descriptions of interventions and activities (see Appendix C).

### Field notes and Observations

Observations from field notes were not extensive but provided reflection on the interviews and limited observations of the council settings. Relevant field note narratives were uploaded into Nvivo and coded against the emic themes identified in the participant interviews and document reviews.

## Validity

Validity was enhanced through several methods. First, triangulation was used. Triangulation strengthened inferences when various types of data (interviews, document reviews and field notes) converged on the same interpretation. Triangulation also occurred within interviews from participants representing two different councils, and experiences that reflected the micro experience of direct service at the council level, and the macro perspective of the academic participant at the national level. These roles provided a full and rich description of the characteristics of relationships in Scottish child welfare work within two distinct councils and the impact of devolution policies. Triangulation also occurred during data analysis as two independent coders read and discussed their interpretations of the emerging themes.

Second, member-checking enhanced validity. Narrative transcripts were provided to all interview participants for review, comment, revision or further expansion. These reviewed transcripts were used for emic coding. This process was particularly important for the participants who interviewed with a colleague present because it provided the opportunity for them to confidentially review their comments and provide additional reflection or clarification of the content.

Third, peer review of my interpretations of interview and document themes by two experienced qualitative researchers helped to discipline interpretations. Peers discussed the interpretations of interviews and significant ideas omitted from the initial coding schemes.

Fourth, the use of multiple data sources provided context and elaboration of each method of data collection (see Appendix D).

## Limitations of the Research

It would have been beneficial to the research process to provide more time for the interviews over several settings. The rapid political change in Scotland makes this case particularly salient, but might also be viewed as a limitation because of the volume of new policy recommendations, dizzying changes directed toward regional councils and uncertain environment of the worldwide economic downturn. Additionally, in at least one council there appeared to have been little provision for child welfare professionals to pause and reflect on specific outcomes of new innovations.

A related limitation was the amount of time that I had in the country to conduct the interviews and engage in observation. This constraint was anticipated and every effort was made prior to the visit to arrange meetings with the academic participants who were accessible via e-mail. Second, there were several conversations and e-mail exchanges with the key informants in both councils to share the context of the research, schedule time to connect in person, and discuss referrals for other possible participants. This provided a tight but productive schedule while in the country, but offered little time for more casual interviews or flexibility to explore in greater depth a topic or pattern that might have benefited from deeper analysis. I made every effort to encourage expansion of interviews with the member-check, and followed up with telephone

interviews with several participants that I was unable to interview in person because of scheduling conflicts.

In addition, I remained as an "outsider." My opportunities for participant observations were limited. I was not allowed to observe the work of the Children's Hearings or direct practice with families. I did not have access to families to get parents' and children's perspectives.

# CHAPTER 5

## DIRECT PRACTICE: EVERY CHILD IN SCOTLAND

> "*…There is a baby in a pram…the parent is stumbling about (intoxicated)…We would send out a social worker…Take immediate action… if Mom wasn't capable we would get the child looked after by a family member, but first and foremost we would do an assessment…"(Gordon).*

Gordon's many years of experience as a child welfare administrator provide helpful insight into social work practice from the initial referral through assessment and intervention. Across all the interviews there were a variety of references to the strengths and challenges of connecting with vulnerable families to positively impact their lives. This chapter expands on participants' experiences and perspectives of direct practice within the Scottish child welfare system. It responds to the research question: *What do Scottish child welfare professionals view as characteristics of effective relationships between child welfare social workers and child welfare engaged families?* It includes their reflections about affective qualities that they would consider optimal for successful delivery of preventive and intervention services.

The chapter begins with participants' views of building relationships with parents/carers in post devolution Scotland. It will clarify the role of voluntary participation in support services, and then the relationship qualities that participants noted were important for building solid services. The next section focuses building relationships with "difficult" families that may incorporate the Children's Hearing System, maintaining engagement and the strategic use of assessments. The final section focuses on "joined-up work" and the increasingly important

aspects of building relationships and reciprocity between the families, agencies, and organizations providing services.

The preventive approach taken by Scotland's child welfare system leans heavily toward voluntary participation in a type of hybrid system that has several of levels of entry. It typically begins with the parents' voluntary participation, but could also begin with a direct referral to criminal proceedings with the sheriff. This approach is different from residual child welfare systems where there is one point of entry that is connected to the criminal justice system. For the Scottish system to function optimally, the family must be willing to voluntarily engage in available interventions and support services at the first point of contact with social work. Additionally, the system depends upon the voluntary participation of community members in the Children's Hearings System, and many of the intervention services provided are offered through charitable or voluntary groups, similar to nonprofit organizations in the United States, further increasing civic involvement. If absolutely necessary for the child's safety, statutory social workers will institute a child protection case conference with a potential outcome of criminal charges by the sheriff. A case conference includes the statutory social worker for the council, police, and other agency representatives in health and education who know the family. These can be called quickly, a determination of risk made, and emergency action taken if needed. This action, however, is considered a drastic step that participants consistently noted, and the documents confirmed, was rarely undertaken in the first instance (Scottish Executive, 2002, "It's everyone's job…"). Gordon clarifies.

> *"…If it were a serious child protection case … then we would …convene a child protection case conference and then there would be a child protection register (database documenting the child and family is being monitored). There are 6 levels of risk and*

*those are priority cases and a whole team of people monitor those and, ultimately, to make sure that children are safe and the right support packages are in place, and you are watching and monitoring to insure children are safe.. But that is more intrusion for parents. But, generally we hope that we can work on a voluntary basis, and they can alter their behavior so we don't have to go the child protection route."*

This emphasis on voluntary preventive intervention requires that those professionals working directly with parents must hone their skills in engaging and working with highly vulnerable families and children. Furthermore, a review of Scottish initiatives reflects the belief that a social worker's ability to form a supportive relationship with the vulnerable family facilitates better outcomes.

*"Good workers made a difference to the outcomes for children. In a number of instances, particularly in relation to drugs or alcohol misuse, where strong supportive relationships had been established between social workers and misusing parents, workers were able to address the problems and parents were very positive about the support they received."* (Scottish Executive, 2002, "It's everyone's job…,"p.12).

**Building Relationships in Child Welfare Work**

When asked about the nature of relationships that facilitate better outcomes for families, the participants consistently stressed the workers' relationship and communication strengths such as being approachable, honest or transparent, respecting confidentiality and listening. Participants described the first point of contact with the parents as a critical point of communication. At this time, the social worker is responsible for building the relationship and explaining the child welfare concern, who may be involved in the case, and what will happen

next. These early steps of communication with the family were viewed as important for providing a solid relationship foundation that will encourage the family's voluntary involvement in supportive services.

One challenge mentioned by several direct service social workers is the parameters of confidentiality, particularly during the initial stages of a case. The boundaries of confidentiality were discussed by participants within the context of information sharing with other professionals and community members to facilitate the family's access to services. Yet, in the village culture often found in Scotland, parents were worried about who might know about their problems and the resulting gossip. As Eileen, a social worker with a number of years of experience in direct practice, reflects:

> *"…Information sharing …knowing about the investigation…You know [family worrying that]…oh 'every man and their dog will know this will happen …' and you explain that this is confidential and only set people will know …Who these set people are …and only so much information is shared…That puts their mind at rest a bit…and just being there and being open with them…".*

Participants described a tension between concerns about privacy and their access to the relevant information about a case in order to make an adequate determination of risk. Most social workers wanted to enlist the help of other agencies for more detailed information, or for support services very early in the case. Claire is a child welfare administrator with many years of experience and she explains how child welfare practice had shifted prior to devolution.

> *"…What I would say is the issue of how early … when working with a child and parent… you engage directly … This has become kind of a critical factor because lots of the agencies and staff have become in-cultured with a safe guarded mentality, child*

*protection mentality, which has moved their practice towards … 'I'm concerned about a child, I want to find out what all the other agencies know about the child to decide if it at a level of concern that would move to child protection'…"*

Participants, like Claire and Eileen, emphasized characteristics of communication such as honesty and transparency which help provide a clear framework for the family about what to expect from their involvement with child welfare services. In addition, honesty and transparency help parents and children understand, as circumstances change, that there are opportunities for discussion that will include their input. The transparency of the process reassures parents and children, at each step, that their views are valued during the intervention.

Participants mentioned several techniques that helped facilitate communication. In Ness Council there had been significant discussion about social workers' communication with families at the point of referral, including asking parents and children to sign a consent letter. As Claire explains:

*"… We [child welfare administrators] are encouraging them [direct service social workers], to talk with the parents…To talk with the child... they will probably gather from the parents and children if there are any other agencies involved with this family and … their (the parents and children) understanding of the issues, whether there is a teacher or others concerned… That is much more fruitful [than talking with other agency representatives first]…".*

Eileen described using the initial assessment to foster honest dialogue and clarify expectations about how the case would unfold. New tools, such as the "My World Triangles" (see Appendix E) had been recently created and were being utilized in several councils as a visual assessment tool that represents a holistic view of the child's world. The triangle displays

an appealing graphic that shows how a child's development is impacted by the child's social and physical environment. It notes developmental points that can help describe what may be considered strengths or challenges in a child's life. Questions are framed in a very straightforward manner and focused on the three areas of: 1) "How I grow and develop", 2) "What I need from people who look after me", 3) "My wider world" (Stradling, MacNeil, & Berry, 2009). Eileen expanded on how the triangle was useful for initially engaging the family and children in discussing their perceptions of the issues. It also encourages the family to suggest areas where they may need help, while the social worker or other lead professional listens. As Eileen notes.

> *"…Listening….with the boy as well…The whole family….Part of the GIRFEC assessment looks at the wider world and what is happening…I think that they quite enjoyed speaking about themselves and what was happening…."*

Not surprisingly, the skill of listening was also mentioned by other participants as highly valued especially during these early stages. They elaborated that listening involved hearing parents' and particularly children's views, not only about the immediate problem that had brought their family to the attention of child welfare services, but also about possible solutions. There were a variety of methods mentioned for incorporating children's voices. In Ness Council these methods included training programs for professionals and lay-reader-friendly descriptions of services. Several of the participants mentioned creative ways that had been developed to get both parents' and children's attention. Ness Council asked children to submit their suggestions for an ad campaign to raise awareness of the children's hotline. This national hotline provides a venue for children to call and talk with a trained professional about any concern related to issues such as school bullying, or family problems related to abuse or neglect. Participants shared some

of the artwork that had been submitted for the ad, one of which looked like a colorful child's cell phone. All were designed to be welcoming to children. There also was a special advocacy program offered through a charitable organization, where case workers' sole purpose was making certain the child's views were heard at all points along the case's course. Regular evaluation forms also were developed so that parents and children could provide direct feedback about their views on the case and services provided.

Participants also acknowledged that the switch in focus to a more comprehensive method of communication, and the integration of new tools to facilitate that process, had provided significant training challenges. Claire and Heather from Ness Council talked about the extensive process of training that was underway to assure that everyone understood their role, and how the tools might be helpful. Participants also discussed challenges to relationship building particularly for families that were coping with a spectrum of difficulties such as substance misuse, poverty, unemployment or underemployment, and chronic health issues. These families are challenging to engage in services. Sophia, an academic, is familiar with some of the national issues impacting social work in Scotland and discussed the challenges of initiating a successful relationship with particularly difficult families.

> *"I don't think that anyone really knows how to work with the very….very …difficult families... I mean domestic abuse, substance misuse, poverty….and I think that's a big challenge… is how to keep children alive and well in these families and at least people have begun to discuss it, but I think people are fairly stumped about how to work with these families…and there are a number of them in Scotland…"* .

**Building Relationships with Difficult Families**

Several participants emphasized the heightened importance honest communication, including clarity of goals and procedures, but also qualities such as remaining calm, patient and persistent. With the first meeting with difficult families, several participants (Gordon, Colin and Katherine) noted that foremost is clarifying the reason for social work involvement, the child safety concern, and then the role and responsibilities of the social worker, the parents, or the involved child (in the case of a truant or delinquent child). The participants also were clear that, even when those initial meetings do not go well, all is not lost with the family. Eileen notes:

> *"..The father was very angry…Wanted nothing to do with social work…Wanted to use my head as a golf ball…I thought, ok,…stayed and sat for about half an hour…So that was on a Thursday …I went back on a Monday or a Tuesday and they were ready to speak…The aggression was still there…Still very angry about what had happened but, on the positive side, they began to look at why the child may have said this... Where they were as a family…and how they could work through and improve the relationships with each other …".*

Her colleagues interject during the interview:

> *"Is that the one that gave you chocolates?"*

She responds:

> *"Yeah- got a box of chocolates out of it…"*

Her colleague notes:

> *"…Where people are quite wound up…then you do need to stay calm when you speak to them, and they do calm down and the more they understand the process that they are going through…(the better they can)…come to terms with it…".*

Eileen and Lily, both experienced direct service social workers, discussed the variety of skills that are needed in difficult circumstances. These behaviors included keeping one's voice calm when the parent is very angry. Lily clarifies that in emotionally charged moments when parents realize a complaint has been made, *"...It is understandable when someone has a knee jerk reaction...It doesn't make it right but it is understandable, and the point is to just stay calm..."*. Participants also described the importance of being willing to patiently and persistently work odd hours that reflect the family's needs. Eileen reflected on a uniquely difficult situation, '*...I was thinking about the actual incident...I did it gradual...looking at different angles ....(I was)...successful by not going straight in..."* . This situation involved taking time to circle around the issue and family. She first met with the parents when they were quite upset. She then met with them again for shorter periods over a stretch of about a week until they were ready to respond. A slower, yet persistent process allowed for particularly angry parents to process the concerns, adjust to the idea that there was a problem, and to build trust that social workers were there to help.

**The Children's Hearing System as a Catalyst to Building Relationships with Difficult Families**

Despite a social worker's skilled and conscientious efforts, some difficult families will not voluntarily engage in services. All participants viewed referral to the children's hearing as a strength of the Scottish system. When families refuse services or the child welfare professional is concerned that there is a more serious child protection issue, then a referral to the children's hearings is a possible next step. The children's hearings system was mentioned as a strength for a number of reasons. First, the hearings incorporate volunteer community members serving on the panels (Scottish Executive, 2004, "Getting It Right for Every Child, Consultation Pack").

Any community member can be elected to serve on the panel and an effort is made to encourage diverse representation reflecting the community's demographics. Elected members go through intensive training that includes education about family systems, issues impacting families that contribute to abuse and neglect, and possible resources available within the community that could be incorporated into a service plan. The local flexibility, commitment of panel members and child-centered focus are viewed as particularly positive characteristics. Participants noted that the involvement of panel members increased the general public's understanding of the issues faced by vulnerable families and children. Increased public awareness often had the benefit of improving community services for families. Gordon explains:

> *"... It is the envy of Europe and parts of the world because we don't put the children in courts…But we have …members of the community coming down to understand the problems [involved] with caring for the needs of the child…first and foremost."*

Participants also noted that the possibility of a referral to the children's panel was viewed as a strength. If the referral is viewed by the family as too intrusive, then the family may acquiesce to working with the social worker and following through with the proposed plan rather than continuing to resist interventions. As a seasoned direct service social worker, Katherine is familiar with this procedure and notes:

> *"…If it is a serious case …we can refer to the reporter (the person responsible for scheduling the children's panels) and also the police can refer to the reporter … But if the social worker can work with the family on a voluntary basis, then the reporter can just entertain the recommendation."*

The second positive aspect of the children's hearings that participants noted is that it is often very effective for bringing together community support services in a manner that requires accountability from the agencies providing support, social work, education, or health, as well as accountability from the family. A summary of the meeting is filed by the reporter who provides clarification about who is responsible for which aspects of the service plan. Progress then is documented at subsequent meetings with the family as needed.

On the other hand, several participants noted that the volunteer panels can be challenging because community members can be critical of child welfare professionals if the service plan doesn't unfold as expected. In some cases, where parents know the system well, parents might manipulate panel members, or the parents might not be willing to accept the support program developed through the hearing process and approved by the panel. Margaret clarifies:

> "*Yes…there are always going to be those families that you just can't get on board…(You can)…take them to children's panels and they (panel members) say that you (the family) will have to work with social work…But, that doesn't always work because sometimes you get a family that just doesn't care about that system so they are not going to … work with social work…Sometimes it is personalities…change the social worker…We try not to do that because you have certain families that will manipulate that so it is really a last resort…".*

Although situations like this were infrequent, a final option available to engage a difficult family is to refer them to the sheriff, which is the Scottish equivalent to the American criminal proceedings. In cases of criminal abuse or neglect (such as sexual abuse, or extreme physical abuse), the social worker or the panel members are able to circumvent earlier steps. They can

connect with the local police department and refer the accused parent, or in some cases delinquent youth, directly to the sheriff. Social workers are also compelled to refer parents to this next level when parents are unwilling to accept the grounds for referral to the children's panels. An important aspect of the successful functioning of the children's panels is that the involved parents, or delinquent youth, agree that there is a problem and are willing to be voluntarily involved in the hearing. Margaret clarified that if after several meetings or hearings for the same family, there is no recognition of a problem then the social worker might have no choice but to proceed with a referral to the sheriff. Gordon reflects from his direct practice experience:

> *"…We won't shy away from those who won't engage. We will go to court or the sheriff here (Lomond Council). We will go and say 'give us an order to remove that child and here is the evidence we have' …We do that with (seriously neglectful) substance misusers, people who physically assault their child, sexual assault,…the high end…We will make no qualms about it…That child is not safe, and remove it so the parent addresses that problem…We will get evidence and we will address it… But with 90% we want to take that philosophy of engaging people and helping them to change their behavior …Put in the supports……Research shows that when you do that it is more successful because it is traumatic when children are removed from their parents, so we will try that first…"*

Gordon and Margaret explained that this process typically involves a Child Protection Order (CPO) order from the sheriff. Even though it is rarely used, it is still viewed as a significant strength to the system. Across all the practitioners involved in the interviews, it was acknowledged that in most cases, a referral to the sheriff is considered a final choice in the repertoire of options to engage the family. Once the sheriff and courts are involved, then the

focus rests on the legal aspects of the case, which although frightening for parents, may be necessary.

**Sustainability of Relationships with Difficult Families Depends Upon Engagement**

Participants frequently talked about the challenges of sustaining voluntarily engagement with difficult families at each step along the process. Engagement was referred to as a dynamic process beginning at the first point of contact. Claire's experience led her to believe that *"... there isn't really a shortcut..."* Eileen also clarifies that the first point of contact with the family is critical.

> *"...They often say that... 'It's nothing to do with us'... 'My man would never do such a thing'...But...I think that the recognition that it is difficult to get that balance right between the power and authority that social workers have got and the responsibility that they (the parents) have got...Being able to engage with families and parents at a critical time...It is a fine balance..."*

Engagement involves a combination of important attributes and techniques that have been discussed including listening, honesty, information sharing with respect for confidentiality, using risk assessments in ways that are meaningful for the family, and setting clear goals. These elements are all effectively woven together by the professional in an encouraging and optimistic manner that underscores, for the family, that they can change their circumstances. The outcome of engagement is a comprehensive service plan that includes a cadre of others from the community, organizations and agencies that are prepared to help the vulnerable family with their goals. In turn, this process raises significant challenges of coordination for both the family and their lead professional as a plan may involve teachers from the child's school, health care

workers, and voluntary organizations providing specific services. The family's lead professional, as the person with the best relationship with the family, becomes the one responsible for facilitating the family's connection to relevant services, and then encouraging and monitoring their participation. Then, if the case is not unfolding as expected, the lead professional is the one most likely to help everyone reconnect with the family to reassess the plan, and discuss alternatives.

**Assessment as a Key for Building Relationships and Reciprocity**

The improved dialogue and partnerships with professionals in other disciplines were viewed as an unexpected, positive outcome to trainings that were intended to focus on the implementation of important new mechanisms to engage families. Francis has been heavily involved with organizing multi-disciplinary training in Ness council and helps to clarify.

> *"I think this would be my sense … because of the (Local Integrated Assessment Planning Process) and GIRFEC education (social workers) are beginning to see their responsibility in a different way and that it isn't just about teaching but having a more holistic view of the child. I think there is movement there but I don't have any evidence of that…"*

The implementation of risk assessments, particularly with a technique called Local Integrated Assessment Planning (LIAP), was a high priority in training. (2010, "Getting it Right for Every Child, Development Officer"). LIAP involves important steps including recognition and response to the problem, engagement of the people involved, the assessment, delivering the action plan and understanding when more intensive services may be needed for higher risk children – a concept identified as "Threshold of Intervention". Acting in partnership with the

parent and child, is underscored as a value for each step in the process. Unfortunately, within about six months after the first launch of the new assessment tools, many professionals were confused about when and how they should be used. There was also resentment stemming from the view that this was another layer of unnecessary paperwork, where good practice already existed. Rather than drop the effort and revert back to previous options, there was an acknowledgement by the child welfare professionals in the council and the training staff that more professional education was needed. A major commitment of time, staff and resources was made to facilitate the education required to effectively implement use of the assessments by all professionals within the council working with children and families. Although there is general consensus that it is still "early days" (Claire, Heather, Julia), the feedback near the end of the second year has been much better and there have been glimpses of very positive outcomes.

Perhaps one reason that there has been emphasis on assessment is because of the role of the comprehensive assessment in building a reciprocal relationship between the social worker, the child, the family, and other service providers. From the first contact with the family, the participants found that new assessment tools encouraged the family to communicate about the issues, and suggest possible services. The perception is that these discussions can begin to engage the family as partners in change. Then, when a multi-disciplinary team becomes involved, parents and children see their goals being achieved with support from their community and mutual trust and engagement emerges. The assessment helps to clearly communicate and frame the initial path that the family can take. The family can be involved in identifying any course corrections that need to happen along the way. These are the fundamental characteristics of a reciprocal approach to social work described as a critical component of healthy human development (Dunst & Trivette, 2009; Kretchmar, et al., 2005).

**"Joined-up Work": Relationships and Reciprocity between the Family and the Community**

In Scotland, the notion that it is everyone's responsibility to support children and families in the community seems to be a deeply embedded value, and was a thread woven throughout the participants' discussions. Many of the participants used the term "joined-up work" to describe the integrated partnerships between social services, education, health and law enforcement that have been developed to engage and support families. New strategies incorporate the lead professional role, risk assessment, trainings, and working with charitable and voluntary groups. These multi-agency partnerships provide a network of support where child well-being is the central focus. While the increased emphasis on community partnerships was generally viewed as positive, participants mentioned some significant challenges, such as very different agency cultures that may have conflicting ways of approaching problems. As Colin, an experienced direct practice social work administrator, noted:

> *"It was very difficult, when we started, to be perfectly honest…it will never be perfect…we are living in 'cuckoo' land if we think it will ever be perfect because we [the agencies] are coming from two very different perspectives, but on the whole it is better and positive…"*

Post-devolution policies have continued to build upon an existing Scottish culture of collaboration. However, participants noted that the increased demands of some of the policies have put a strain on people as it pushed agency staff members to rethink their existing practices about issues such as confidentiality, and instead focus on new ways of working together. Ultimately, a large burden of the new efforts has been carried by direct practitioners. Successful outcomes depend on their abilities and willingness to make changes in the way they approach the families and their service partners. Francis is a direct practice social worker responsible for

supervising and training other child welfare social workers and has a broad perspective of social work interventions across Ness council. She notes:

> *"I think it is the people on the ground, front line workers, that make the relationship. It is the building up of trust between them that they are all working together and that they see their part; that they are a team around the child, and that it is all working together..."*

National level recommendations to incorporate GIRFEC's new lead professional strategy forced mutual discussion between professionals within the councils about how this, and related strategies, would work. Lead professionals might be from any organization (education, police, social work, health, or the faith community) connected to the vulnerable family who is considered to be most likely to engage the family and move toward a successful outcome. The idea of a lead professional from education, health or another discipline raised confusion and some grumbling among professionals about what the additional work that new role might entail. Heather has many years experience in child welfare work and was involved in helping plan trainings in Ness council and she highlights some of that confusion:

> *"They (Scottish Government) were unclear about that role and people felt that they didn't have the capacity to take on that role. I will have to say that we are still facing this with a few individuals, although we have made headway with training. Through the twilight sessions (training meetings scheduled in early evening), we taught that these are part of the duties within your role, and part of that (responsibility) is looking at who within the authority can assist you to meet that need. You have a duty as an individual worker to look within other agencies to assist with that role. But I think that the actual term of "lead professional" actually caused a lot of fear with people because they see it*

*as something that they are responsible for rather than a team responsibility and accountability."*

Claire, another participant working primarily in direct practice, notes:

*"… The lead professional tends to be in social work. That probably is always the case if there are child protection issues and if the child is being cared for outside the home. There are some instances with preschool children where health care visitors have taken on the role of lead professional… There have been some instances where guidance teachers in schools have taken it on. But that tends to be the minority so far with our experience. There is a lot of reluctance to take on that role and they tend to see it as quite burdensome. I think for some professionals it seems almost to be. ..not the role that they have trained for…So even guidance teachers in schools don't seem to feel that it is a role that they are prepared to take on."*

**Assessment and Joined-up Work**

Participants described considerable concerns about how to implement other new recommendations such as the "one child, one meeting, one plan." This recommendation requires that agencies utilize a joint assessment for the family, and that professionals meet together and share information while creating one, comprehensive service plan with the family's involvement. Solution –oriented meetings can be called at any point. They are designed to include the family, child, and representatives from the agencies that could be helpful for the family and to positively focus on goals while reinforcing existing strengths within the family. Participants viewed solution-oriented meetings as particularly useful for circumventing more serious steps, such as a referral to the children's panels. However, not every professional was immediately on-board with

the positive, strengths-based, focus of the solution-oriented meetings. Heather shares from her experience with developing training in Ness Council:

> *"I'll give you an example of something that I hear about quite frequently- unfortunately. Through our LIAP [local integrated assessment planning] process we have instituted solution-oriented meetings which focus on coming together as a multi-agency group to come up with a positive action plan. To move away from the negative aspect of attributing blame, and continuing to revisit old situations that didn't work…that sort of thing. I've heard stories of solution-oriented meetings working incredibility well. …[On the other hand]… one person, who has clearly been sitting and holding onto issues, will bring everything back down to the negative level by saying 'but'…Concentrate on something negative and others will use the meeting to berate the family on something they haven't done. So, when things like that happen the process has fallen apart and all that good work of the meeting is undermined."*

Claire shares the importance of focusing on strengths within solution-oriented meetings:

> *"They seem to have a very strong approach to involving parents, keeping them informed and building on their strengths...That was one of the things when I was talking about the integrated assessments and planning … When the professionals get together to pull together a plan for the child they are using a particular type of practice called solution-oriented meetings… There is a kind of training program that goes with it… That whole training program is directing the practitioners toward building on children's and families' strengths, rather than focusing on problems …"*

**Trainings and Joined-up Work**

Claire points to the importance of training to keep everyone on the same page with the solution-oriented meetings and collaborative work central to GIRFEC. In both councils, new multi-disciplinary working teams were formed that included housing, police, social work, education, health and voluntary organizations. They worked together to create a vision responding to the new government's initiatives. Claire expands *"...in most instances... you have a fairly complex team around the child."* Given the uncertainty among some professionals about how to respond to new policies in Ness council, there was a commitment made to implement multidisciplinary training that included representatives from all the agencies. Several of the participants had reflected on the extensive care taken to first query agencies about which high-interest topics, such as how to conduct a risk assessment, should be included. The trainings were then evaluated for their content and effectiveness. Organizers revised their approaches based on participant feedback and subsequently adjusted the timing of the meetings to develop the "twilight sessions" that met from about 3 pm to 6 pm. The catchy name, and the block of time scheduled later in the day, tended to draw the greatest participation. It also created a more relaxed atmosphere that encouraged better communication and relationship building between professionals. Evaluations showed that, in some of the situations, professionals from different agencies really didn't know the scope of their colleagues' work. The joint training sessions were helpful for not only building that knowledge, but also forming new ideas about how to collaborate. Heather explained:

> *"...From one of the twilight sessions a comment (from an evaluation) that I really enjoyed was a comment about working with health...They had a limited knowledge of what the health rep had actually done. There were two levels to that ...'Here am I as a*

*health visitor and here is what I'm supposed to do on a statutory basis, but here is what I do on a day to day basis' and those two might be different. People are encountering other professionals on only a limited basis and hearing what is actually done on a day-to-day basis is incredibly helpful. So that actual discussion (during the training) has been key for breaking down barriers and helping people understand what is required..."*

**Charitable Organizations and Joined-up Work**

Other key contributors to building relationships with families are the many charitable organizations (note – the terms "charitable", "voluntary", and "private" were used interchangeably by participants when describing this group) that have been integral in Scottish social welfare over the years. Prior to the 1960s and the Kilbrandon Committee and Social Work Act of 1968 (Stafford & Vincent, 2008), the voluntary organizations were the principal providers of child and family social services. Currently there are numerous voluntary organizations operating in Scotland including Children's Trust, Action for Children, Barnardos, and the National Society for Prevention of Cruelty to Children (NSPCC). Their collaboration reflects an astounding level of involvement. While these organizations no longer perform investigations, all the participants portrayed them as being equal participants in child welfare work. Professionals working in charitable organizations were involved in multi-disciplinary team work and the twilight training sessions. In many cases participants spoke about how the organizations provided important supports for particularly difficult families that could not be offered with the same level of success by the statutory social workers. As a child welfare administrator, Emily provided a broad overview of how charitable groups contribute:

*"And there are also a few family centers run by mainly charities in Scotland. … Private (charitable) sector seem to run the straightforward pre-five family centers, with a children and families framework. We have a number in[X] and one in particular is run by [Y] charity… That is a kind of family center which is not dissimilar to the education run family establishments but it is run by the private sector…Their ability to reach the very hard to reach parents as enhanced by the fact that they are not a statutory agency…does that make sense? They can get people over the door and the [Y] charity family center is a very good example of that. Again we work very closely, and we partly fund that, but that is a very successful example of good engagement with extremely hard to reach parents."*

The charitable organizations also seemed to have the flexibility to respond to service gaps by developing special programs. They could approach the local authorities to suggest new initiatives and partnerships. Emily's experiences in a larger urban area illustrates this collaboration:

*"It was the partnership again between ourselves and [Y] charity… They approached us and had recognized that there was a gap in the market – if we could call it that. We have a long-standing relationship with [Y] based on the work that they do elsewhere. They approached us and brought some funding to the table along with education services. We agreed to help fund the services, and they brought funding as well, and it was with recognition that there are quite hard- to- reach- parents. The kind of voluntary sector have a better front face if you like…So we worked with them with the service specifications, but most of referrals will come through social work. Again there are two bits to that. They meet with the local managers with the ongoing case management. At my level there may be quarterly meetings about how the services are working, overall*

*performance management in terms of the numbers of children coming through, and what they are achieving. This is a contract management relationship because we help fund their services. It is based in one of the areas where there is high deprivation… There is a population of families with very high levels of vulnerability- very young family population, and also a high relation to both alcohol and drugs as a primary feature of vulnerability."*

Part of the success of this collaboration between statutory social workers and professionals at charitable organizations is that both groups are using a team-based, case management approach where the charitable family center is incorporated into the package of care that is part of a vulnerable family's service plan. Furthermore, the family's connection with the family center staff can remain as a healthy sustainable relationship after a child welfare case is closed because the family centers in this large urban council have a tiered level of services accessible to all parents. In some cases preschools or play groups are integrated within the family centers as stable early childhood components for entire neighborhoods.

The integrated role that voluntary organizations play in child welfare in Scotland was generally viewed by participants as an important strength. Several participants noted that often the staff at the charitable organization would have special skills, such as specialized counseling, or parenting education training. The programs provided a type of education that the statutory social workers were not qualified to provide, or were unable to effectively incorporate into individual cases given their other job requirements. It was more efficient to connect with the voluntary program for those unique services. When funds were necessary there was sharing of resources between the statutory social work, the charitable organization, and other agencies. Furthermore, as Gordon from Lomond council mentioned, when there is a particularly tricky

case it might be better for the charitable organization's worker to try and handle it first. If statutory social workers responded they might have to implement unnecessarily strong, and perhaps more legalistic, measures than were really required for the situation because of their internal policies and procedures. Gordon helps to clarify:

> *"They have done a lot of research…Have a lot of success…So it is another bonus for us...The voluntary sector…I'll give you an example of good cop, bad cop because we have a statutory responsibility, but they can come in a nice way…many can do a fantastic job …Some of them have particular skills of working with parents and young children...young people …and do a very good job."*

Francis, a child welfare worker for a voluntary agency, also voiced a concern that has occurred with the joint work between charitable and statutory organizations related to appropriate information sharing. A program created by a charitable organization to respond to domestic violence and abuse presented some challenges regarding confidentiality:

> *"That is actually a very interesting question, particularly for these women. Dealing with the women the service that we offer the women is confidential. We won't discuss anything that would be discussed in the counseling sessions unless it becomes clear that one of the children or another child is in danger…Under those considerations, then we would pass that information on to social work and they could start a child protection investigation. The mothers are told that right at the beginning … But, we will say that woman is attending…sessions are productive … or if they refuse….we have decided to close the case, but that is the only information that they (social workers) will get. What we have done within the last year (is check to see) if there is a mother (in the program) where her child is on the child protection register…"*

The voluntary organizations also seemed to find their "niche" as they might focus, nation-wide, on the same program. For example, particularly with the larger organizations, a program might be offered in other councils throughout Scotland and possibly in other parts of the U.K or Europe. More about the nature of these programmatic interventions are described in Chapter 6. It was clear that one concern for the future was that economic conditions may impact the ability of charitable organizations to maintain their programmatic support for families.

## Summary

Direct service child welfare work can be challenging in any cultural context, particularly when working with very difficult families. Social workers identified important interpersonal communication characteristics such as being approachable, honest, persistent, a good listener and respectful of confidentiality. Engagement occurs when social workers utilize a combination of these qualities to connect with the family around services that are important to them (see Appendix F and G).

There are a considerable number of organizations providing a variety of services within councils. When different groups are collaborating to provide supports and services for the same family, the boundaries of sharing information can be difficult and could potentially put a child at risk. However, innovative risk assessments that encourage the child's and parents' participation can help identify risk. Strategies such as Local Integrated Assessment and Planning Procedures (LIAP) have provided important tools for professionals to expand their understanding about engaging families in services that are meaningful for the families. Participants seemed to feel that the joint trainings and solution-oriented meetings were very helpful for addressing challenges which could be resolved in ways that were consistent with the core values and

principles outlined in GIRFEC and other policy documents. Chapter 6 will elaborate further on participants' views of new policies and clarify the connections between new policies and direct practice.

# CHAPTER 6

## POLICY AS THE CORNERSTONE FOR STRENGTHENING THE FOUNDATION OF CHILD WELFARE IN SCOTLAND

*"...My general sense about Scotland... is that there is a much closer relationship between central government and local government in the sense that local government can influence how things can evolve and develop... For example, the process of examining the current review guidance and child protection... That process very much involves stakeholders across Scotland in terms of developing that guidance and drawing up the parameters for it, and focusing on what the context might be and the parameters as well. The consultation (review) will be quite inclusive in some ways and (we) do have a sense of ownership and will become quite involved in it ...there is much more dialogue in Scotland..."(Isabella)*

Countries vary significantly in how national level policy is developed and how that policy incorporates the culture, needs, and resources of local areas and the views of the average citizen. Isabella is a child welfare academic with a broad perspective who has worked not only in Scotland but in other European countries as well. Her comments highlight the involvement of local communities in child welfare policy and practice that may be the mark of the Scots. Given Scotland's history of oppression and cultural values supporting self-determination, the devolved government pledged a new course that would engage the average citizen and focus on initiatives to respond to the Scottish people and their problems. Certainly the breadth and scope of the new recommendations in health, education, economic advancement, housing, and child health and well-being, would suggest that the new government is working toward that goal as promised.

This chapter addresses the second research question: *What do knowledgeable professionals identify as key policies since devolution, and how have these impacted child welfare practice?*

The first section will describe features of Scottish culture participants viewed as important in child welfare policy since devolution such as communication, collaboration, and autonomy including how they relate to new policies. The next section will discuss participants' perceptions of child well-being and the Scottish child and family as the center of new Scottish initiatives. The final section will explore sub cultural differences that are emerging within different councils as a result of policy implementation.

## Understanding Scottish Culture

Throughout the interviews the participants alluded to, or reflected on, Scottish culture – values, views or practices – including those practices which are unhealthy. Gordon, a child welfare supervisor made a particularly poignant reference to the deleterious impact of substance abuse:

> *"… We are creating an atmosphere where people can speak out about things…That is the same with substance abuse because...It was acceptable in Scotland if you drank a lot…Typical Scotsman… Now we are challenging that and saying... "no" People are dying younger…People are getting liver problems…(there are) alcohol related criminal problems…We are a sick country of Europe, as we are called, because we have the highest alcohol consumption per person…So I'm glad the Scottish government is doing that(substance misuse educational campaigns)… In the future we won't have those problems. It is now being tackled at an earlier age…If anything, the Scottish government and parliament has helped this focus on alcohol misuse ….It is great for us…"*

This participant recognized that, world-wide, the Scots have been stigmatized as a group of carousing, alcoholic men and women. The post-devolution policies are trying to raise awareness of the breadth of the problem and change these stereotypes. Although heavy drinking and substance misuse might be part of Scottish history, they do not have to a part of the future. More detail about participants' views of working with families impacted by substance misuse is expanded upon in the next chapter, but participants' comments underscore their deep commitment to recognizing and changing Scottish problems. An academic participant, Sophie, reflects that distinguishing uniquely Scottish values in child welfare is difficult:

> "*…We are now just trying to tease out the differences between different parts of the UK, and I guess that we are finding that (it is) …obviously really difficult to pick out what is really happening… from political rhetoric …Hard to find out what is really different …*"

Participants also described a variety of positive features of Scottish culture embedded in new policies including strong collaboration and communication, and respect for autonomy and civic engagement.

**A Culture of Collaboration and Communication**

Another common thread that runs through participants' comments from the local authority level to the national level, is that Scottish people seem to work together more than their counterparts in the other nations of the U.K. This practice, referred to earlier as 'joined-up work' has increased since devolution and was also noted by academic participants as being unique to Scotland. Colin, a child welfare supervisor notes: " *We don't do anything alone…we usually are consulting (with others)….*" . Field notes from the interviews would confirm the heightened level

of comfort with collaboration. In almost every situation participants shared office space with others, and appeared reasonably comfortable talking in front of their colleagues, or engaging their colleagues in the interview questions. There was a sense that inclusion of others' views and others' presence within the same physical space was the norm.

Given the emphasis on collaboration, it is understandable that many of the participants noted that extensive dialogue is required in Scotland before new initiatives are accepted. This was another common thread connecting participants' comments about direct practice and policy development. Participants uniformly viewed the increased emphases on discussions, respecting others' views, and collaboration as a strength. Participants in this study noted that a key aspect of new child welfare policy was clarifying multiagency information sharing since there had previously been considerable confusion about appropriate boundaries of confidentiality. Concerns about confidentiality seemed to be related to confusion about how to integrate dialogue and community input with the family's concern about gossip, and new guidelines about confidentiality have been created. Sophie, an academic participant suggests that perhaps Scotland's small size is a factor because, *"... Scotland is so small you see that everyone knows everyone..."*

Francis, a direct practice social worker, recognized that the new Scottish government was reaching out to communicate about policies and practices with people within local councils. However, it may not be enough, and she would like to see even better methods for communication between councils, and also from the councils to the new central government. The emphasis on communication has also been reflected in participants' comments about incorporating evaluation and feedback, yet another common thread that runs from direct practice through to policy development. Participants were concerned that at least where communication

went upwards toward the Scottish government that it wasn't enough. Heather, an experienced child welfare supervisor clarifies:

> "*We also have anxiety about the central government levels. The government has been in contact with their 4 learning partners,(councils that agreed to pilot/evaluate new initiatives- also called 'pathfinders')… but haven't yet made active contact with all the other local authorities in Scotland to find out how their programs have been developing over the last 5 years, but also to see what type of support it can offer those local authorities. There are 32 local authorities in Scotland, and they are only looking at the 4 abounding partners (councils that have agreed to focus on specific reforms) and (Y) as a pathfinder… There is a lot of information out there that they are just not capturing. One of the anxieties is around the need to have continuing communication between government and all the local authorities because every local authority has at least started to implement GIRFEC in some way."*

Heightened anxiety about communication with central government, and between local councils reflected in Heather's comments may result in part from the historical disconnect between the Scots and Westminster. Prior to devolution, many decisions were made by central government in London and there was little direct contact between local Scottish communities and policy makers. Conversely, many policy makers were unaware of the impact of new policies on local communities in Scotland. Heather's comments may reflect a desire to not go down that path again.

**A Culture of Community Autonomy**

Given the Scots' ethos of heightened communication, dialogue, and collaborative work, participants' emphasis on autonomy may be surprising. Yet, participants' comments suggest that their view of autonomy isn't so much aligned with individual rights as the local control of governance. Defined by *Chambers's Twentieth Century Dictionary* (1966), autonomy is the ''…power or right of self-government or partial self-government, and the doctrine that the human will '… carry its guiding principle within itself." (Geddie, 1966, p.70). Autonomy in Scotland isn't synonymous with concepts of individualism, defined as "independent action as opposed to cooperation" (Geddie, 1966, p.540), that is sometimes underscored as a value in the United States. Rather autonomy in Scotland, as it is applied in the child welfare context, seems to hold to the belief that local communities and councils are able to work cooperatively to determine procedures, practices and joint efforts that reflect the needs of the families within their communities, and that central government should support those efforts. As Louisa, an academic with expertise in international policy described:

> *"…Scotland is very keen on decentralizing – giving power back to the local authorities. So some of the local governments in Scotland are actually very powerful and have the ability to act very autonomously…"*

At the national level, devolution set Scotland apart with the freedom to expand on significant statutory policies developed to respond to issues impacting Scotland. As mentioned in chapters one and two, Scotland's historical struggle for autonomy has been significant. Sophia explains that since devolution the Scottish government has transferred considerable power to

implement new policies to the local councils where, in turn, they provide the government with their councils' goals and are subject to an annual review and inspection. Sophie helps clarify:

> *"Yeah, so the first thing that the Scottish National Party representatives did when they came to power was to devolve all the centralized budgets out to the local authorities saying… 'We'll give you all the money and give it to the councils and say you do what you want with it and just report back to us.' So you get very big councils like Glasgow and Edinburgh, and they will introduce a form of GIRFEC, but it will be their form"*

The government has also allocated the bulk of the monetary resources directly to the respective councils for administration of their identified goals and services. Gordon noted that the significant level of local control of financial resources in Scotland was unique when compared with the other nations in the U.K. Participants appreciated the flexibility to develop interventions and services that respond to the needs of their communities. Interventions found in rural communities may look very different from those found in urban areas like Glasgow or Edinburgh. The enthusiasm for concepts such as ''local ownership" of their service plans was mentioned by several participants. There were also numerous strategies designed to engage others in the community, including parents and children, in joint activities that would enhance collaboration to create services, and a path for implementing new policies.

This characteristic of autonomy, which supports parents' voluntary participation in services within their councils, is also reflected at the national level where the implementation of GIRFEC and other new national policies is voluntary, rather than statutory. This did raise concerns from several participants, because local implementation of policy across Scotland could lead to unbalanced initiatives across councils – essentially missing vulnerable children and families in some regions. For example, Louisa explained there seemed to be a significant reliance

upon health care workers, typically health care home-visitors, to perform well-baby assessments and facilitate services for new mothers. Since home visiting services were not being uniformly implemented within all councils, or during regular intervals, Louisa voiced concern that issues with infants and young children might be missed during this critical stage of development:

> *"One thing that worries me where it is very reliant on health picking up the child …There are other parts of Scotland …where health visitors only visit until the child is 6 months and then do an assessment... If there isn't any concern in the assessment then that is it – they have no further contact with the child. So unless that child is in nursery at 6 months then there is nobody there to pick up the risk as far as I can see"*

One safeguard that the national government has put in place to discern significant discrepancies between councils that might result from diverse implementation of policies has been regular inspections by the government. The 15 National Outcomes also provide the councils with guidance (see Appendix H). The goal is to help identify any glaring problems at the council levels and would also provide recommendations for improvement.

It seems that even at the national level, an autonomous process focused on dialogue, collaboration, and voluntary implementation is important even when it initially involves significant resources of time and staff. Heather's experience with developing child welfare training has given her important insight. She reflects:

> *"…It is important that people can see that they are not being done to – if you like – but that their comments are actually part of the larger picture of shaping of this process*".

**A Culture of Civic Responsibility/Public Awareness**

Participants also underscored another strong characteristic in Scottish culture, civic responsibility. The children's hearing system and the voluntary lay participation on the panels

are striking examples of a deep commitment to civic duty, reflecting the belief that individual participation can make local communities a better place for families. Some large urban councils have many children's panels, and the representation on the panels is intended to mirror the demographic characteristics of the local neighborhoods that the panels serve. Emily works in a larger council and clarifies what the commitment entails:

> *" You know in the children's hearing system you would find that particularly high end vulnerable children would be in a supervision order (required to be monitored by social work) that would be imposed by a panel, but would not be in the criminal justice system. That is connected to the fact that we have the children's hearing system in Scotland….Something like 120 panels (meet) a week…Yeah…it is significant business because we have children on supervision living at home, and have statutory children living away from home. All of those children are subject to ongoing review. They will all be going through the panel system so a significant amount of business goes through our children's panel review….Each area has their own panel and panel chair and members, and basically a rotor (panel members take turns serving e.g. one week on/one week off) through the panel. The business is managed through the Scottish children's reporter and each is responsible for how the panel operates and reports for calling the hearings …there is a significant amount of business going through there…"*

In another, much smaller council, there were a reported 33 elected volunteers serving on the Children's Panels (McBride, 2008). When there are so many lay people involved in understanding the issues that are impacting vulnerable children and families, the natural outcome is raising awareness, in a very grassroots manner, of the types of services that should exist in a community to support families. Participants mentioned that public awareness campaigns, or

"road shows" are often used to increase awareness and civic involvement in new policies, or a social problem impacting Scotland.

One particularly troubling challenge reflected in the Scottish commitment to civic duty and public awareness was related to child welfare reviews. In Scotland the child welfare reviews are public. A committee is appointed by the council to review the facts of the case and summary details, and then a report is issued by the committee. If a special review must be called in the event of a tragic incident or child death, then it will likely be picked up by the Scottish and U.K. television, resulting in media sensationalism. During the time the interviews were being conducted in Scotland, there was a public review of a very serious abuse case that had occurred in Northern England. Even though the incident was not in Scotland, the counties where the abuse occurred were close to the border, and the report of the review was prominent in the U.K. Media covered details of the lack of intervention by social services, along with a public apology to the children, now adults, made by officials in social, health, and education services. Participants worried that increased media attention in these types of high profile cases would undermine the positive strides made in practice. Politicians could react and require reforms in the system before the positive results of the current changes could be documented. They also shared the feelings of exposure they personally face if something goes awry. Katherine is a direct service child welfare worker in Lomond Council and shared some of her concerns:

> *"…If a child dies…everyone becomes more procedural led… It makes you a bit more wary…You tighten up on your system…and every time it happens you actually bring more systems in because you are never good enough…The child that dies …The high profile ones you tend to know what is going on with them, but it is the ones that come from nowhere…It is 'gosh...how did that happen?'"*

Part of Louisa's role is to conduct reviews when a tragedy occurs, and she noted a similar frustration with media coverage:

> *"…Yes, you know a baby dies… and there has been all this work done to improve the system and the minister (government official) just says, … 'No we'll just change the system' …In Scotland there has been an attempt to try not to do that, and there has been a trend to have a heartfelt change to the system …."*

**Child Welfare and New Devolution Policies**

When participants were asked about the impact of new polices since devolution, several mentioned that the volume of new policies that have come in rapid succession have been challenging. Colin and Eileen described that initially there was "*…Confusion…chaos…duplication…knee jerk reactions….accountability…".* Some professionals viewed certain changes as necessary because the system was already highly focused on prevention and doing well. However, policies such as "It's Everyone's Responsibility to Make Sure I'm Alright" and "Getting it Right for Every Child in Scotland" were embraced by most participants because they propelled Scotland's child welfare system toward a holistic, preventive approach that includes all families with children from birth to age 18. Participants also viewed the policies as improving evaluation, and information sharing to assure that anticipated outcomes are on target.

Participants discussed the "Concordat", the agreement laid out by the Scottish government describing focal policies and procedures. Many participants expressed the belief that this expanded commitment to the whole child would increase the momentum toward prevention at local levels. As Isabella explained:

*"…The Scottish government …established a Concordat that sets out the national priorities…So there is a framework about the commitment at the national level with priorities that filter down to the local authorities themselves. The local council's single outcome agreement is their framework for the local areas and their agreement with national government. That(agreement) is how they will use funding for the local context so they can determine priorities... Scotland's councils will have different single outcome agreements about… ,for example, children and young people, so it will be interesting to see the different outcomes of that…"*

The Concordat provided the framework for new policies which allowed for flexibility in implementation at the council level. In turn, the councils each provided a document outlining their steps towards the goals that participants referred to as "the single outcome agreement". In child welfare, the post-devolution framework requested new roles and responsibilities from a multidisciplinary group of professionals. It also sought to increase the likelihood of participation from volunteers within the community and engagement of academics to facilitate providing research-based information, evaluation, and trainings.

**New Policies Focus on Child Well-being**

Sophia clarified that at least part of the impetus for new policies in Scotland, such as Getting It Right for Every Child in Scotland (GIRFEC), was the realization that, in recent years, professionals were referring more cases to the children's hearing system rather than handling some very straightforward issues directly with the family. Some participants felt that, prior to GIREFEC, the children's panels were at the breaking point:

*"..It (GIRFEC) had an impact on lower numbers being referred to the children's hearing system, and that was a one of the reasons behind it because there were huge numbers going into the hearing system which was swamping it. So it has had an impact ...now there are health and education sort of working with problems before referring them on to the hearings..."*

Gordon characterized new policies as helping Scotland refocus on important values:

*"...Parliament and the Scottish government are particularly child centered, young people, and family focused...They do view the child at the center ... The future is GIRFEC ...where the child is at the center. The Scottish government is promoting it (GIRFEC) and it has been around for a number of years... every authority is trying to insure, for instance, the one-child-one-file, and that the child is at the center ..."*

Although participants viewed the new momentum to holistic prevention as strengthening the system, they acknowledged that there had been some major challenges with implementing some of the recommendations. For example, the innovative idea of a lead professional to engage other professionals in multidisciplinary work with the family sometimes resulted in over taxing social workers. The concept of the lead professional, and the one-child-one-family-one-plan approach was viewed as positive in that it incorporates a respectful, family-strengths based method that is responsive to all family members. The lead professional is a person that the family knows well and respects as a facilitator for navigating services. Nevertheless, participants noted that there was considerable confusion about the intended duties of the lead professional. In one council, the police force was supportive of GIRFEC, but made it very clear that their police officers would not take on the role of lead professionals. Others, such as teachers, were

concerned that they would not have adequate training for the role. In Ness Council, Claire pointed out that until those concerns were put to rest and after additional training, there was a fear of having to do considerable work:

> *"…The thing is that the kind of responsibilities what we have prescribed for the lead professional don't have to be that onerous because it is a single point of contact for the family… It is their responsibility to get people together, follow the plan, review the plan. It isn't enormously onerous until you get to that point of providing large scale legal documents…The point where people have to provide large reports, then people tend to duck for cover because there is the expectation that the lead professional will pull together the report...."*

Additional guidance from the Scottish government, as well as council level trainings, helped alleviate some concerns. However, many participants acknowledged that it was typically still social work that was taking on the lead professional role. New policies highlighted key areas of concern for Scotland such as substance abuse that, in some cases, had been ignored for centuries. They were nevertheless controversial because they presented implementation challenges at the council level. In Ness Council, Colin shared that, building consistency focused on new policies, across the councils was still challenging:

> *"…It is difficult to separate it out from what you would like to see and what will happen…I would like to see (our council) staffed with a new team and a majority of child protection from start to finish so there is consistency. One of the areas where (our council) has been weak is a consistent approach. So there is a chance (with new*

*policies), to be consistent. So for me that will be nearest to get to the best for children and family …that is my hope…"*

Claire, who is from Ness Council, also discussed implementation challenges which resulted from problems with cross agency communication and collaboration. She went on to describe how these issues are addressed through aspects of GIRFEC which emphasizes the synthesis of education, health, housing, and counseling in one comprehensive plan:

*"GIRFEC … is driven by a study that was published in 2001 that was called 'For Scotland's Children' and what that study demonstrated was …many things… but what it showed was in the experience of practitioners, and of children and families, there was poor level of collaboration and cooperation between different agencies providing services. This (resulted in) a great deal of inefficiency, people working across purposes, communicating poorly. So, a poor experience for people using services but also poor outcomes.…This was not a satisfactory experience either for the practitioners…It pointed toward the need for a greater integration of services. … GIRFEC is trying to improve outcomes for children and families by improving the quality of collaborative work between services such as education, social work.… Lets look at how they work together...to reach a shared understanding of what the child's (whole) needs are and the way they plan together…So rather than children and families feeling as if they have several different plans…where each of those plans are 'owned' by several different agencies working for the child, there is a single plan for each child. It integrates all those activities because the people who are a party to that plan are collaborating more effectively…This is the theory… That there is less chance that there are different elements*

*to that plan that are working at cross purposes. So it is very much about the quality of collaborative work across services,and it also improves outcomes for children..."*

Several participants mentioned post-devolution policies that also included the unique needs of young adults. In Scotland, and most of Europe, many students leave school at age 16 shortly after they take their comprehensive academic exams. For students who do not fare particularly well on the exams, and their parents do not support their continuing in school to try and improve their exam scores, options other than joining the general labor force, or military service are limited. The vulnerabilities of these adolescents are also being addressed in the new policies. Gordon notes positive changes:

*"...Where the previous government and parliament ... had an attitude that young people cause problems... This (devolved government) has said ... "No..no... there are more crimes committed against young people than young people committing crimes ...Young people may not have all the opportunities and we need to provide them.....They will tell us what they want"...For example, someone walks out and sees there are five young people all standing around talking, and they might think they are up to no good, but they might just be standing around talking about school... This parliament has taken away this labeling of young people... "No ...let's engage with young people let's provide more opportunities for young people". ..*

**New Policies Focused on Assessment, Evaluation, and Data Management**

Participants noted that the emphasis on autonomy embedded in the new policies makes it critical that mechanisms are in place to guide councils when deciding where to put their primary focus and resources. From direct practitioners at the micro level through to policy makers at the

macro level, participants emphasized the importance of making information widely available so it can be useful for policy development and practice. Their comments suggested that there has been considerable progress along this continuum since devolution.

Several participants in both councils described their efforts to identify better ways to evaluate outcomes of new policies, provide assessments, gather data and share information. The academic participants interviewed were involved in new initiatives that facilitated sharing of child welfare research in Scotland among professionals, and also with the other nations of the U.K. Efforts include a network of interdisciplinary colleagues collaborating on research assessing GIRFEC recommendations. Participants viewed a strength of this research as the responsiveness to practice and accessibility to practitioners working with children and families. Resources and information are made widely accessible via a dedicated website, and there are regular collaborative meetings between network participants to advance common projects. A nationwide distribution of surveys has been collected from practitioners to clarify topics and issues that are important to them. Newer activities include providing regional trainings to practitioners and local authority administrators on those topics.

Located at Edinburgh University is the Centre for Learning in Child Protection (CLiP), which is funded by a large charitable organization, and examines post-devolution policies of all four nations of the U.K. The centre supports research, dialogue, and dissemination of changes in child welfare practice, and hopes to track the impact of new policies at the regional level. There were other new data tracking initiatives at the local levels, which are independent of any national effort. In both Ness and Lomond Councils, staff positions have been created for managing evaluations and also for creating user-friendly resources for sharing information between

agencies. Isabella reflected on positive collaborations between evaluators, researchers, and child welfare professionals:

> *"Part of the conversation was, 'What enables you to use research?..., What is a barrier to using research? What do you want? What will help you?'...Part of that is not surprising, ...but part is even having access ...There is a kind of a momentum ...People want to be involved in that scholarly work..."*

One common area of concern among participants was the increased burden of data and information sharing on practitioners. The growing amount of paperwork takes time away from working directly with families. This problem has been given significant consideration in new polices focused on assessment. There is talk of moving to an electronic system of reporting but, as Sophia mentioned, it is still *"...early days...Everyone is struggling with it... There hasn't been a smooth transition...Some people are using a paper system...Some a paper system with an electronic system..."*.

The issue is likely more complicated than simply moving from a paper-based system to an electronic system. Several participants mentioned that the Scottish National Social Work organization has identified too much time in front of computers as being a significant problem for direct service social workers. In Ness Council the participants discussed an electronic system they were developing that has started to track looked-after-children (LAC, are children in foster care, residential care, or living at home with supervision). The new system being explored would replace duplication of paper files and forms and provide a single, secure, web-based file for looked after children accessible to all professionals working with the looked-after-child. Rather than each professional completing their own version of assessments and required forms, it is

anticipated that the electronic version would provide a more comprehensive view of the child's progress in a variety of interventions. While this concept is new, and still very much in the development stage, professionals in health, education, and other agencies are seeing the benefits of providing information to a central location. They are now seeking more advice about appropriate assessment tools to use for different situations and documenting outcomes. Julia explains further:

> *"We also have a social worker up at the hospital who works with a pediatric consultant. If... perhaps a child has come in very drunk and only 12 years old... So social workers would want to be referred there and ...she (social worker) has been coming to me a lot because they are not a LAC, may not be a CP (Child Protection) case, but she feels like she would like to track these children. She works with them generally on a 3 month basis and then if there is still a problem will transfer them back to the area team."*

In the beginning, participants noted it was difficult to get some of the caseworkers really involved in trainings to help them understand how the evaluation and data management system worked. For example, new evaluation techniques support the idea of regular feedback from parents and children that is much more than filling out a satisfaction form sent by mail. Participants stressed the importance of social workers meeting regularly with parents, talking with them about key criteria, goals, and their perceptions of progress. Critical benchmarks and details of the plan are entered into the data management system which helps to track progress and potential gaps in services over time. Isabella clarified that when data are entered consistently it has helped identify regions of the council that may be under-resourced for certain problems, such as insufficient resources for parents struggling with addiction. The council can then shift resources to programs that intervene in those areas. Feedback from caseworkers and others

attending the trainings suggested that many still felt uncomfortable with new evaluation and data management approaches. Considerable effort had been made to be responsive to their requests and adjust the training content accordingly.

**New Policies Focus on the Child's Voice and Assessment.**

A number of participants underscored the importance of the child's voice when discussing assessment reflecting the high value placed on the principles of the Convention on the Rights of the Child (1989) and the Protection of Children Scotland Act (2003). At the micro level, children's views were included during initial risk assessment meetings with family members, but were also considered important at the macro level and in national reviews and assessments. Isabelle, a participant at the academic levels described including children's viewpoints as *"...a core part of the legislation commitment and policy.*" Heather at the direct service level also noted:

> *"...One of the things that we talk about ... is communication right from the very beginning about the issues. If you as a worker find the child has needs then you have a duty as a worker to talk with the child..."*

Although the emphasis on including children is based officially upon GIRFEC, other participants felt that it may have also been propelled by some high-profile tragedies that occurred where adults missed important cues from children. Subsequently, enhanced techniques for including children in developing their own service plans, such as the using assessment tools like the "My World Triangle" that encourages engagement of the child and family in conversation have been helpful. Also, formal evaluations conducted at the council and national levels, have been undertaken where direct practice social workers are encouraged to meet with children and

youth individually to get their feedback. At the national level, youth focus groups and the children's hotline have provided greater voice for children's ideas. As Sophia and Louisa clarified:

> *Sophia -"The thing that you mentioned too about the children being involved in the evaluation…the new inspection are also involving children…*
>
> *Researcher – Is that new?*
>
> *Sophia – Very*
>
> *Louisa – I don't know I worked for the social service team several years ago and they involved children. But it wasn't done well – there wasn't a proper way of doing that …they used to just give them a questionnaire and that was it…"*
>
> *Sophia – Yes but now it is being done meaningfully …Taking it more seriously …It isn't perfect but they are trying..."*

**Centering Interventions on Scottish Children and Families**

A least part of the impetus behind Scotland's devolution was to respond directly to the social problems impacting Scots. The Scottish government has made it clear that being able to focus on locally understood Scottish problems is critical for successful interventions. Three primary issues – poverty, substance misuse, and the future economic climate – were mentioned frequently by participants when discussing newly developed initiatives. Participants mentioned interventions that reflected a shift towards allowing councils to focus on services and supports that would be most useful for families in their councils. These interventions include involvement from both the statutory social workers and voluntary organizations and case workers.

In one large urban area participants described family centers as important tools for intervening with parents. These centers offer a variety of services ranging from parent education classes, to more in-depth counseling. Early childhood intervention, and educational supports help parents improve employment opportunities. Participants considered enhancing parents' employment opportunities as critical because poverty was a particularly pervasive problem in this council.

Participants also mentioned the key roles played by voluntary/charitable organizations in providing support services. For example, one charitable organization works with youth over the age of 12 and had a number of projects related to teens/young people in several councils in Scotland that were adjusted according to local needs. Sometimes volunteer programs pick up where statutory social work leaves off and, for example, provide home visiting help to assure that there is food for the child, and there isn't evidence of neglect or abuse. These types of charitable programs facilitate children's ability to remain at home with their parents.

However, Francis shared frustration with situations where an assigned statutory social worker totally quit seeing the child once the charitable program has interceded. She clarified that sometimes a case can turn for the worse. If that happens, and it requires another referral and getting the social worker involved again, it can be very difficult for the family to rebuild that relationship with the social worker.

Julia was particularly excited as she mentioned several new programs offered by charitable organizations in Ness Council, especially one focused on teenage carers in their council. These teens have been identified as having significant "carers" responsibilities within their families, either for a disabled or ailing parent, or one or more younger siblings:

*"…They (the charitable group) have picked up on identifying carers in the community…So (teachers might think) that this child is just a bad child, but they don't know that the child has a mum with MS and gets up at night to change the mother 3-4 times in bed because she gets bed sores…They don't know that…She gets a sister off to school…Then she goes to school, is tired, and is scared for the future…(Charitable group)helps them to deal…Works with the child… with what they are experiencing…The organization has a contract with the council, and they aren't very experienced yet, but it is something that I would like to identify because they are only very new...They want to set a focus group (with the children) so the children can identify … "How would you like to describe your life?...What kind of measure could we develop that would help you?" …Bring in another dimension ….their needs…and hope to incorporate that."*

Participants mentioned other programs focused on areas such as child advocacy. A unique program was specifically designed to include children's views throughout the child welfare process from the initial inquiry through, if necessary, the children's hearing or statutory process within the council. Another intervention program mentioned helped youth with the transition from school to adulthood.

### Council Context or Uniqueness

The close collaboration between organizations within a council, and the significant amount of financial resources forwarded by central government to the local authorities, gives councils a unique level of freedom to develop programs focused on their communities. This local control, which reflects the autonomous values discussed earlier, encourages a flexible range of new interventions consistent with Scotland's ethos and the diversity of the regions. Sophia noted:

*"…Local authorities here are so vastly different…Like Highland …it is this vastly different… rural, sparsely populated,…huge. Then Glasgow and greater Glasgow…incredible poverty… A social worker would have a very different kind of caseload in Glasgow than she would in the highlands of Scotland…"*

The collaborative efforts occurring within the Lomond Council illustrate context specific child welfare interventions. In this area a highly trained, family-focused police unit, where officers do not dress in uniforms but rather are "plain-clothes officers" helps with early responses to referrals and regularly collaborates with social work. Participants from this council mentioned that at least part of their recent efforts have been to develop, in collaboration with the family police unit, a better joint investigative process that includes social work and health workers. The joint effort resulted in creating a method to video record children's interviews. If child testimony is required, the child only provides it once. The joint information meetings that include social workers, police, and health workers are mutually enlightening. Police have knowledge about parents' or other family members' criminal activity, such as substance misuse. Health workers may have a thorough history of the child and parents know if, for example, the child has a history of showing up at the doctor with bruises. In the case of a young child, medical records could clarify if there had been adequate early health care.

The collaborative efforts of professionals in the Lomond Council are not without challenges. Katherine, a direct practice social worker, often has the responsibility of pulling the team together for a meeting and noted that getting educators involved at the initial information meeting was a little more difficult because of the challenging school schedule that often conflicts with the work schedule of others involved. Also, when a referral is first issued, the team may not know if, or where, the child attends school. In this particular council the police officers with the

family unit were typically responsible for interviewing the parents and making a determination if criminal charges were necessary, but social workers were responsible for the initial interview with the child. Katherine also mentioned that sharing the one-child-one -meeting responsibility was sometimes challenging because the police assessment has a different focus than the social work assessment. Police are looking for any evidence that a crime has been committed and then corroborating that evidence, while social workers are looking at risk to child safety, and then what the parent is doing to mitigate any risks. Trying to balance the two approaches may be difficult, but Katherine clarified that very few cases went to the sheriff or court system. In most situations the case remained with social work, or was referred to the children's hearings, and often it was the family police officer to refer the case to the hearing.

Collaborative efforts across professionals also occurred in Ness Council but the nature of these collaborations was somewhat distinct from those in Lomond Council because of the local history of relationships between, for example, the police and social workers. In Ness Council, participants mentioned that the police within their council had traditionally not worked collaboratively with social work. When GIRFEC policies were first introduced, with the recommendation that a lead professional might come from an agency other than social work, the police leadership clarified that their officers would not take on that responsibility. In this council, the police officers play a more traditional law enforcement role with child protection than in Lomond Council. As applied to Ness Council, GIRFEC, and other new policies enhanced integrated multi-disciplinary work that included police but also health, education, housing, social work, and the voluntary sector. The concept that children are "everyone's responsibility" was a fundamental focus of the new initiatives in Ness Council. A new effort of social workers to collaborate more effectively with police included sharing of office space and providing

additional training to work with referrals that might need police investigation. Furthermore, the council embarked on construction of a new building that would jointly house social work, health, and police under one roof. During the time the interviews were conducted, the social work investigative team and police had begun to temporarily share space in the old building.

Shared office space for multiple council agencies was viewed by participants in both councils as a strength that would eventually enhance communication between agencies in a preventive approach. However, professionals from Ness Council did mention that the sharing of the temporary space had initially been very difficult, and included little irritations such as getting keys for social work staff to get into the office, and making sure appropriate people were contacted to move furniture. They recognized that although the collaboration would never be perfect, it was improving, and the initially tense issues with early collaboration would be resolved by the time the new building was completed.

In Lomond Council, the social work teams had also been organized in a space sharing arrangement where social work team offices were located in the public schools. One of the interviews was conducted in a newer school. The social work offices were accessed through the main school entry, and the team appeared to be embedded within the rhythm of the academic structure. The plan to share space with education actually started when the new schools were being designed before devolution. In this council, the statutory social workers are organized into teams where each team has a unique focus and then they have a 'rotor' system (revolving responsibility) to respond to referrals and investigations. Even though devolution has changed their focus slightly, Katherine felt that the team had benefited from the space sharing in the new school because they now collaborated more closely with education and were more accessible to children and their families through the school environment. She has found this particularly

helpful for working with families facing unique stresses such as having a child identified with a severe disability:

> *"…But life has changed since then (pre-devolution vs. post-devolution). .. We were left with all these offices… We could have based in any of the schools because we look after the whole of the council, but the disability part of this is good because this school had the children identified with disabilities… we have a nice outlook here…"*

The autonomous implementation of new policies has raised concerns by participants in both councils. They worry about the uniformity of interventions across councils and the consistent adherence to evidence –based practice. Participants mentioned concern about providing adequate and consistent risk assessments that were seamless across councils and monitored in a manner that would identify children at risk if their families moved to another council. The child protection register and databases being developed may help track particularly vulnerable children. There was also the suggestion that councils, working in isolation from other councils, may develop their own unique hybrid approach that might have serious gaps in important interventions such as with prenatal and newborn home visiting.

Participants felt that it was still very early to say anything decisive about differences in child protection policy or outcomes between councils, or among the four nations of the U.K. However, academic participants, Sophia and Louisa, noted that the multi-disciplinary or joined-up work to develop interventions, and the provision of resources to local governments, to fund the programs of their choice was unique to Scotland. They also felt that there seemed to be a greater focus on feedback and evaluation about the programs when compared to other countries. Several participants noted a desire to learn more about what was happening in other regional

councils as a desire to strengthen consistency of programming across councils. They felt that the evaluations would be instrumental.

## Summary

New policies focused on the needs of Scottish families have been essential for providing a solid grounding for many aspects of Scotland's devolved government, but particularly in child welfare and family policy. These policies have been built upon a system that was already focused on prevention. The policies have further enhanced a holistic, developmental approach inclusive of the child's family, community, social, and emotional development. Within that context the policies have been highly targeted toward issues that have plagued Scottish society including poverty and substance misuse while incorporating Scottish values of autonomy, and civic engagement.

The rapid changes over the past decade have been confusing at times for all involved, but emerging from the challenging environment have been unique interventions that reflect the diversity of the councils and their needs. New initiatives have focused on increased collaboration, evaluation and assessment, and prioritizing children's views. Advances made to increase collaboration between the multi-disciplinary professionals working with families and children have been highlighted by the one-child-one-meeting concept designed to bring together a single plan facilitated by a lead professional close to the family. Some councils are taking a new look at how electronic systems can facilitate their collaborative work, help with risk assessments and identification of children most at risk. There is still resistance to a computer-based process, that may detract from social workers' abilities to directly engage with children

and families. The next chapter will focus more closely on new policies and practices associated with parents' substance misuse and child safety.

# CHAPTER 7

## SUBSTANCE MISUSE: THE SCOTTISH FAMILY AND A PATH TOWARD RECOVERY

*"Transparency – telling them first and foremost why we are concerned, what has occurred… For example, substance abuse. I have yet to meet any man or woman that accepts the problem until it is at the chaotic stage… 'Ach'…they say, 'I'll only take a wee drink',… What's a wee drink?...One or two a day? … ' I'll only take one bag of heroin a day'…They tend to minimize the problems because they don't want the council to get involved …So…the children are missing the care...there might be no dental…They are missing skills …parents can't get them up to go to school…Hygiene problems…they are being scape-goated by other children…They are getting behind the other children…They are hungry…"*

Gordon's comments reflect the reality that child welfare workers regularly confront. Parents with substance abuse issues can undermine their children's healthy growth and development. At the national level, the Scottish government has taken responsibility for tackling embedded problems such as substance abuse that many argue are undermining Scottish society. The new policies and practices that focus on addressing substance abuse are clear examples of how the national government, in partnership with local councils, is confronting such complex issues. This chapter will describe participants' views of the impact of recent policy changes related to substance abuse and the relationship characteristics social workers feel are important to engaging parents struggling with addiction. Participants often described these families as difficult to work with because of the chronic nature of addiction and the spectrum of issues impacting the family. The chapter responds to the third research question: *What do*

*knowledgeable professionals describe as characteristics of effective relationships with difficult families, and how have new policy initiatives impacted child welfare with these families?*

**Tackling Addiction in Scottish Families.**

Shortly after devolution in 2001, *Getting our Priorities Right – Good Practice Guidance for working with Children and Families affected by Substance Misuse* (2001) provided an overview of substance misuse in Scotland and its impact on families in the context of the country's child welfare policy and practice. The data identified trends towards the onset of substance misuse during the teen years, and links between substance misuse and unemployment, and poverty. Of particular concern was the substance misuse of pregnant women, and insufficient interventions during maternity care. The document also raised awareness of the risks to children from parental substance misuse including poor educational and behavioral outcomes. The report challenged the "enshrined"(p.9) parameters of confidentiality suggesting that current practice guidelines were undermining multiagency work and families' access to services. Practice examples were provided to clarify when, and how, professionals should ask for information from others to keep children and families safe. The importance of a home assessment was highlighted. Examples were provided of when a home may be unsafe for a child, and when multi-agency coordination could create the best service plan.

Louisa, a participant with direct child welfare experience now working as an academic, reflected that the report was in some ways timely but also too late. Shortly after *Getting our Priorities Right* was released there was a tragic death of a child that was a catalyst for another level of new initiatives:

*"A baby called Caleb Ness, died and he was only 3 months old...His parents were substance misusers and ... that tragedy actually sparked a lot of programs around substance misuse…".*

The publicly available review of the Ness case provides more details (O'Brien, Hammond, & McKinnon, 2003). When Caleb was pronounced dead at that hospital, the cause of death was consistent with shaken baby syndrome. Upon further investigation there was evidence of fractured ribs that likely occurred at several different times during the previous weeks. Caleb's mother had a 20 year history of substance misuse with two previous children removed from her care. His father suffered from a brain injury, misused substances, and had served prison time for a serious assault. There was a child protection conference while the baby was a few days old, and still in hospital, because Caleb had already been identified with neonatal abstinence syndrome based on his mother's methadone use. There was concern that he would be more medically difficult to parent which would increase his risk for maltreatment. However, the decision was made to release the baby to the mother's care.

The case review showed the involvement of professionals, including health care workers and a social worker, but there was no formal risk assessment conducted. Relevant information was not shared across disciplines, and home monitoring was not coordinated. There was also concern that some professionals, including the police, had relevant information about the risk to the child which they did not share with social workers and for which social workers did not ask. The report concluded that if there had been adequate risk assessment with multiagency coordination that Caleb would likely not have been released to his mother's care, or released only with daily monitoring by social work and health care (O'Brien, Hammond, & McKinnon, 2003).

Louisa noted that in the urban council where Caleb died, a new collaboration was formed between health care, parenting education, and education to connect with pregnant women, who were known substance abusers. The multi-disciplinary team would meet the parents, wherever the mother felt comfortable, to make sure that health and recovery issues were being addressed.

Then in 2004 another report, entitled "Hidden Harm", developed into an innovative public awareness campaign focused on the perspectives of children. It was designed to ignite the Scottish ethos of collective responsibility for caring for children impacted by parental substance misuse. The report focused on the issues impacting children from birth through adolescence growing up in a household where there is drug or alcohol abuse. It indicated that approximately 6% of the nation's children were being harmed by serious parental substance abuse and that the impact of alcohol misuse is largely under-reported (Scottish Executive, 2004, "Hidden Harm" p.2). There was a call for professionals to address the needs of children with a stronger child protection approach than had been previously indicated in Scottish policy and practice. Child welfare practitioners were urged to provide alternative environments for children, particularly in urban areas of Scotland where there were pockets of embedded social problems that included substance abuse, poverty, high crime rates and poor access to education or healthcare. They were also urged to work toward better multiagency participation and sharing of information in cases where children may be at risk (Scottish Executive, 2004, "Hidden Harm").

Many of the participants talked about the public impact of *Hidden Harm* in Scotland. Gordon, a child welfare administrator with considerable experience with substance misusing families, noted that the new policy caused quite a stir:

> *"Hidden Harm highlighted that there are between 60 and 70 thousand children in Scotland that agencies don't get to see because they move…have a transient life style …If*

*people trap (knock) at the door the parents say… 'They are out playing' …They (the children) are always out playing because their parents are always trying to avoid you speaking to the child …Because the child will say, "I'm not happy because my mum drinks", or "My mum is taking drugs"… That is the group that is hidden …because the parents are very good at manipulating …So it highlighted it to a lot of people… "Oh my God, there are so many thousand children…" It raised the profile and allowed councils to develop programs addressing substance misusers. …*

*It raised the profile, but also frightened a lot of people because there were those who argued based on Hidden Harm that every parent using alcohol or drugs should have their children removed. …That created a lot of debate… We (child welfare professionals) said, "If you do that then we will have half the population in Scotland in care and the other half raising them"…So we realized that now we can't accommodate every child but we need better assessments…"*

The report recommended creating an integrated approach of health and social services for pregnant mothers and routinely checking for substance misuse problems. It clarified that the infant's best interests are at the center of decision making and continued with an additional 48 practice and policy recommendations spanning children's development. The report also stressed the importance of parenting education that empowers mothers to identify risks and focus on protecting their children. It emphasized the role of nurses, at the early neonatal stages, and then connecting to school nurses as part of an integrated team. Consistent with the Scottish ethos of autonomy, Hidden Harm did not prescribe a specific model. Rather, it urged that initiatives "should grow from within the community, and should be targeted to those communities most in need" (Scottish Executive, 2004, "Hidden Harm", p.13).

Working with existing programs such as the early childhood education program called Sure Start Scotland is one way that a multidisciplinary approach centered on the child has been incorporated. Hidden Harm focused on the importance of assessment when determining if a child should remain in the home. If it is deemed appropriate for the child to remain in the home, then an integrated social and health support program should be in place, and monitored by child welfare professionals trained in substance misuse problems and interventions (Scottish Executive, 2004, "Hidden Harm" ).

Other participants noted that although there was initially some public grumbling and confusion about definitions of substance misuse, Hidden Harm sparked a variety of local initiatives to respond to an array of addiction issues. Beginning with families of young children and then continuing on through children's developmental stages, the programs have every likelihood of showing promising outcomes over the next decade. Hidden Harm became a catalyst for a national discussion about substance misuse. Isabella, an academic participant involved with tracking public policy, notes:

> *"So Hidden Harm is undertaken by the advisory council for substance misuse and it is basically a mapping of actually what is the effect on children of parental substance misuse. But it actually post-dated related work in Scotland... It (substance misuse) was already on the agenda to some extent. They had already developed 'Getting Our Priorities Right for Children'...So they had a strategy, but (Hidden Harm was developed) to embed that within practice and raise awareness of the potential effect among children."*

A research report entitled "Drug Misuse in Scotland" (Brown & Bolling, 2007) further heightened awareness of substance misuse to document the numbers of families impacted by

parental substance misuse. A nation-wide survey was conducted and households were selected randomly using postal code addresses. Within each household, one adult (aged 16+) was randomly selected to participate. Results indicated that 37 % of respondents aged 16-59 indicated that they had used an illicit drug in their lifetime. It also noted that current drug use was higher in Scotland than in England or Wales. Cannabis was the most widely used drug, then cocaine, ecstasy, and much less frequently heroin and crack cocaine. The surveys indicated that 76 % of the respondents who reported that they were lifetime drug users noted that they had started using with cannabis. More than 50 % of lifetime use respondents begin using between the ages of 16-19 with 26 % starting under the age of 16. Of the people reporting drug use within the past month, approximately 47 % reported that they used drugs on a weekly basis, and 21% indicated daily drug use (p.3). Overall drug use was higher in lower socio-economic groups, and younger age groups. The results of this survey likely under-estimated substance misuse since chaotic or habitual drug users were likely not living in the areas targeted for the survey, and alcohol use was not included in the survey (Brown & Bolling, 2007).

Building on the results of this report and earlier documents, the Scottish Government embarked upon a new approach in 2008 called "The Road to Recovery". It shifted emphasis in several important areas. Gordon explained:

> *"They (Scottish Government) have invested and then it is up to us to prioritize what we should tackle. So the bigger agenda is substance abuse. Now we have "The Road to Recovery" that has come down from "Hidden Harm"…The major document for every one is The Road to Recovery…(which clarifies that )… the biggest problem in Scotland is alcohol abuse. The government has said we are going to invest resources through the local authorities to try and address that…So a lot of creative polices have been proactive*

*and have also backed it up with money, but in this climate [where financial resources are shrinking] it is particularly difficult.*

The sweeping new direction of The Road to Recovery refocused interventions on substance misuse around the 15 National Outcomes which were developed by the Scottish Government to highlight Scottish values and translate them into broad goals for the next decade. New initiatives in all areas of Scottish life including health, education, and the economy can then target their development around the National Outcomes (see Appendix H). In the area of substance misuse the National Outcomes were targeted in several important areas. First, it focused on prevention including stopping the flow of drugs into communities, and the creation of an organized crime task force. In response to the public concern that drugs were making communities unhealthy, money confiscated from drug dealers was given back to the community to build new projects for children and youth. For families there were several levels of new initiatives including a parent campaign with information to encourage parents to talk with their children about drugs, and a hotline to call with questions.

There was also an increased monetary commitment to rehabilitation programs. There was ongoing support for programs for families dealing with substance abuse and poverty since the connection between the two was now irrefutable in Scotland. There was also increased focus on identifying risk for children living in these homes (Scottish Government, 2008, The Road to Recovery). Councils would incorporate their own unique plans into Single Outcome Agreements (SOAs) provided to the Scottish Government and evaluated annually.

The creation of new initiatives such as "Getting it Right Learning Communities" has encouraged multi-disciplinary collaboration of professionals and laypeople to develop thoughtful solutions to local problems. Many councils have responded through expanded programming that,

for example, publicly value young people for positive contributions. Other programs focus on understanding substance abuse as a disease. There is now greater public awareness of the growing number of people successfully in recovery. In addition, a new electronic database was created, and a commitment made to record the results of an investigation of every drug related death, rather than just "count numbers" (Scottish Government, 2009, "The Road to Recovery: One Year On" p.8). Efforts such as this are intended to change public attitudes toward addiction and substance misusers by highlighting addiction as an illness, and social care that values the individual. Gordon continues to explain the broad impact of this new direction:

> *"The Road to Recovery" is a major document and shows how we all work together. From that they created alcohol and drug partnerships …so that every authority in Scotland needs to have an alcohol and drug and agency partnership. …Multiagency could be social work…police…housing …youth services…you name it. Everybody has part of that partnership on "The Road to Recovery". Within their own community they try to …work on the objectives and …decide what resources need to be allocated".*

Building upon these initiatives was the growing awareness of the impact of alcoholism on Scottish society. A document called, "Changing Scotland's Relationship with Alcohol: A Framework for Action", was developed in 2009 to highlight the unhealthy consumption of alcohol in Scotland. Gordon has been involved in the national level discussions, as well as implementation of initiatives within Lomond Councils:

> *"…You can have some people misusing alcohol who are very well meaning, but the stress of their job means they have a couple of bottles a night, every night, and they don't have control of their senses.… The Scottish government is working to stop substance misuse or abuse over the next 10 years. Within that there was talk of (setting a minimum) price of*

*alcohol…Moving the age range of when you could purchase alcohol …Making more addiction clinics…"*

This report acknowledged that alcohol is a part of Scottish life and the economy given the many whiskey, gin and beer distilleries in Scotland. However, it also recognized that many Scots were not aware of healthy limits of alcohol consumption with more than 50% of men and 30% of women exceeding normal weekly guidelines based on public health recommendations. There were 40,000 hospital discharges in 2007-8, due to alcohol, and alcohol related mortality has more than doubled in the last 15 years (Scottish Government, 2009, "Changing Scotland's Relationship with Alcohol". pp. 6-7). Additionally, alcohol related liver disease is growing at a faster rate in Scotland than in other countries in the European Union (p.6). The economic impact of alcohol disease was emphasized alongside the societal impact. Rather than attempt to eliminate alcohol in a prohibition type of approach, Scottish policies emphasize education and sensible drinking guidelines. Schools in Scotland have attempted to incorporate a variety of substance misuse educational programs but a review of the research conducted by Stead and Angus (2004) suggested that programs had highly variable outcomes. More effective programs seemed to be those that were interactive, incorporated other professionals such as health care providers into the school setting, and attempted to change the school environment, peer relationships, and individual resistance behaviors and life skills (Stead & Angus, 2004). A youth commission on alcohol consumption was established to help develop policies and interventions targeted toward Scottish youth. Key principles guiding the framework incorporate both economic changes, such as the pricing of alcohol, with education and prevention which highlight healthy daily/weekly limits of alcohol consumption. Additional resources are also being put into rehabilitation programs where funding is being proposed through a "social responsibility fee"

attached directly to alcohol sales (Scottish Government, 2009, "Changing Scotland's Relationship with Alcohol").

Isabella is involved in creating educational programs for social workers and notes that the Scottish government funded a new organization to assist with a comprehensive educational and research approach to drug and alcohol abuse:

> *"So they have funded a center called STRADA….essentially round about drug and alcohol misuse and training practitioners … to raise awareness of practice steps …It is in Glasgow but is funded by Scottish government and for statutory agencies it is a free resource"*

Educational offerings at STRADA include a postgraduate certificate in addictions, certificate in leadership of drug and alcohol services, and certificate of higher education in drug and alcohol practice. A recent course offering targeted toward teachers is designed to explain the impact of drug and alcohol abuse on child development and educational attainment (Kendrick, 2011).

**Weaving New Approaches into Child Welfare Practice**

The educational resources provided through STRADA can be important for practitioners. Katherine, as a direct service social worker, has found the work with substance misusing families particularly challenging:

> *" It is always good to work with them in a voluntary basis…We should actually look at what needs to be done with the family, work with them, change it and close the case. Families become independent of us…Identify what needs to be done…do it …then out…But it doesn't always work like that because a lot of the families are chronic… drug*

*misusers…You can't move them on…Their lives are so chaotic that they might actually achieve it (the goals identified) and then 6 months they are back on… We need initiatives to help parents with drugs."*

She clarified further the problems:

*"It used to be more alcohol but now it is drugs. Alcohol is still a problem but we worry about drugs more than alcohol, but I think they both are the same really …The difficulty is that when people are addicted to something they can have the best will in the world… They will want to change this, and want to change that. But unless they deal with the drug habit the rest of it…they can do a great deal, and have all the skills, but if their drug habit gets in the way, it brings them right down…It is really hard to change that."*

Katherine emphasizes that the ups and downs that are a typical pattern in addiction recovery can pose unique risks for children. Parents may do well for weeks, months, or after close monitoring of the family has stopped. Then, if a relapse occurs, as it often does with addiction, children may again be put at risk. New policies note the importance of all professionals involved with children and families, particularly teachers, health care providers and neighbors, to recognize the signs of relapse in a substance misuser so that children can be kept safe.

Katherine explains that now they have mechanisms in place where they can move quickly to work with families experiencing relapse. However, characteristics of the addiction illness often include manipulative behavior making monitoring of the risk within the family particularly difficult, even when working with other programs.

*"There are other ways ' in' (to connect with a specific family). We get a referral on a family when there is drug use and we may work with them for awhile. Then there is an incident. We make a referral to the panel…Take them to child protection investigation …It depends… But we would work with CANS which is a community addiction team …They are very rigid with their rules. If people don't comply and are on methadone and stop taking it they will actually put them off the program. This is disaster for us…They have to be clean, and we will do random tests. If they are still using heroin, they will throw them off…They (CANS and child protection team) will give them a couple of chances… But you get that sort of spiral with drug use…where they can only do it for so long, and then they go down again. A lot of it is whether or not they want to come off the drugs. If they don't' you've had it….They will play the game…pretend…but they won't really do it."*

Once again the risk assessment, multiagency work, and good communication help to identify when a child is safe in the home. Families that Katherine describes are often impacted by other problems within the spiral of substance misuse such as domestic violence, unemployment, and poverty. If these issues are not addressed concurrently, then parents will continue to struggle, increasing the likelihood of relapse. However, when supports are provided, and families are adequately monitored, then keeping the child in the home is prioritized in Scottish policy and practice. Gordon expands on his direct practice with families:

*" We have lots of parents who we believe manage their substances, and they provide 'adequate care'.…That is the terminology that we use, and some people say 'ok what is adequate care?' …Determine if the immediate needs are there …The house is warm…There is appropriate bedding…There is food in the fridge….If they can manage*

*that … the children may be dirty, but they are happy because they are living with their parents…The parents love them…They can provide for them…Maybe it isn't the same as you, but it is making sure they can provide that (basic needs)."*

Gordon continues to explain that during the multiagency meeting, or children's hearing, it is important for the parents to be honest about their issues so appropriate supports are identified:

*"We have parents that will not acknowledge that they are using heroin and other substances…Not acknowledging that they have a problem and saying it is not affecting the care of their children. What we do is have a multiagency approach … and have the key people in the child's lives around the table, and we say to the parent … 'OK – you are not feeding your children…You are misappropriating your benefits again. You are buying heroin…You are buying heroin with the benefits …No adequate bedding, clothing, food.' You know all we require are the basics they don't have to have everything…*

*The multiagency group may say… 'You need intensive support…You need to address your substance misuse problem'… We can provide this through the public health, for example, a methadone program to come off heroin. There are a number of programs to help parents come off heroin. There is individual counseling…residential rehabilitative programs …There are a number of options to address the substance abuse…You need to want to do it…Those families that do...we provide support…sometimes financially…sometimes emotionally…We provide family support workers or other health workers for families …We go into help the family to cook…To clean …Anything practical that would help that individual become…stronger…We are building up the keys to self esteem, self worth, self confidence.*

*Generally those families that reach crisis point…you know they say there are peaks and troughs (in addiction). There are successful cases and they change their lives….Their children might not get the best, and people say that's terrible, but it is a level. If they are trying their best and if they are not continuing chaotic substance misuse, there is a change. They are trying to get their children to school on time so that is an indicator they are doing something…If they are trying to keep things clean, to be engaged with services, then the children appear in their demeanor …happier… For us that is someone who has reached the crisis, and has worked with all the agencies, and is trying to achieve a better outcome for themselves and their children.*

**Recovery, Resilience, and Families**

Gordon's and Katherine's comments reflect the challenges of direct practice but, also show confidence that families can recover and improve their family's outcome. Gordon notes that sometimes the best way to engage challenging families is make them aware of the services and communicate clear goals when they are struggling:

*"Then the parent says 'Well I've got no lunch to provide for the children' and we say… 'We can change that' (parents become aware of services). A benefits check to make sure that they have the right entitlements. We've got family support workers that can go in …Communicate where you want to go and why you want to get there (clear goals and expectations)…Most parents will respond and we'll provide supports if they have addiction services…"*

Participants argued that when appropriate supports are in place, children are happier living with their parents than being "looked after". Other participants' comments reflected similar views and optimism that new services were effective. For example, family centers were

previously mentioned as being an important tool for connecting with vulnerable families and have been particularly successful when substance misuse is involved. The family center helps coordinate the multiagency approach, beginning with young children and provides a resource for the family over time. For families with addiction issues, the long-term support, monitoring, and assessment are important. Once again, participants stressed the importance of multiagency work, and an attitude of 'caring' as critical. Emily, a child welfare administrator in an urban area where family centers are an important resource, expanded:

> *"The health and social care services with people with a drug addiction are built upon a partnership, so there is a shared care approach. Essentially, the whole methadone program, the whole social care program is managed through a partnership approach. Partly that was built as a result of a significant amount of expense by a social care program that was quite disjointed and there were a significant number of drug deaths…*
>
> *For the past four years we have been working closely with social care services for children and families. We are making better links with the addiction partnership in relation to adults, and the impact on children affected by parental addiction. We have…developed an assessment tool…If they are working with the parent they have the assessment tool in terms of the impact of parental addiction on the child. We are screening them… One of the most recent ones (assessment tools) we have done is a pregnancy protocol because … we have vulnerable women and addiction and working across levels… So again, at the front line level, there is an integrated approach between children and family services, and addiction services.*

However, not all parents are ready to accept help and that is when it becomes difficult. Gordon's comments reflected some similar challenges as Margaret's when addicted parents are not ready to accept help.

> *"Ok, we will try to find addiction services, but they must be first willing to acknowledge the problem and then we can provide the supports. …They are willing to address the problem…You are up front...You care for them…They are in the hole, and they have no spade to dig out…That is generally the good part of social work, because they need help digging out. …Then there are those families that won't acknowledge it, and they move…They don't want the health care worker to know about them…Try to fall off the radar …They are the difficult families …They won't engage with us no matter what we do…Won't acknowledge the problem…That's when we have to go the child protection route …A group of professionals, a multiagency approach, but they (the parents) can't work in partnership with you … The child comes first, so we take the child's view…Act as advocates for the child…"*

The challenge of balancing child protection within the context of parent and family support in substance misusing families is part of the ongoing discussion in Scotland. A recent research report entitled, "Looking Beyond Risk: Parental Substance Misuse – Scoping Study" (2006) identifies that family members, including children, are often overlooked in the treatment of addiction. Shame, and wanting to keep family problems a secret, may isolate the children and family members from professionals most able to reach out and help. However, the report notes that the policies in Scotland have been gradually raising the awareness of the importance of family members and children in the treatment of substance misuse, focusing on a holistic, integrated approach (Templeton, et al. 2006).

The results of Looking Beyond Risk (2006) suggests that many children growing up in substance misusing families will become successful adults. Yet, there is a lack of understanding about what are important resiliency factors that seem to contribute to more positive outcomes for the children. Although some of the studies identified frameworks that might be considered important protective factors, there was little evaluative research on interventions that employed those frameworks within substance misusing families (Templeton, et al., 2006).

One example of a new intervention being tried with older children in substance misusing families is the "Young Carers" program mentioned earlier by Julia. Rather than removing young people from their families when they are providing a significant amount of daily care for younger siblings, or for their parents, the group focuses on supporting the young carers' needs. The report also mentioned some qualitative work that suggests that mothers have identified practices that they view as important for protecting their children from the adverse effects of substance misuse, such as going into treatment or reducing drug use, and trying to maintain a stable, safe home environment. However, these views were not confirmed with the children because they were not asked to provide their input (Templeton, et al. 2006). The researchers argue that providing a deeper understanding through research of what children think and how they are coping within substance misusing families is important:

> "*Whilst the focus of many of the studies exploring children's voices about parental substance misuse is on their negative experiences, it is by no means taken for granted that parental substance misuse per se has a negative impact on children. Finding out what children think, and want, enables researchers to unpack the complexity of the relationship between parental substance misuse and unfavourable outcomes for children."* (Templeton, et al., 2006 p. 25).

Similarly the participants stressed the importance of understanding children's view points when connecting with the families. This may help with monitoring how children are impacted by substance misuse, and the protective factors utilized by the child as a case unfolds. A child's advocacy program was mentioned earlier as important in Ness Council and has been taken on by several different voluntary organizations. The sole purpose of the social worker is to help the child voice their views in a child protection case and to protect the child's rights. Francis, a child welfare administrator, noted:

> *"Here in Scotland there are 4 (national) voluntary organizations who have children's rights officers who work for the local authority….We are very person centered and we would ask the young people to state for themselves the difficulties in their lives and what their priorities would be. Which would they like to do first rather than ask the adults, or the professionals for the child ...what they (think they should) do. We are quite solution-oriented as well and we have regular reviews to make sure that the child and family feel we are on the right track."*

**Related Themes from Document Review**

The documents reviewed consistently overlapped with the key themes identified by participants as important to practice and building effective relationships with families. However, there were also several concepts that were identified in the documents that were not explicitly mentioned by participants. From those concepts emerged four new themes noted below.

1. *Shift to resilience.* Documents such as Hidden Harm (2004), Looking Beyond Risk (2006) and The Road to Recovery (2008), emphasizes the idea of specifically identifying and developing resilience factors in families. The document further clarifies that there is

limited evidence suggesting that only parental substance misuse heightens risk to children. It is parental substance misuse combined with a spectrum of other factors that increases children's risk. Understanding and promoting characteristics of resilience is important.

2. *The impact of other issues on families.* Documents such as Emergency Care Framework for Children and Young People in Scotland (2006) and Working with Families Affected by Parental Substance Misuse (2009) introduced a focus on the spectrum of other problems that often co-occur with substance misuse in families. These problems include: poverty, domestic violence, mental health issues, and social and physical isolation in a remote rural area. Substance misuse can also lead to increased risk of accidents, injury or self-harm. It is often necessary to unpack each issue, and determine the risk to children while simultaneously finding effective ways to impact the parents' addiction.

3. *Increased involvement of the criminal justice system.* Although the participants mentioned that there may be the need to involve the sheriff when working with substance misusing families, document review suggested that the criminal justice role was being expanded further. Changing Scotland's Relationship with Alcohol (2009) and Emergency Care Framework for Children and Young People in Scotland (2006) identified increased public support for arresting those involved with organized crime responsible for contributing to substance abuse in the country. There is a greater effort to stop the flow of illegal drugs into the country and use money confiscated from arrests to rejuvenate local community resources for children and families. There are also new laws proposed including the suggestion of raising the drinking age to 21 and increasing the price of

alcohol, but national surveys suggest that these newly proposed laws are not popular in Scotland (Scottish Government, 2009, "Changing Scotland's Relationship with Alcohol")

4. *Gaps in the knowledge-base.* Documents such as Looking Beyond Risk (2006), and The Role of Nurses and Midwives in Child Protection (2007) also recognized gaps in the research and literature as it pertains to families impacted by substance abuse. These gaps included the role of fathers in supporting their children, particularly if the father was not involved with the substance misuse. Also it is unclear what the role cultural and ethnic differences may have on the perceived risk to children or access to services for families.

5. *Resources.* Documents such as For Highland's Children (2004) identify that for programs to be successful there must be an adequate commitment to identifying resources that will sustain the program. Those may be financial or other resources including heightened collaboration such as sharing of space, or working with volunteers.

## Summary

Participants' comments and new policy initiatives suggest that Scotland has made a significant commitment to work with difficult families recognizing that many of them are struggling with addiction and the related spectrum of issues. Scots are recognizing that substance misuse is an unhealthy aspect of their cultural history, but that it does not have to continue to entrap their future. Public reviews of tragic child welfare incidents where substance misuse was a factor have been catalysts for new policies and public awareness campaigns focused on risks to children and their perspectives. Participants reflected on the challenges of working with substance misusing parents because there are often a spectrum of issues impacting employment, health, and housing. Additionally the nature of the addiction illness can present challenging, and

sometimes manipulative, behaviors in parents making it difficult for social workers to determine if children are safe.

New policies and initiatives have provided education, resources, and new rehabilitation efforts to local communities to address addiction. They have also provided additional guidance for social workers, and other professionals working with children, to understand how substance misusing families should be monitored to help assure child safety. It seems as if the Scots are trying to embark on a path that will form a new cultural ethos – one of resilience and recovery. If successful, the process may be helpful for understanding how entire societies can shift to help the next generation move beyond disabling, multigenerational addiction problems.

# CHAPTER 8

## THE PATH FORWARD: SCOTLAND'S CHILDREN AND WELL-BEING

*"While waiting at the station for a connecting train to take me to the next interview, I reflected on some of the changes that I had observed since my first visit to Scotland. A few mothers pushed their babies across the station in modern, collapsible strollers. During my first visit, three decades earlier, I had observed that most of the mothers pushed their babies or toddlers daily in big prams which often doubled as shopping carts for the parents' regular trips to small village shops. The babies were left outside the stores in their prams, bundled up tightly if it were cold or rainy, while their mothers shopped. It wasn't unusual to see a line-up of several prams with babies looking at each other or sleeping soundly. No one seemed worried that the children might not be safe, and my soon-to-be-mother-in-law looked at me as if I were a bit "nuts" when I asked about it. I later realized that it was because other people in the village were very aware of the children and their parents, watched out for them, and would have interceded quickly if an untoward person bothered one of the babies. I have since witnessed many exchanges between a community member and a parent, or a community member and a wayward child, that leaves no doubt that most Scots treasure their children and will take note and act if a child is heading off course. There are still modern versions of prams in the stores in Scotland, but I didn't see them as frequently outside of the stores with babies waving their hands as they waited for their mums. I suspect this change is due to a more mobile lifestyle where parents drive to shop at larger supermarket style stores, or use smaller collapsible strollers that can zip around the tight corners found inside village shops. Perhaps it is because more mothers are employed during the day and organize their shopping at different times. I hope it isn't because*

*the new generation of parents feel their children are less safe in their neighborhoods than they were 30 years ago." (Robertson field note reflections)*

The new child welfare initiatives that have been implemented in Scotland are embedded within a rapidly changing societal context. Results of participants' interviews and the document review for this dissertation suggest that Scotland will remain focused on theoretical principles of liberty and social justice. New policies have unfolded in less than a decade and are impacting all areas of Scottish life. Most participants were pleased that the country had a new government and felt that overall the changes would strengthen Scotland's child welfare practice through a more intensive and holistic focus on child well-being.

Rapid societal change is not unique to Scotland but can be seen in many countries during the last decade. Participants described the confusion created by some of the new initiatives, and predicted that there will be continued ambiguity with new approaches as they evolve into the next decade. During times of upheaval, it isn't unusual for vulnerable families to become casualties when child welfare and family support is pushed aside in favor of other political demands. Yet devolution in Scotland has been an orderly transition, and children and families have been prioritized in the government's restructuring. It may be that a Scottish ethos that values children, community relationships, and local autonomous control has provided an important foundation to insure that children and families remain in the forefront of the government's priorities. This chapter will summarize key findings. It also will highlight the strength and limitations of the research and suggest the implications for practice, policy and future research.

## Key Findings

### What Do Scottish Child Welfare Professionals View as Characteristics of Effective Relationships between Social Workers and Child Welfare Engaged Families?

#### Relationships that Engage Families in Change.

Participants provided rich descriptions of the nature of effective relationships with families to engage them in positive change. They stressed the importance of communication and the worker qualities of honesty, transparency, respect for confidentiality, and listening to both parents and children. When working with difficult families, participants stressed remaining calm, patient and persistent; being approachable, flexible, clear about goals, roles and responsibilities. Engagement with families is facilitated by workers' optimism and encouragement as well as recognizing that meaningful change takes time. Effective engagement is necessary to build trusting, reciprocal relationships, which increase the likelihood of the family's successful involvement with services. Effective engagement allows social workers to hear parents' and children's views and incorporate their concerns into their plan.

Participants described a number of techniques they used to facilitate successful relationships with families including using a consent letter to help clarify how information about the case might be shared, and affirming the family's voluntary participation. They also emphasized risk assessments as a tool for communication with families. In the U.S. child welfare practice, the risk assessment is often employed as a professional tool and managed by the child welfare professional. Although U.S. professionals talk with parents about the assessment, the professional typically takes the lead. Risk assessment methods and forms may not be "family-friendly", or transparent to families. This disconnect in communication between the social worker and vulnerable U.S. family may be difficult to repair as family support work unfolds.

In contrast, the participants in this study described the risk assessment process as inclusive of parents and children's views from the beginning. They considered risk assessment a critical point of initial communication with the family, and a bridge for building a trusting relationship. Participants in both councils described efforts made to unify agencies in adapting one assessment procedure consistent with the "one child, one family, one plan" concept so families are not beleaguered by multiple services repeating essentially similar questions. It also has the flexibility to focus on the needs of the entire family, including the siblings of the referred child, reflecting the importance of supporting a healthy family dynamic. The process is intended to convey respect and reciprocity in the relationship. For example, the family contributes to the assessment, outcomes are shared, and they have the ability to request support services or adjustments to the plan as it unfolds. Several participants noted that new assessment initiatives with parents and the relational characteristics incorporated were simply part of sound social work.

A sound risk assessment is a major issue for child welfare professionals worldwide. It provides confirmation that a child can remain safely in the home or needs to be placed elsewhere. It may be one of the most critical components of the initial meetings with a family where a child's safety is questioned (Fraser, et al., 1996, Gilbert, 1997, Grotevant, & Carlson, 1989, Leventhal, 2003). Similar to child welfare professionals in other countries, participants in this study voiced worries that they might miss something that would result in a tragedy. They were very supportive of an assessment process which was transparent and engaged families in the very first contact to discuss their issues and focus on future goals.

Participants also noted challenges connected with new initiatives. Although data information and evaluation systems are being developed, documenting and maintaining long-

term outcomes of new initiatives to engage families will be complex. Such data however, could prove meaningful for child welfare systems worldwide as they struggle with finding the best approaches to protect children.

## What do Child Welfare Professionals View as Key Initiatives since Devolution, and How Have Those Impacted Child Welfare Practice?

### Relationships That Engage Professionals Across Agencies.

Participants identified the new policy "Its everyone's job to make sure I'm alright" as important in redirecting efforts toward intervention. It raised public awareness and reaffirmed an ethos of collective responsibility for the nation's children. GIRFEC was one important initiative that provided guidance on how agencies and organizations can work more effectively together in a holistic, and sustainable approach for child well-being. Participants described an increased level of multi-agency work as a direct outcome of council wide efforts to implement GIRFEC policies. Multi-agency work heightened awareness that the various agencies and organizations were choosing to refer the family to the children's panels as a first step instead of working directly with troubled children and families. These practices were putting a significant strain on children's panel resources for issues that might have easily been resolved by a professional working directly with the family. Even though Scots have clearly held an ethos of community support, there were teachers, doctors and nurses, and other professionals abdicating their direct involvement with families if there was a child welfare concern. They were deferring to a slightly more bureaucratic process presented through the children's hearing system. Participants viewed an increased shift toward multi-agency work, prevention at earlier stages, and freedom to develop interventions at the local, council level as important outcomes of GIRFEC and participants were enthusiastic about that change.

Yet, motivating people to become even more engaged around common principles of child welfare practice, some of which were new concepts, was messy. Participants responsible for developing trainings, including Isabella, Julia, and Heather, reflected on a number of challenges. Some issues were relatively straightforward such as finding times to provide the trainings that would maximize joint participation from different agencies. Other challenges were more complex. For example, some professionals continued to struggle to include children in meaningful ways in the decision making process, even after a year of intensive training. Increasing communication with parents and families through effective use of new risk assessment tools also was challenging, especially for non social work professionals stepping into the newly defined lead professional role.

The comments of a number of participants reflected a shared hope that Scotland was moving into a new era of prevention that would improve the lives of Scottish children and make a difference in highly vulnerable families. They also raised realistic concerns that other pressures from the economy, political changes, and media might undermine the new efforts. They had experienced a derailing of new initiatives at other times in their careers and were concerned it could happen again. However, they were not giving up. Participants in both councils described numerous ways that they had been involved in voluntarily shifting their work toward increased preventive efforts. Participants in both councils felt that important progress had been made but there was more work to be done.

Despite gaps in communication and implementation the increased multi-agency work in Scotland shows promise for improving direct support for vulnerable families. It is being designed to empower people who know the family the best to directly intercede with the vulnerable child and parents. Many social workers in the international family support community lament their

inability to move quickly to connect with families and develop meaningful relationships in ways that don't require layers of bureaucratic involvement (Folgheraiter, 2004, Maidment, 2006, Jack, 1997a). In addition, the international community now faces significant economic challenges. In many countries, including the U.S., highly bureaucratic child welfare and family support systems may not be able to financially support the burden of existing referrals and will need to refocus on sustainable systems. Through initiatives like GIRFEC, Scotland is attempting to shift their system back into balance by empowering communities of multi-disciplinary professionals to refocus on primary, holistic prevention efforts.

**Charting a Path That Moves Beyond Oppression**

Scotland's devolution is viewed by many Scots as a positive outcome of centuries of blatant and, in modern times, more subtle oppression by the British government. Indeed, some of the social problems mentioned by the Scots, such as substance misuse and poverty, are attributed as being a direct result of unjust British policies of the last century. Other aspects of modern oppression, such as demeaning the Scots-English dialect in popular media, are more subtle jabs which most Scots humorously deflect. Taxation issues within the U.K. are still challenging because the majority of Scottish corporate and North Sea industry tax still goes to the central U.K. government for distribution. Many Scots feel they have inadequate representation to influence returning an equitable share of those resources back to the Scottish economy (Scottish Government, 2009, A National Conversation -Your Scotland, Your Voice). These issues continue to perpetuate stereotypes and classism that may undermine future opportunities for some families. This ethos of oppression has been absorbed into the Scottish culture and has given strength and resolve to some to fight injustice. It has been the fodder for strong tourism to the historic sites that commemorate the battles of Culloden, and clan heroes like Rob Roy and

William Wallace. However, for others, oppression may be a reason, accurate or not, for an inability to address some persistent social problems.

Issues of social injustice impact many families worldwide, which in turn contribute to poor outcomes for their children. Participants viewed devolution from the U.K. as removing oppression as the excuse in Scotland. The Scots are trying to show gains in their efforts to improve social problems related to issues such as poverty and income inequality. It is also clear that foundational values within their traditions will underscore an ethos of resiliency. Through open dialogue about issues of classism and providing alternative solutions that are consistent with Scotland's future goals, participants hope to make progress. Their lessons learned may be helpful for understanding new, nonviolent mechanisms to address deeply embedded social justice issues in other countries.

Social workers in child welfare can benefit from a deeper understanding of how cultural consciousness, stemming from generations of oppression, can impact a child's expectations, choices, decisions, and access to resources. The impact of such a bounded outlook may be similar to the concept of learned helplessness, where the individuals believe that their actions will not improve their situation. Consequently, the individual chooses not to try, or in some cases may choose a destructive course as a conscious, or subconscious, act of protest. Helping families gain insight into how they can access strengths, within themselves and their culture, to pursue healthy choices is an important conceptual strategy for social workers to employ for derailing the influence of oppression (Prilleltensky, 2008; Yakushko, Watson, & Thompson, 2008).

In the U.S., our recognition of oppression is often tied very closely to race, ethnicity, gender, and poverty. As we move into a century with growing diversity, where people do not

identify in the same way as previous generations with cultural and race categories, social workers will need a better understanding of diverse forms of oppression and how to help clients to resist. This deeper understanding will equip social workers to address issues of injustice in ways that will help improve the lives of the families they serve.

## What Do Knowledgeable Professionals Describe as Characteristics of Effective Relationships with Difficult Families, and How Have New Policy Initiatives Impacted Child Welfare with These Families?

### A Path Toward Recovery That is Focused on Child Well-being.

Participants described the prevalence of substance misuse as particularly challenging within the spectrum of issues impacting difficult families. They characterized Scotland's approach as impacting this complex issue on several levels, while keeping Scottish children at the forefront of the campaign. Highlighting children living in dangerous or unhealthy conditions and incorporating their views and input raised public awareness and motivation to drive new initiatives in a way that other approaches, targeted only toward the addicted person, had been unsuccessful. Yet, public relations campaigns and new policies such as "Hidden Harm" likely would have run their course like other campaigns had it not been for the ongoing momentum to incorporate the newest research on addiction into more community based rehabilitation programs, education, and support. Participants viewed the multi-agency approach as a strength. It incorporates a stronger criminal justice involvement to address the flow of drugs into communities and fight organized crime. Education programs about addiction, its impact on child development, and the challenges of recovery, are offered nation-wide and accessible to a variety of professionals working with families. Additionally, the Scots are reviewing the impact of

substance misuse awareness programs provided for children in prek-12 schools with the long-term goal of improving educational programming (Stead & Angus, 2004).

Other new initiatives continue to build upon an ethos of resiliency, highlighting that successfully recovery is possible. "The Road to Recovery" focuses on removing secrecy and shame that surround addiction. It has provided practice guidelines for working with substance-involved parents and incorporates public awareness and youth initiatives to focus on prevention for young people. The outcome of the heightened awareness of addiction, and the multi-disciplinary approach that Scotland has incorporated, can be beneficial for providing an international model on addressing a problem that plagues almost every country.

**Scottish Autonomy in Child Welfare and the Children's Hearing System**

Participants underscored the concept of freedom and the importance of autonomy that they respected even when working with difficult families. Values of self-determination within the community, open communication, local initiatives, community voluntarism, and parents' voluntary participation in child welfare services were reflected in participants' comments and policy documents. Many democratic countries, including the U.S., espouse their alignment with similar concepts. However, within the child welfare context, residual policies and practices that immediately compel participation by integrating a formal criminal justice approach seem contrary to the values in a modern democracy. Researchers Ghate and Hazel (2002) found that vulnerable parents in the U.S. and the U.K. were particularly wary of getting involved with supports and services that may undermine their autonomy or control. They preferred getting parenting help and support from family members or neighbors rather than professionals (Ghate

& Hazel, 2002, Keller & McDade, 2000). These findings suggest that Scotland's community based approaches may be effective in other cultural contexts.

Even though modern Scottish neighborhoods are perhaps not as cohesive as they were a generation ago, they are nevertheless, still very collaborative and an attitude of neighbor-helping-neighbor is still expected. This does perhaps put the Scottish social worker at an advantage to those working in communities where such support does not exist. It seems that in most Scottish neighborhoods, with perhaps highly urban areas as the exception, there are other individuals or organizations able to support children and families.

It was clear from some of the participants' comments that they struggled with the issue of voluntary participation as it relates to issues of child protection. Sometimes the well-being of the child is in conflict with the rights of the parents and their voluntary participation in support services. Yet, all participants underscored the importance of an ethos aligned with free-choice. They highlighted ways that they have integrated this value through developing relationships through honesty, clear goals, and persistence to engage the family during their first contacts. Then, if the first steps to intervene are unsuccessful, the social worker proceeds with enlisting the community as allies through strategies such as the solution-oriented meetings, and then the children's panels.

Some may argue, and one participant suggested, that the impact of the collective persuasion of the children's panels is not dissimilar from the family and juvenile courts found in residual child welfare systems. Yet the majority of participants interpreted the panelists' roles as stable, community facilitators. These roles would perhaps be similar to respected tribal elders in another cultural context, or clan leaders in an historical Scottish context, with the responsibility

to collectively express their concern about a family's problems. Then they can help parents, or redirect wayward youth, to more appropriate activities or resources. These voluntary panelists are elected to their positions, complete an extensive amount of training, and participants' comments reflected a high regard for their voluntary services. The success of the children's panels reflects a remarkable level of both civic involvement in the well-being of local children and public awareness of the plight of vulnerable families. Panelists have the ability to enlist other organizations and agencies on the family's behalf and hold everyone accountable to consensually agreed upon goals. This process is held together through collective accountability based upon a relational framework, even though the threat of criminal proceedings are held aside as a last resort.

A relational approach which focuses first on working directly with the parents and child, then gradually bringing in others in the community, is consistent with a significant body of research that suggests that vulnerable parents are often isolated from their community. Many have inadequate resources to address their child's, and their family's, needs and do not know how to seek help (Chapman, et al., 2003; Ghate & Hazel, 2002; Kretchmar, et al., 2005). Participants emphasized the importance of sustainable relational models such as the children's panels, or the family support centers. They can help parents and their children learn to build healthy, supportive attachments that can be sustained throughout children's development. The increased ability to form healthy attachments is, in turn, linked to a variety of positive outcomes related to health, education, emotional and economic well-being; desired outcomes of Scotland's GIRFEC policy and resulting initiatives (Daniel, et al., 2007; Dunst, & Trivette, 2009; Folgheraiter, 2004; Kretchmar, et al. 2005).

Several decades of Scotland's experience with the children's panels have already provided an important model for international child welfare. Post-devolution policies may yield a deeper understanding of the intersect between an ecological framework and relational social work and family support that could represent another important contribution to international child welfare research, policy, and practice.

## Strengths and Limitations of the Research

An important strength of this research has been the rich, in-depth interviews provided by professionals occupying a range of micro and macro vantage points including direct practice, child welfare administration, and academia. Their range of experiences provide diverse perspectives on how to work with parents and the impact of policy changes. Their comments reflected not only the struggles of direct practice and engaging parents in comprehensive service plans, but also the struggles of working with local and national systems during a time of rapid change. In addition to the initial interview, there were follow-up by phone interviews with several key participants to clarify emerging themes. All participants were provided with the opportunity to review and elaborate on their transcripts. Another strength of the research was the availability of many new documents, addressing Scottish child welfare issues, that have been released since devolution. Theses provide a wealth of information useful for triangulation and elaboration of the findings leading to enhanced validity and a deeper understanding of the Scottish context and issues impacting families.

The most significant limitation to this research was the reduced period of time spent in the country connecting with possible participants. Several more weeks in the country would have likely provided additional opportunity to speak with a wider range of professionals and expand to

at least one other urban region. More time also would have increased the opportunity for observations of child welfare offices and practices in other settings. For example, it would have been interesting to visit the family centers described by participants to observe how services and programs were delivered, and conduct interviews with program staff and parents.

The small number of participants and inability to interview parents involved with child welfare social workers, or observe the work of the children's panels, was another limitation of the research. Although the interviews provide rich information about the children's panels from the perspectives of child welfare social workers, we do not have the perspectives of the volunteer panelists, parents, and children. Understanding how they view their participation in social work interventions and their relationship with the social worker is important. For example, do parents see their participation as voluntary? Do children and parents view the social worker and community support as helpful? What characteristics of the relationship with the social worker do parents and children feel are important, and how do those characteristics converge with social workers' views? Including child welfare involved parents and children in a future study would be important.

Another limitation of the research is limited access to outside data. With all of the documents reviewed there was limited statistical outcome data on interventions. Additionally there were a few new ideas emerging from the document review which were not voiced by participants suggesting that saturation had not been reached with the document review. Participants described their efforts to develop systems to gather more information about the impact of new initiatives, but acknowledged that it was still "early days". Participants also seemed to be more interested in hearing people's viewpoints about how the system was working,

utilizing focus groups and feedback mechanisms, rather than creating complicated data management systems that might require more time from social workers.

## Implications

### Relational Social Work Characteristics and Professional Education

This study has provided a deeper understanding of the characteristics of effective relationships between child welfare professionals and vulnerable families from the perspectives of Scottish professionals. Relational social work concepts being approachable, honest, calm and patient, a good listener, trustworthy and persistent can be developed and applied to professional training modules for social workers and other professionals. New research by Lietz and Rounds (2009) suggests that relationship characteristics such as hope, resilience and collaboration are important qualities for social work supervision, providing a model for working with others. Further research could then examine the receptivity of social workers to such training, the extent to which they incorporate it into their practice, and the success of their approach in engaging parents and improving child outcomes.

### Child-well Being and Sustainable Models of Prevention

Child welfare approaches that load the bulk of their resources into a residual, criminal justice approach as the point of entry into the system are expensive because so many resources are engaged through the investigative and criminal enforcement process (Barth et al., 2005; Gilbert, 1997; Jack, 1997a; Jack, 1997b). It is, in some respects, an upside-down system that puts a strain on human and financial resources with little left for a more holistic preventive effort accessible to all families. It is unclear if deficit focused systems will be sustainable over the next decades when compared to universal preventive models. More research would be helpful for clarifying

differences and benefits of these approaches. Additionally, the child welfare criminal process with its focus on charges of abuse and neglect, discourages collaborative efforts within the community that could engage volunteers, or other charitable groups in supporting vulnerable families. The hybrid approach developed in Scotland that focuses first on prevention, voluntary participation in services, and community involvement, provides an alternative that should be explored further in the U.S. and other countries. Since devolution, Scotland has focused on improving access to preventive resources for all families, and has fine-tuned the referral process to the children's panels. The focus on improved risk assessments has helped raise confidence in a system that balances holistic child well-being with child protection.

Implementing alternative child welfare models in the U.S. would be difficult even as a pilot program. Adjustments in state legislation and widespread training would be required similar to changes that have been needed in the U.S. states that have implemented the differentiate response approach. However, Scotland's hybrid model may be well-received in severely under-resourced areas such as rural communities where civic awareness and responsibility may be strong but state-funded supports are inadequate. Similarly, urban neighborhoods that are ethnically and socially diverse, and have a history of clashing with residual child protection approaches, may respond well to alternatives that support stronger community integration. Developing a better understanding of how the Scottish systems function, and the dynamic of the children's panels within local communities is important. Potential pilot options in other countries along with evaluation and research on outcomes would be an important initiative for the next decade.

**New Approaches for Working with Substance Misusing Families**

The public awareness campaigns to raise the Scottish consciousness of the ramifications of addiction have been significant. Participants mentioned positive trends, and initiatives such as "The Road to Recovery" suggest that there has been progress, in both perceptions of addiction and number of people involved in recovery (Scottish Government, 2009, "The Road to Recovery: One Year On*").* Perhaps every country struggles with how to help parents involved with substance misuse while keeping their children safe. Scottish approaches focused on prevention, resilience and recovery are designed to change a deeply imbedded cultural problem, and considerable effort and resources have been targeted for long-term change. These initiatives will be important to evaluate and, if successful, determine how they may be adapted within other cultural contexts.

**Integrated Work in Policy and Practice**

Since devolution, Scotland has experienced a small renaissance of new policies and recommendations on all aspects of Scottish life. Within the child welfare context a key theme emerging from the inferences and document review, was improved collaboration and integration of child welfare social workers with other disciplines. Professionals are sharing space and resources, but also engaging in joint work that includes using the same forms, assessments and participating in the same trainings. Academic participants noted how increased venues for information sharing and data collection included practitioners and many others in the community, suggesting that shifts toward increased collaboration also had impacted academic work.

Perhaps because Scotland is a small country, system reforms are easier, and the positive results more apparent. From the U.S. cultural perspective, unusual allies have emerged in

Scotland. Professionals in law enforcement work closely with education, housing, social work, health care, business, voluntary groups, and higher education work together toward the goal of increasing a seamless and holistic support for families. From the Scottish perspective, this integrated focus is consistent with an ethos of community autonomy. Increasing our understanding of effective methods for multi-disciplinary work that will incorporate direct child welfare practice into a variety of disciplines including education, healthcare, and business is important. It will help provide a framework for successful holistic preventive efforts in other cultural contexts.

The development of new national policies, recommendations, and guidelines on a variety of issues impacting the well being of Scottish families, have incorporated extensive dialogue between national representatives and people at local levels and included some of participants involved in this research. The discussion has also incorporated the importance of children's views at all stages of the child protection process in ways that are consistent with the principles set forth by the U.N. Convention on the Rights of the Child and the Protection of Children Scotland Act (2003). While this level of diverse engagement in national policy formation may reflect the small size of the country, it also suggests a responsiveness by government to understand how new national policies can be meaningful and adjust accordingly. This process clearly takes more time, and the resulting discussions may redirect policy in a direction not previously anticipated by government representatives. However, it continues to reflect an ethos of civic responsibility that is important for social workers involved in policy development in other cultural contexts to understand.

### Expanding Our Understanding of Oppression and Its Impact on the Healthy Development of Children and Opportunities for Their Families

Scottish devolution provides an opportunity to delve deeper into the nature and characteristics of oppression within a culture that is not as ethnically and racially diverse as larger countries such as the U.S. Looking at this issue in Scotland may help raise awareness of classism, and other forms of discrimination that may be present in varying degrees in every community and country. Being able to identify oppressive practices, and understand how they impact children and their families, are extremely important skills for social workers and other professionals employing effective empowerment strategies. For example, Daiute (2008) suggests that incorporating the principles of the U.N. Convention on Children's Rights and children's views throughout the child welfare process is an important characteristic of self-determination within sound child development practice. Particularly when children feel marginalized, the opportunity to engage in discussion of critical details may contribute to the development of higher order thinking (Dauite, 2008). Discussions of oppression, equity, and empowerment are on the forefront of Scottish national policy development, local politics, and sometimes heard in chats around the tables at the local pubs. Since Scotland is so embedded in an ethos of dialogue and debate, it may be an opportune time to engage in discussion and investigate these important attributes of liberty and equity, which are some of the foundational values of our American democracy.

## Summary

This study has examined the unique aspects of Scotland's preventive child welfare system during a critical time in the country's history. Participants provided important insight into the nature of the relationships between professionals, vulnerable families, and other community

members within this voluntary child welfare system. They emphasized the importance of communication, honesty, persistence, trust, and understanding. Since devolution the increased integration of multi-agency work and partnerships have enhanced the community services available to vulnerable families. A heightened focus on Scottish social welfare has engaged Scots in important dialogue and initiatives focused on prevailing problems such as substance misuse, poverty, and oppression. New policies have responded with transparency and focused on resiliency and solutions that will likely move Scotland toward the forefront as an example in the European Union and international community. Perhaps most importantly, the initiatives suggest the likelihood that, as we move into the new century, every child in Scotland will be valued in their families, and supported by their community. They will also have the opportunity to become a contributing member of a dynamically evolving country that remains highly focused on liberty.

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## APPENDIX A

## PARTICIPANT CHART

Please note that pseudonyms are used to mask identifiability of individuals and of the participating councils.

*Gordon* – Child welfare administration and supervisor of direct practitioners with several decades of experience in more than one council – Lomond Council

*Katherine* – Child welfare direct practitioner with additional administrative duties. Katherine has with several decades of experience – Lomond Council

*Isabella* – Child welfare academic with responsibility for national and council level training and experience in other countries – Lomond Council

*Claire* – Child welfare administrator with several decades of experience in direct service and administration– Ness Council

*Julia* – Child welfare administrator responsible for information and program management – Ness Council

*Heather* – Child welfare supervisor with several decades of experience responsible for training and program development – Ness Council

*Colin* – Child welfare administrator with several decades of experience responsible for supervision of direct service practitioners and direct service – Ness Council

*Eileen* – Child welfare practitioner with a decade of experience and responsible with for direct service to families – Ness Council

*Lily* – Child welfare direct practitioner – new to the field and responsible for direct service – Ness Council

*Francis* – Child welfare direct practitioner with supervisory responsibility and over a decade of experience – Ness Council

*Emily* – Child welfare administrator with several decades of experience in large urban area

*Sophia* – Child welfare academic with several decades of experience and responsible for looking at the national context for Scotland and other countries.

*Louisa* – Child welfare academic with over a decade of experience and responsible for looking at the national context for Scotland and other countries.

## APPENDIX B

## FRAMEWORK OF QUESTIONS

We are particularly interested in the type of relationships you have with parents/carers where you are providing preventative services or interventions. We are also interested in how the qualities of these relationships impact the effectiveness of services.

For child welfare administrators and practitioners.

1. Tell me a little about your work
2. How have relationships (with other service providers/parents/careers) impacted your work?
3. Can you describe for me a relationship with a parent/career that has impacted your work in a positive way?
4. What are the qualities/characteristics of the relationships that have worked?

With service providers…community…parents.

5. Can you tell me about a relationship with a parent/carer that has been problematic?
6. What are the qualities/characteristics of the relationships that haven't worked?
7. What happens when parents refuse help? Do you have an example of what has worked?
8. What changes have you seen (if any) since devolution? (note timeline if needed)

For academics

1. Tell me a little about your work
2. How do you feel child welfare /social work has been impacted by relationships? (policy makers, legislation, regional council planning with other service providers/parents/careers)?
3. What are the qualities/characteristics of the relationships that have worked? – with service providers…community…parents
4. What are the qualities/characteristics of the relationships that haven't worked? – with service providers…community…parents
5. What happens when parents refuse help? Do you have an example of what has worked?
6. What changes have you seen (if any) since devolution?

## APPENDIX C

## DOCUMENT SUMMARY TABLE

Documents listed sequentially by year of publication.

| **Author and Category Code** | **Title and Main Focus of the Article** | **Examples from documents of the connection to key themes and relationship codes** | **New ideas mentioned in the documents that were not a key focus of participants** |
|---|---|---|---|
| Scottish Executive<br><br>2001<br><br>Policy | *For Scotland's Children –Better integrated children's services*<br><br>Identifies the importance of universal services where every child in Scotland matters and the importance of integrating work. Provides a beginning suggested framework for agencies to increase collaboration. Provides short case examples to help clarify the various issues | *Partnership/multi-disciplinary work* – highlights the importance of agencies working together to support universal access to services for children and families. Suggests that inter-agency rivalries are presenting problems – provides a suggested framework to overcome difficulties.<br>*Social problems* – notes the high rate of poverty when compared to other developed countries (1/3 of children begin life in poverty), also homelessness and youth running away. Noted school exclusions as a problem impacting children particularly boys.<br>*New initiatives* – identifies approaching child equity as a social justice issue where action teams must focus, notes the New Community Schools as a promising intervention also Sure Start and new partnerships<br>*Confidentiality* – services providers note the problem of repeating trying to get information from other agencies and importance of sharing.<br>*Child well-being* – identifies the Rights of the Child as a foundational framework<br>*Relationships* – notes the importance of being trustworthy and reliable – providing the services needed | |
| Scottish Executive<br><br>2001<br><br>Policy<br><br>Substance Misuse | *Getting Our Priorities Right - Policy and practice guidelines for working with children and families affected by problem drug use*<br><br>Helped launch a multidisciplinary strategy to address drug abuse that included fighting organized crime to working with families that struggle with addiction. Urged | *Confidentiality* – key concern when understanding how to work with other agencies and substance misusing families<br>*Honesty* – critical for working with parents and clarifying boundaries/next steps in process<br>*Multi-agency work* – particularly with education and drug task force teams<br>*Child well-being* – child protection given stronger focus and listening to children's views<br>*Assessment and Evaluation* – how to determine if a living situation has become unhealthy for the child<br>*Interventions* – additional programs needed particularly ones where children /families can be included. Also mentioned young carers and support | |

| | | | |
|---|---|---|---|
| | drug action teams to work closely with child protection | | |
| Scottish Executive.<br><br>2002<br><br>Audit/Review | *Growing Support., A Review of Services for Vulnerable Families with Very Young Children.*<br><br>Provides an overview of the supports available in communities in Scotland and then attempts to identify the supports that parents need. The inspection team visited 5 councils in Scotland for a more in depth evaluation. Also had a 2nd part – a continued review of literature and cases with suggested recommendations. | *Child well-being/children's voice* – highlights the support needed for young children particularly 0-3. Notes gaps for children with disabilities. Included youth viewpoints.<br>*Assessment* – highlights the importance of assessment and lack of clarity about how to assess vulnerable families and when social worker should intervene – makes a distinction between assessment of need and assessment of risk. Also record-keeping<br>*New initiatives* – noted the work of health care visitors and midwifery forum to promote better relationships with new parents. Highlights family centers<br>*Social problems* – identified gaps in working with substance misusing parents and families because any work with parent is typically focused on addiction.<br>*Voluntary groups/civic responsibility* - highlights the importance of the voluntary sector to providing services<br>*Relationships* – including good communication, patience, persistence, clear goals, respectful, - concern about negative perceptions of social workers. | *Qualities of good social work practice highlighted including* – Prompt responses; clear and focused assessments with attention to need and risk; clear planes with realistic objectives; patient and persistent direct work with parents and extended families based on regular and reliable contact with social worker;good communication and collaboration;effective oversight<br>*Importance of working with men*- notes that there was insufficient account of the contribution of fathers, and male partners and some professionals described them as 'like babies themselves' |
| Scottish Executive<br><br>2002<br><br>Audit/Report | *Its Everyone's Job to Make Sure I'm Alright: Report of the Child Protection Audit and Review*<br><br>Developed to reduce abuse or neglect of children, and improve the services. Largest inquiry to date of Scottish child protection Acknowledges previous good work in Scotland including the good will of voluntary efforts but makes recommendations about persistent problems. | *Children's views/children's voice* – looked at records of children's helpline and case reviews and highlighted how children are often not included in meaningful ways to incorporate their suggestions about solving problems as well as follow-up to see if interventions worked.<br>*Interventions* – Parentline intervention frequently seen as helpful.<br>*Multi-agency care/partnerships* – raised concerns about child protection outcomes being highly dependent of social work and the importance of multi-agency work for connecting family to other services<br>*Assessment and Evaluation* – Highlights the importance of risk assessments for child protection cases – and having those available through joint work.<br>*Confidentiality* – noted confusion about sharing of assessments and joint information between agencies and who, such as social work, is responsible for facilitating access to information. | |

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| Rennie, Greller, & Mackay<br><br>2002<br><br>Regional | *Review of International Best Practice in Service Delivery to Remote and Rural Area.*<br><br>Looks at remote and rural services in several countries including Finland, Australia and other countries in Europe including examples in Scotland. Discusses transferability of other models to Scotland. | *Assessment and evaluation and data and information management* – notes that while Scotland has some good examples comparable to Finland they are not well documented so that models can be duplicated.<br>*Partnership/multi-agency approach* – highlighted the importance of multiple services being in on physical space to facilitate easy access.<br>*New initiatives* – notes the importance of new technologies integrated with education in remote and rural areas.<br>*Autonomy* – stresses the importance of local communities and control of technology – increasing accessibility. | |
| O'Brien, S, Hammond, H., McKinnon, M<br><br>2003<br><br>Audit/Review<br><br>Substance Misuse | *Report of the Caleb Ness Inquiry*<br><br>Provides an overview of the facts of the criminal case. Provides a summary of interviews conducted with the professionals involved with the Ness case. Also discusses reports provided and provides a summary of gaps in care and how those gaps might have been improved. | *Assessment* – there was not an adequate risk assessment prior to allowing the child to go home and inadequate monitoring/risk assessment once returned home.<br>*Confidentiality*- professionals involved in the case did not share information with each other despite concerns of risk.<br>*Social problems* – in this situation there was a spectrum of problems in the Ness family impacting risk – substance misuse, poverty and parents' health problems<br>*Partnerships/multiagency approach* – had agencies/professionals worked together more effectively then it is likely the tragedy wouldn't have happened.<br>*Civic responsibility/public awareness* – the public nature of the case review stresses the heightened commitment to civic responsibility even in a tragedy | *Staff issues* – helping particularly young or inexperienced staff with risk assessments, asking the important questions, documenting and questioning case history. |
| Scottish Executive<br><br>2003<br><br>Policy/ Guidance<br><br>Child protection | *Protecting Children – A shared responsibility*<br><br>This document lays guidance groundwork for clarifying that everyone is responsible for protecting children and how agencies can work more effectively together. It also expands | *Partnerships/multiagency approach* – notes the importance of all agencies, social work, police, reporters, health professionals, education, voluntary agencies, school nurses, everyone working together.<br>*Child well-being/children's voice* – identifies foundational values in the Children(Scotland) Act, 1989 U.N. Convention on the Rights of the Child, and the ECHR<br>*Confidentiality*- clarifies that while respectful confidentiality is important it should not supersede a child's health, development and well being, or a parent who cannot adequately care for a child, or those at risk of harming a child. Clarifies that information | |

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| | upon the Protection of Children's Scotland Act (2003) that highlights the principles set forth in the U.N. Convention on the Rights of the Child that focuses on including children's views and self-determination. | should be shared in those circumstances and provides more guidance.<br>*Civic responsibility/public awareness* – supports the involvement of the voluntary sector as well as broad education to increase understanding of child abuse and neglect. | |
| Scottish Executive<br><br>2004<br><br>Audit/Review | *Getting It Right for Every child - Consultation Pack on the Review of the Children's Hearings System*<br><br>This document summarizes the purpose for a review of the children's hearing system and outlines questions and framework for that review. Highlights the foundational value of one system, for all children, but locally driven by their communities. | *Social Problems* – highlights some of the increase in social problems that have occurred since the children's hearings were initiated and that neglect and non-offence referrals to the panels have grown during the last decade. Broader range of issues coming to the panels – should there be specialization?<br>*Interventions* – raises concerns that young offenders/young adults are not receiving sufficient services through the panels. Early intervention important for all cases. Supports a number of measures including concepts of restorative justice.<br>*Child well-being/children's views* – children's rights are recognized as being a central piece<br>*Civic Responsibility/Public awareness* – highlights the importance of everyone taking a part, being important to the process of successful plans for children. Consideration of young people over age 18 as panel members.<br>*Ethos in Scotland* – highlights a locally based, autonomous system that integrates community and prevention and voluntary participation before connecting to the criminal justice system. Highlights the need for consistent training to help with decision making. | *Youth justice program* – some discussion of a youth justice program that may be connected to the sheriff and the children's panel to respond more effectively to youth who are repeatedly involved in criminal activity |
| Stead, M & Angus, K<br><br>Scottish Executive<br><br>2004<br><br>Audit/Research<br><br>Substance misuse | *Literature Review into the Effectiveness of School Drug Education*<br><br>Notes that while most schools in Scotland provide drug education there is little information on variability of implementation, delivery styles and | *Social problems* – Highlights the social problem of substance misuse and programs to address it.<br>*Children's views* – incorporates the importance of including issues children's views in the form of both qualitative interviews and observations.<br>*Assessment/evaluation* – reflects the importance of determining which approaches may be most useful for impacting behavioral change.<br>*Interventions* – current research seems to suggest that more effective programs were interactive, focused on behavioral changes and also included a peer component. | *Influence of peers*- Review highlights that programs deemed most effective on key measures included a peer component. |

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| | effectiveness of implementation. Provides an overview of programs, existing research, results of survey, classroom observations and children's interviews. Includes suggested indicators for effective delivery of programs. | Programs that focused on environmental change within the schools and behavioral change that impacted peers and the individual seemed to be more effective. Similarly including resistance skills was important – emphasizing the social interplay.<br>*Multi-agency work* – health care providers seemed to have high effectiveness when delivering an interactive intervention within the school setting. | |
| Magee, A [convener]<br><br>Highland Well-being Alliance<br><br>2004<br><br>Regional / Policy | *For Highland's Children*<br><br>A comprehensive regional plan to follow-up with GIRFEC and designed to give children the best possible start in life around core value areas including safety, health, achieving, activity, and respect and responsibility | *Multi-agency work* – Highly focused on partnerships and integrated work, assessments, and joint efforts around interventions such as health and community schools.<br>*Child well-being* – very comprehensive document mentioning aspects of child well-being including identifying groups of children that may be forgotten such as children identified with disabilities, or mental health issues, and also ethnic minorities such as gypsy children.<br>*Civic responsibility/public engagement* – Notes under each subsection outlined in the core value the importance of voluntary efforts and the community connecting to children and young people to help ensure success.<br>*Assessment and evaluation* – strong emphasis on family friendly risk assessments that are focused on including family input and whole child. | *Resourcing* – creatively identifying financial and other resources including sharing work and other joint efforts to help fund work. Identifies resources connected to every value noted in the document. |
| The Scottish Executive<br><br>2004<br><br>Policy | *Hidden Harm - Scottish Executive Response to the Report of the Inquiry by the Advisory Council on the Misuse of Drugs*<br><br>Focuses on children of substance-misusing parents and their particular problems and the chaotic circumstances that typically surround drug or alcohol use including poverty, poor housing and | *Assessment and evaluation* – points to the importance of developing sound risk assessments and methods of data collection to determine how children are doing.<br>*Interventions* – Should be focused on new wholistic recommendations such as Getting our Priorities Right and the Children's Charter. Note high focus on health care being key for early intervention.<br>*Children's views/children's voice* – established the Children and Young People Cabinet Delivery Group to provide a coherent approach, across policies and services for children and young people. Their work includes identifying a clear vision for young people, joint planning at local levels, joint assessments, and coordinated trainings. Goal is responding to whole needs of child or young person.<br>*Multi-agency work* – mentioned numerous | *Shift to Resilience* – highlights ways to focus on children's strengths and providing access for young people – such as the young carers – to leisure activities similar to other children their age such as camps, or sports. |

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| | academic achievement and crime. The needs of children should be at the center | times as important for training, intervention and with providing a comprehensive approach for children. | |
| Ogilvie-Whyte , S, Backett-Milburn, K, Morton, S., Houston, A, Wales, A<br><br>2005<br><br>Audit/Research | *Children's concerns about the health and well-being of parents and significant others*<br><br>Summary of topics, calls from the nonprofit childfinder database. When a call comes in the caller records a summary of the conversation. These summaries, de-identified, were provided for data analysis. Also gathered specific quantitative data about topic of call, age of caller, who involved and resources provided. | *Children's views* – reflects the results of a the child line and their comments. The vast majority of comments were concerns about their friends, parents or family. Showed that children understood trigger factors leading to their parents/families problems. Majority of calls about siblings tended to be about a sibling with a disability.<br>*Social problems* – most common call concern about parents (44%) and then alcohol abuse, drug abuse, grief, mental health concerns, domestic violence, physical health. Problems discussed were often linked.<br>*Assessment and Evaluation* – Children took part in focus groups to provide feedback on the results of the studies<br>*Interventions* – need more programs that can help families with supports/non-punitive, longer –term<br>*Multiagency work*- | *Children's friends* – Importance of recognizing the value and impact of children's friends for resilience and problem-solving |
| Templeton, L, Zohhadi, S., Galvani, S.,Velleman, R.<br><br>2006<br><br>Audit/Research<br><br>Substance Misuse | "*Looking Beyond Risk": Parental Substance Misuse Coping Study.* The impact of parental substance misuse has been a priority in Scotland but some children seem to be more resilient than others. This study examines the literature on the topic and summarizes key ideas and gaps. | *Children's views* – represents a gap in the literature including role of siblings, and ages of children<br>*Assessment and Evaluation* – more data is needed on total numbers impacted included relationship to ethnicity and urban vs. rural.<br>*Interventions* – services are needed new services should have evaluation<br>*Multiagency work* – emphasis on joint addiction services and services for children and extended family | *Shift to Resilience* - Limited evidence that only substance misuse heightened risk to children. Important to identify, promote and develop resilience factors in families<br>*Gaps in the Knowledge-base* – The important role of fathers in substance misusing families has been noted as missing from the literature.<br>*The Impact of Other Issues* –Mental health issues impact on families where there is also substance misuse |
| McIntosh, J., MacAskill, S., Eadie, D., | *Substance Misuse Research Evaluation and* | *Approachable, engaging, trust* – project staff focused on developing trusting relationships with clients and referring new clients | *Shift to resilience* – Empowering strengths in the family and |

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| Curtice, J., McKeganey, N., Hastings, G., Hay, G., Gannon, M.<br><br>2006<br><br>Audit/Research<br><br>Substance Misuse | *Description of Drug Projects working with Young People and Families funded by Lloyds TSB Foundation Partnership Drugs Initiative*<br><br>This research describes and evaluates projects that are funded by Partnership Drug Initiative (PDI), a Scottish-based program that supports voluntary work with children and young people impacted by substance misuse. | *Interventions* – All 4 interventions had positive outcomes for client based served.<br>*Confidentiality* – trust was developed but relevant information was shared with partners when appropriate –needed permission.<br>*Societal problems – substance misuse, economic issues* – funding for project to be maintained – important<br>*Autonomy* – indicators of success included individualized, person centered, empowering approach<br>*Interventions* – projects should be fun, have a good relationship with the hosting organization, able to retain experienced staff. Should also have a variety of methods to refer/connect with targeted staff.<br>*Relationship*-the ability of the staff to form a *positive, relationship that encouraged engagement* was critical in all projects evaluated<br>*Assessment and evaluation*– project services should be relevant to needs of clients and monitored for outcomes. | person-centered focusing on a shared belief that people can recover<br>*Staff issues* - maintaining staff that people know well. |
| Scottish Executive<br><br>2006<br><br>Policy<br><br>Substance Misuse | *Emergency Care Framework for Children and Young People in Scotland*<br><br>Represents an extensive summary of the role of emergency health care services for children across Scotland in rural and urban areas. Particular relevance in the area of child protection and child safety and identifying patterns of substance misuse | *Children's views* – important including making an emergency room less fearful for a child or young person and including them in decisions about their health care.<br><br>*Multiagency Work* – adequate training specific to children particularly with emergency health care workers who typically are the immediate responders to 25-30% of the emergency calls.<br><br>*Societal problem* – substance misuse,<br><br>*Communication* – with primary care provider when a child is attended, particularly with repeated visits.<br><br>*Assessment and Evaluation* – critical to have a common tool that measures the child's illness/injury;pain/distress and vulnerability<br><br>*New policies* – to create national guidance | *Impact of other issues* – self-harm, injury and accidents for children Living in more social and physically isolated areas where there is reduced ability to respond to emergencies.<br><br>*Increased involvement of the criminal justice system* – changing laws such as raising the age of capacity in Scotland |
| Brown, M & Bolling, K<br><br>2006<br><br>Audit/research<br><br>Substance Misuse | *Drug Misuse in Scotland: Findings From the 2006 Scottish Crime and Victimisation Survey*<br><br>Nation-wide survey | *Societal Problem* – Illicit drug use – among one of the highest priorities to address in society. | |

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| | focused on experiences with crime and then at the end asked experiences with drug misuse | | |
| Brown, K & White, K<br><br>2006<br><br>Audit/Research<br><br>Multi-agency approach | *Exploring the evidence base for Integrated Children's Services*<br><br>Provides an overview of the literature about a multi-agency approach to providing integrated services. | *Multi-agency work* – challenges included concern about funding integrated services, cultural differences between professionals, Clarity about roles and responsibilities and the purpose of partnership working, leadership, organizational climate. Notes how training within professional silos has contributed to barriers to providing effective services. Gives examples of new approaches – e.g. new community schools. May mean different things to different groups – important to define and realize that integrated care is not just better co-ordination. Joint training important/process mapping to understand roles/responsibilities<br>*Assessment and Evaluation* – need more research to find hard evidence of better outcomes of integrated services. | |
| Denmark, C, Murray, M., Shielles,J. & Simpson, S. (2007),<br><br>Regional<br><br>Substance Misuse | *Action on Alcohol and Drugs in Edinburgh: Annual Report 2006/2007*<br><br>Provides an overview of the commitment to tackle drugs and alcohol in Edinburgh with a focus on certain particularly vulnerable populations including youth and pregnant women and families. | *Social problem – substance misuse* – highlights issues in Edinburgh with targeted focus on pilot programs for certain vulnerable populations including an emphasis on young women.<br>*Partnership/multi-agency approach* – identifies the variety of groups involved in collaborative to address substance misuse including the licensing board which has taken an active stance to revoke licenses to sell alcohol of offending establishments.<br>*New Initiatives* – highlights many new programs offered by government agencies and charitable groups to combat the problem.<br>*Assessment and Evaluation* – notes high level of involvement in research to increase understanding of addiction. | |
| Scottish Government and COSLA<br><br>2007, Nov 14<br><br>Policy | *Concordat between the Scottish Government and Local government or COLSA.*<br><br>Outlines the agreement between national government and local councils | *Autonomy* – Identifies council level ability to implement own programs build around quality standards and key programs. Notes details of providing single outcome agreement and reductions in bureaucracy.<br>*Interventions* – notes interventions in early childhood, for carers, and in kinship care that are important for councils to consider.<br>*Assessment and Evaluation* – identify ways to assess progress toward the national indicators. | |

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| | highlighting the increased autonomy and ability to use funds provided as council sees fit. Outlines requirements for single outcome agreements and inspections. Also provides national quality indicators and examples of application of quality indicators. Signed by government officials Sweeny, Hyslop,Watters, Fletcher, MacDonald, McChord, Murray, | | |
| Daniel, B, Vincent, S & Ogilvie-Whyte,S<br><br>2007<br><br>Audit/Research | *A Process Review of the Child Protection Reform Programme*<br><br>Incorporated a mix-methods design to determine the impact of new child welfare initiatives such as GIRFEC from a policy and direct practice perspective. | *Child well-being* – key focus on outcomes wholistic outcomes for children and child protection. Looking specifically at theory and research on children's needs, factors that impact development and effective ways to support parental capacity.<br>*Civic responsibility and public awareness* – critical component was to raise awareness of children's needs and how to refer or access services. Also looked at media coverage of child protection cases.<br>*Interventions* – looked at interventions such as the children's charter, 24 hour helpline, child protection summits, strategic trainings and significant case reviews.<br>*Multi-disciplinary work* – looked at programs such as 'children at the center' which was a combined training with STRADA for over 3000 professionals in Scotland. Also notes the value of co-location of groups partnering to work with families. | |
| Keys, M & Abebe, B,<br><br>2007<br><br>Audit/review<br><br>Substance Misuse | *The role of nurses and midwives in child protection: A report to the Scottish Executive*<br>A review of the literature primarily over the past decade in Scotland and UK on the role of nurses | *Assessment and Evaluation* – important for identifying risk and fostering critical thinking in nurses.<br>*Communication* – important with parents, children, young people and other professionals<br>*Multiagency work* – frustration that not responding to children's well-being, recognizing the important role of health care.<br>*Persistence, tactful, non-judgmental, empathy* | *Gaps in the Knowledge-base* – includes a lack of understanding of the role of culture in child protection reporting |

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| | in child prevention and protection. Backdrop of significant change occurring in child protection and nursing during the past decade – clarifying new directions. | – identified as important attributes of practice<br>*Confidentiality* and information sharing | |
| Scottish Government<br><br>2007<br><br>Regional<br><br>Note; this is a large geographic area, that is rural and includes several islands. | *Performance Inspection of Social Services Work:Argyll and Bute Council 2007*<br><br>All Scottish Council Social Work agencies will undergo a performance inspection during 2005-2009. Services were ranked on an overall scale of 1-6 with one being excellent. Several key recommendations impacting child welfare including making sure children are not placed outside their communities, putting more resources directly into local communities, assessing culture and specific needs of local communities. | *Assessment* - recommendation supports enhancing clear and targeted outcomes for children and families involved in child welfare, and that they are monitored and reviewed regularly. Also notes the importance of risk assessments. Noted that the council was behind in submitting reports.<br>*Child well-being* – Notes a decline in the past two years of children looked after away from home (from 249-233) and increased emphasis on education and stability of placement. Recommendation to improve offering for community based foster care. Notes that care leavers (young people aging out of care) had good 'pathway plans' linking them to education<br>*Partnership/multi-disciplinary work* – noted that improvement was needed on partnering with a broader group of community and providing clear vision and goals and engaging the community. Encouraged better capitalizing on the local culture and existing charitable groups.<br>*Civic involvement and public awareness* – noted high level of volunteer groups involved in a variety of areas.<br>*Relationships/Communication/confidentiality* – notes concern that there is not enough information sharing of social work goals and work, delays, and for LACs –insufficient contact with supervising social worker. | |
| Moray Chief Office Group for Child Protection<br><br>2008<br><br>Regional | *Moray – Keeping our Children Safe – Moray Chief Officer Group for Child Protection Annual Report 2007/08 and Business Plan*<br><br>Provides a regional overview of the plan implemented | *Child well-being* – highlights key goals focused on child and youth well being, and ensuring their safety and goals are being met.<br>*Multi-agency work* – notes already strong agency partnerships but that they are increasing their collaborations to improve their work. Particularly noted were police, education, community care council, social work, and health. Provides more guidance for sharing of financial and other resources as well as interagency leadership. Highlights joint trainings. | |

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| | for child protection outlining joint goals to ensure well-being of young people and children. | *Civic responsibility/public awareness* – highlighted new initiatives to increase public awareness of child protection and helplines that are available.<br>*Data and information sharing* – notes joint efforts including significant case reviews that are being evaluated and shared between agencies. | |
| McBride, G<br><br>2008<br><br><br><br>Regional | *National Body – Consultation sessions with Stirling Panel Members.*<br><br>Involved two consultations sessions with panel members for the children's hearings system to get their input about the system and its impact with GIRFEC – strengths and what could be improved. (note – 33 panel members in Stirling in 2008) | *Civic Responsibility/Public Awareness* – highlighted that the voluntarism and inclusion of the community was very positive as well as the commitment of the panel members. Recruitment of panel members could be expanded.<br>*Autonomy* – underscored that the independence of the local panels was very important and positive. Belief that standardizing would compromise judgment and plans. Should not become 'top heavy' of have lots of bureaucratic staff.<br>*Child well-being/children's voice* – highlighted the focus on wholistic approaches with children at the center as being positive and important. Notes that children need to accept grounds, parents can accept on their behalf if too young, children over age 12 have access to records.<br>*Assessment and Evaluation* – noted that assessment of the children's hearing system could be improved as well as the accountability of social work and other professionals involved in plan development. Monitoring of plans is important. | |
| Scottish Government<br><br>2008<br><br>Policy<br><br>Substance Misuse | *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*<br><br>Recognized the seriousness of Scotland's drug problem and that addressing it with new strategies will save resources to revitalize the economy and particularly deprived areas. New vision will focus on drug treatment and rehabilitation. | *Societal problem- substance misuse*<br>*Prevention – early years, youth,*<br>*New Policies –*<br>*Multiagency approach* – for service plans and with Europol for police action.<br>*Interventions* – including in prisons to help with recovery and jobs/economic development<br>*Relationships-*<br>*Autonomy – person and family centerd care plan*<br>*Children's Hearings* – use for youth involved with substance misuse | *Increased involvement of the criminal justice system* - Attacking organized crime to undermine its capacity to bring illegal substances into Scotland<br><br>*Shift to resilience* – Focusing on a shared belief that people can recover. |

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| Figure 8 Consultancy Services Ltd.<br><br>2008<br><br>Policy recommendations/ Report<br><br>Substance Misuse | *Integrated Care for Drug or Alcohol Abusers: Principles and Practice Update*<br><br>Report Produced for the SACDM Integrated Care Project Group<br><br>Provides a supplement to the National Quality Indicators for Substance Misusers and identifies additional important issues to assure consistency with integrated care. | *Multi-agency care/partnerships* – provided integrated care that is person and needs centered. Focuses on wholistic approach. Focus on recognizing long-term support is needed for recovery. Sufficient time to work in partnership and reduces duplication.<br>*Assessment and evaluation* – Importance of assessment geared toward person and situation/young person, parent, also focusing on whole person not just substance misuse. Effective assessment as an ongoing process not a one-time event. Core of an effective service. Also an assessment process for carers – to determine if able to provide care – supports that might be needed.<br>*Children's views* – Including young person's perspective and keeping assessment and care appropriate for young person<br>*Confidentiality* - Agency partners agree to core information that should be shared and informed consent process. Information should be kept confidential except in cases of public interest or possible harm of another- document why sharing. | |
| Scottish Government<br><br>2008<br><br>Policy/Report<br><br>Child well-being and Children's views | *These Are Our Bairns: a guide for community planning partnerships on being a good corporate parent*<br><br>Addresses the issue of looked-after-children (LAC)which includes children in foster care, residential care, and in their own homes but with supervision. Identifies key areas of attention for parenting these children so that they can become well educated and make successful transitions into society. | *Civic responsibility/public awareness* – highlights that the children are everyone's responsibility and collective attention is needed along with a focus on prevention. Responsibility to help the young person transition into adulthood – including for example making sure able to buy books when attending college and a place to return for help as a young adult.<br>*Child well-being/Children's views* – recognizes the individuality of the child and need to have unique plan focused their preventative needs. Hearing what the child/young person needs.<br>*Assessment and evaluation*– identifies the importance of assessment for risk and determining appropriate interventions. Also evaluating outcomes based in national indicators and the single outcome agreements – helping assure consistency across councils.<br>*Interventions* – should have access to the same resources as other children in the council including education, healthcare, counseling for trauma, and activities such as sports.<br>*Multi-agency work* – corporate parenting is inclusive of the local agencies working together to provide support for LAC children. Even though they have been separated from their families they will know that they are still important to their communities.<br>*Relationships* – Includes listening to young | |

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| | | people and communicating well, persistence –not giving up on the child | |
| Scottish Government<br><br>2008<br><br>Policy<br><br>Poverty/Income inequality | *Achieving our Potential: A Framework to tackle poverty and income inequality in Scotland.*<br><br>Stresses the importance of sustained effort that combines social equity, and economic growth to impact poverty in Scotland. Tackling the root causes of poverty | *Multi-agency work/shared approach* – this includes education and health care so children have the best start in life to maximize opportunity. Focusing on opportunities for specifically vulnerable families. Also includes working to minimize 'ring-fencing' that works as a barrier for some limiting their economic opportunities.<br>*Autonomy* – making resources accessible to local communities and being sure there is a sensible tax structure. | |
| Scottish Government<br><br>2008<br><br>Policy,<br><br>Poverty/Income inequality<br><br>Child and family well being | *Moving Scotland Forward: The Government's Programme for Scotland 2008-2009.*<br><br>Provides an overview of the five key initiatives in Scotland including Greener, Wealthier and Fairer, Smarter, Healthier, and Safer and Stronger. | *Social Problems* – identifies targeted goals toward the social problems of poverty, low achievement in some areas of Scotland, and addressing organized crime.<br>*Children's Hearings* – Identifies strengthening the children's hearings as being important.<br>*Autonomy* – notes the importance a culture of independents and of the Concordat that puts local government in partnership with national government including freedom to use funds to identify programs that reduce crime particularly with youth.<br>*Multi-agency approach* – notes collaboration as being critical toward achieving goals | |
| Scottish Government<br><br>2009<br><br>Policy<br><br>Substance Misuse | *Changing Scotland's Relationship with Alcohol: A Framework for Action*<br><br>Identified that alcohol related deaths and problems are up in Scotland compared to 15 years ago. Recognized the historic connection between alcohol and Scotland but called for every person to look at their relationship with drink and change cultural | *Societal problem* – substance misuse fatalities and health problems related to alcohol are up as high as 50%<br>*Ethos in Scotland* – notes the cultural and economic connection and clarifies that not against alcohol but wants to change unhealthy connection<br>*Intervention* – includes working with sports groups such as sportscotland and the football league<br>*Assessment and Evaluation* – importance of risk assessment for children<br>*Multi-agency work* – particularly incorporating mental health workers | *Increased involvement of the criminal justice system* – Recommendation to increasing the price of alcohol and raise the age of purchasing alcohol but has been met with opposition. |

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| | attitudes. | | |
| Scottish Government<br><br>2009<br><br>Policy/guidance<br><br>Substance Misuse | *The Road to Recovery: One year on*<br><br>A discussion of the Scottish Government's first drugs strategy since devolution. It reflects an effort to reduce drug use with a new approach to based on recovery. Moving in this direction would require a change in services and a wider cultural change. | *Multi-agency partnerships* for intervention including learning communities across councils<br>*Assessment and Evaluation* – for families with substance misuse issues<br>*Public awareness*- of substance misuse and those successfully in recovery<br>*Interventions* – heightened spending on recovery programs<br>*Poverty* – addressing pockets of poverty and recognizing its role in substance misuse | |
| Scottish Government<br><br>2009<br><br>Policy | *A National Conversation -Your Scotland, Your Voice*<br><br>Summarizes the conversation about devolution, 10 years later, and continues to make the case for expanded powers of the Scottish parliament and reclaims it place among the nations of Europe and the world. Initiatives summarized included a wealthier Scotland, a fairer Scotland, a greener Scotland, a healthier and smarter Scotland, a safer Scotland, a stronger Scotland, a modern Scotland, and choosing Scotland's future. | *Autonomy* – identifies a strategy for ongoing autonomy as an independent country and role in the European Union and in world government.<br>*Social problems* – Examines several key areas and policies in Scotland including the economy and the ongoing impact of U.K. taxation on Scotland including revenues from corporations and the North Sea industries. Encourages ongoing expansion and increased economic diversity. Also notes improvements made since devolution, when compared to the rest of the U.K. specifically related poverty, and housing.<br>*Civic responsibility/public awareness* – Presents the three options that government can take that includes devolution as it is currently, increased powers under devolution, and full independence. Notes the many ways that government has been engaging local communities about the options and a dialogue. | *Oppression* – presents examples where the Scottish people are still being prevented from having an equal role in governance and representation within the U.K. to advance their nation's interests e.g. representation at international conferences within the EU and the ability to make tax cuts or borrow money to further the country's fiscal policies. Additionally the debt of other countries in the U.K. impacts Scotland. These issues will continue to undermine policy autonomy until full independence is achieved. |
| Mitchell, F., Burgess, Cheryl<br><br>2009<br><br>Audit/Research | *Working with families affected by parental substance misuse*<br><br>Provides an | *Children's views* – children are often loyal to parents and may keep substance misuse secret but understanding protective factors from children's perspectives is important<br>*Assessment*- risk assessments important<br>*Multi-agency work* – important for both | *Gaps in the knowledge base* - current studies don't provide enough information about the prevalence of the problem and efficacy |

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| Substance misuse | overview of the type of interventions that have been used to support children, parents and families including the challenges and impact of interventions on outcomes | prevention and timely response and training<br>*Interventions* – strong therapeutic intervention that connects practitioner with parent/child shows stronger outcomes<br>*Perseverance, communication, calm, nonjudgmental, flexibility, empathetic, responsiveness to family's needs* – therapeutic relationships skills very important<br>*Confidentiality* – practitioners not always sure when and how to engage children/relatives due to confidentiality guidelines.<br>*Child-well being* – preventative and wholistic approaches important | of interventions. Research tends to focus on drug use in mothers instead of alcohol use or drug use in fathers. Little is known about the parents' views of the parenting role and the impact of substance misuse. Much of the research has been done in North America rather than the U.K. – more is needed<br>*Impact of other issues* –domestic violence, poverty, other issues can make it hard to engage families<br>*Shift to resilience* – Finding strengths in the family and person-centered focusing on a shared belief that people can recover. |
| Lister, P, Green, M.<br><br>2009<br><br>Audit/Research | *Report to ACPOS: Report of literature review of recommendations of child abuse inquiries in respect of the Police Force* – overview of inquiry reports and significant case reviews | *Assessment & Evaluation* – critical for understanding where problems emerge and addressing. Risk assessment critical for assuring safety<br>*Confidentiality –communication* - information sharing across agencies is critical to assure child safety<br>*Multiagency work* – including cross-training<br>*Data information and management* – maintaining database information about repeat offenders and also about drug related deaths particularly with sex offenders –<br>*Children's views* – children's comments should be considered, they should be interviewed | *Staff issues* – poor decision-making including making decisions in isolation. |
| Glasgow City Council<br><br>2009<br><br>Regional | *Glasgow Child and Family Services Plan 2009-2012.* Builds upon early guidance in Glasgow of the GIRFEC plan to create comprehensive integrated partnerships. Has an increased focus on outcomes for children and young | *Child well being* – notes focus around GIRFEC principles and also importance of early childhood, enjoying childhood, supported as responsible learners, and good citizens, safe, healthy, nurtured and respected. Identifies the children's charter for Glasgow<br>*Partnerships/multi-agency approach* – identifies core collaboration responsibilities and key priorities for this time frame including parenting, early childhood and extended services, keeping children safe, raising achievement and child poverty.<br>*Social problems*-Identifies high levels of poverty and substance misuse in the city and | *Learning communities* –To facilitate inter-agency work the neighborhoods of Scotland have been divided into learning communities. These were also mentioned as venues for developing new child welfare initiatives.<br>*almost all asylum seekers live in Glasgow<br>*Youth Justice teams* – multidisciplinary teams |

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| | people. | concern about agencies providing supports for all children who need them. Concern about the growing number of children being born in the most deprived areas (58% of all babies born in 2008 were to mothers in Glasgow's most deprived areas). Key targets to reduce alcohol and substance misuse<br>*Autonomy/new initiatives* – Supports local initiatives and infusing supports through the city's learning communities. | that support offending youth. – notes decline in several parameters of youth offending. |
| NHS Education for Scotland – Multi-disciplinary<br><br>2010<br><br>Policy<br><br>Research | *Core Compete Core Competency Framework for the Protection of Children: Draft for Consultation*<br><br>This document builds upon the earlier recommendations contained in the Early Years Framework, GIRFEC and the CPRP mixed method evaluation of how policies have been implement. It provides direct suggestions for multidisciplinary practice. It responds to specific questions that have been raised about multiagency work and roles of work. | *Child well-being* – Suggests that while overall child welfare has been enhanced there needs to be ongoing discussion about how to make sure the child protection is maintained within the current framework. Suggests 4 levels<br>*New policies* – the competency statements and dimensions provides specific guidelines through a GIRFEC approach that can be used for training and education.<br>*Multi-agency work* – new trainings increased professionals' understanding of child protection and child wellbeing and better information sharing. Provides indicators, competency levels and understandings and training. | |
| Getting it Right for Every Child, Development Officer,<br><br>2010<br><br>Regional | *Getting it Right for Every Child in Moray: Moray's Local Integrated Assessment and Planning (LIAP) Procedures*<br><br>Expands upon the procedures designed to respond to referrals about child abuse and neglect, the assessment, | *Multi-disciplinary approach* – emphasizes the importance of engaging other professionals in the service plan for the family and regular communication. Guidelines and forms for solution oriented meetings.<br>*Child well-being* – highlights the value of partnering with the family for whole child's development, respectful assessments, and including children's views. Includes specific tools and forms to facilitate the process.<br>*Assessment* – notes importance of early comprehensive risk assessment and then evaluating periodically as case unfolds.<br>*Relationship* – notes the importance of clear | |

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| | engaging the family and the multidisciplinary approach. | goals and communication | |
| Scottish Government Social Research<br><br>2010<br><br>Policy<br><br>Substance Misuse | *The Societal Cost of Alcohol Misuse in Scotland for 2007*<br><br>Provides an overview of the literature and available statistics of the prevalence of alcohol misuse in Scotland. It also estimates the societal cost of misuse to society given extended health care, crime, absenteeism from work, societal supports required. | *Societal problem* – Looks at the alcohol consumption across the age range and attempts to define within risk categories | |
| Scottish Government 2010<br><br>Audit/Review | *Equally Well Review 2010: Report by the Ministerial Task Force on implementing Equally Well, the Early Years Framework and Achieving Our Potential.* Discusses the shared approach to tackling complex social problems that impacting generations of Scottish people. Focusing on early start in children's lives, poverty and poor health. Encouraging early intervention and breaking cycles of poor outcomes. | *Social problems – poverty, substance misuse* – identifies as long-term problems in Scotland and integrated commitment to address. Also the importance of targeting inequalities.<br>*Multi-agency approach* – notes that integrated services are essential<br>*Interventions* – resources shifting toward interventions – nationally and locally includes wrap-around support for substance misuse offenders<br>*Well-being and universal access to services* – comprehensive access to early childhood services<br>*Assessment and Evaluation* – must have for monitoring outcome of interventions. Pathfinder approaches that include 'shared-learning'.<br>*Civic Responsibility* – engaging entire communities is important in the intervention | |
| Growing up in Scotland (GUS)<br><br>2010 | *What parents say about growing up in Scotland: findings from Growing Up* | *Child well-being* – notes the impact of health, education, social services and others on children's health and well-being. Lower economic status or deprivation was | *Mothers' mental health* – identified that one third of all mothers reported some period |

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| Audit/Research<br><br>Child well being | *in Scotland.*<br><br>Funded by the Scottish government GUS is a longitudinal study started in 2005 and tracking 8000 children from infancy through the teenage years. An additional 6000 children will be recruited in 2011 | associated with higher likelihood of communication and behavioral problems rather than overall health problems. Also lower levels of physical activity at age 3. Resilience associated with older mother, one adult with full-time work, positive self-help seeking behaviors, no long-term health problems.<br>*New initiatives* – identifies parents' perceptions of their GP as well as the health care home visitor during their child's infancy and early years.<br>*Relationship* – Parents with strong social networks engage in more activities with their children and will seek support when needed. | of poor mental health during their child's first four years. Children where there was emotional consistent seemed to have better social development. Mothers' poor mental health for brief periods of time seems to have no affect on children's cognitive development. Important to look at resilience factors. |
| Social Work Inspection Agency<br><br>2010<br><br>Audit/Review<br><br>Social problems<br><br>Child Well being | *Improving Social Work in Scotland*<br><br>Results of a multi-agency inspection of social work services in Scotland including services with learning disabilities, seniors, substance misuse, and youth and families. | *Multi-agency work* – notes the increased importance and acceptance of multi-agency work to address family and child welfare issues.<br>*Assessment* – highlighted the increased awareness of the use of accurate risk assessments and new tools and methods being used in child welfare. Increased emphasis on developing parameters for national data and data management. Supports the idea that it is still 'early days' for evaluation. Still inconsistency for risk assessment.<br>*Autonomy* – did not inconsistency in application of some services across councils.<br>*Child well-being* – better support for councils with the idea of corporate parenting – caring for children in foster care, also improved early intervention, and faster decision making for LAC children's futures. Also improving outcomes for 'Sweet 16' or children leaving care at 16 and moving to apartments - many being placed in bed and breakfast accommodations which were considered less stable.<br>*Children's voice* – improving strategies to include children's viewpoints in child welfare work<br>*New interventions* – focused on personalizing care more specifically to meet children's and families' problems<br>*Civic responsibility/public awareness* – increasing support for kinship carers when children can't live at home as well as supporting youth within the community. | *Staffing issues* – noted that social workers were good at managing people but not leading change. Improved culture of performance management but needs more.<br>*Resources* – did not find clear correlations between expenditures and higher outcomes. Important to bring together finances, leadership, creative change efforts, and effective short-term and long term management. |
| Scottish Government<br><br>2010 | *National Guidance for Child Protection in Scotland*<br><br>Acknowledges the | *Child well-being* – places primary emphasis on children at the center and universal services. Notes the importance of child protection. Clarifies further what child abuse and neglect is. *Children's voice* – importance | *Social problems* – raises the concern of child trafficking, 'internet grooming'(child is |

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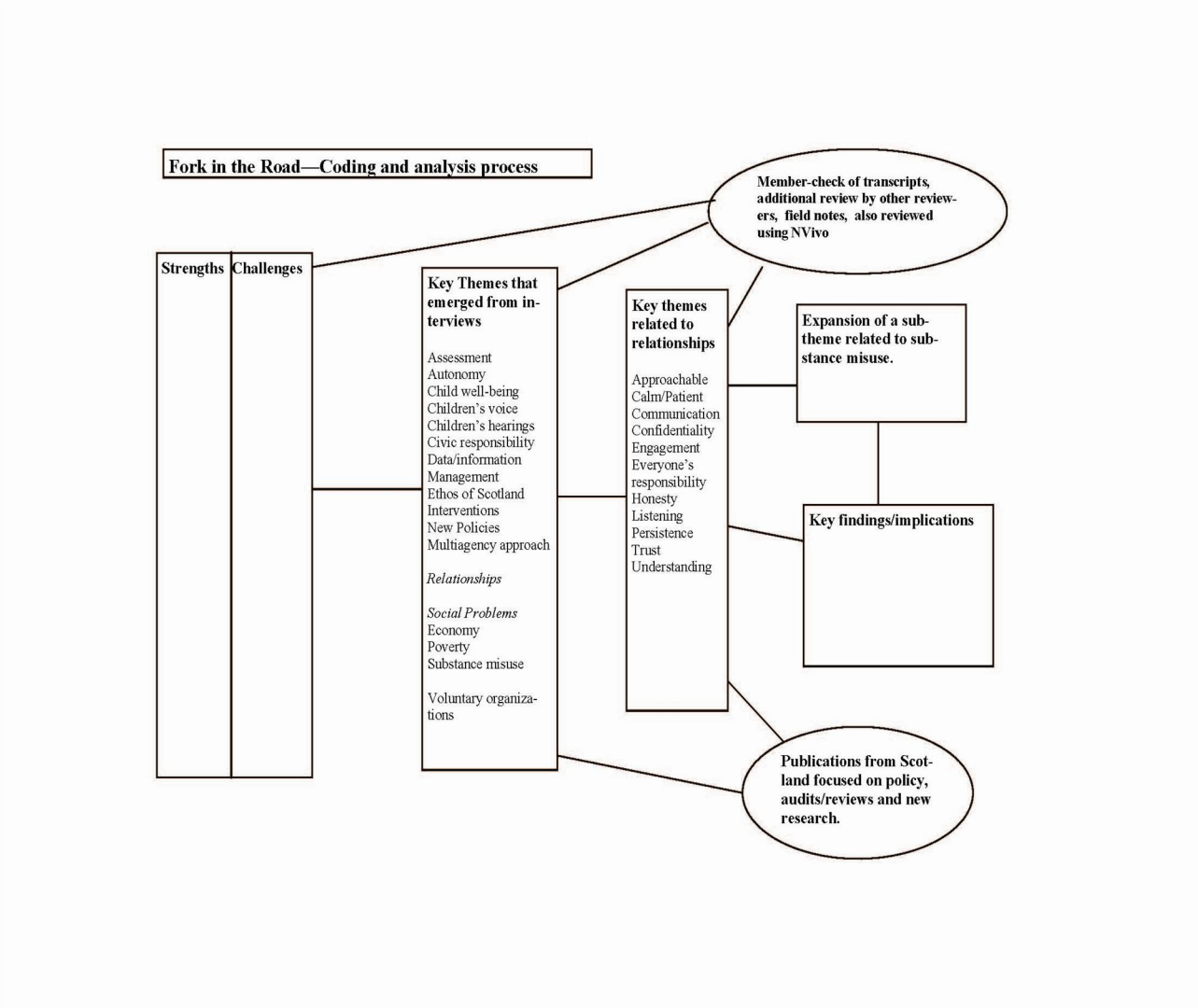
| Policy | development of child welfare in Scotland since 1998 including the move to put the child at the center and the universal services of<br>*Getting it right for every child*<br>The revised National Guidance on Child Protection focuses on the evolving process and Scotland's distinctively strong commitment to work in partnership with others as the best way to support local practice | of children's charter noted<br>*Social problems* – identifies substance misuse as an ongoing problems<br>*New initiatives* – identifies the foundation of GIRFEC and its link to the early years framework<br>*Assessment and evaluation* – discusses the importance of beginning to be outcome focused rather than process focused. Notes the importance of risk assessments.<br>*Partnership/multiagency work* – clarifies importance of the child's plan, also role and responsibilities of lead professional<br>*Confidentiality* – additional guidance on information sharing<br>*Civic responsibility/public awareness* – identifies the collective responsibility for protecting children | enticed via the internet), and sexual exploitation. |
| Scottish Government<br><br>2011<br><br>Regional | *Dumfries and Galloway –Tackling Child Poverty in Scotland – feedback for discussion paper*<br><br>This reflects the feedback from this council on child poverty issues and barriers in their council | *Social problems* – notes the impact of child poverty<br>*Child well-being* –<br>*New initiatives* – suggests greater emphasis on children with a disability. Also notes the problem of public transport for young families. Priority of early years and early intervention. Notes the importance of parenting education<br>*Partnership/multiagency approach* – notes the importance of working together with other agencies. Notes barriers of short term 'ring-fencing' projects are money that can be used only for very restrictive purposes. Rural environment and access to universal services.<br>*Communication* – notes importance for multi-agency work and partnerships. Notes confusion about 'assets based' approach and potentially missing gaps. | |

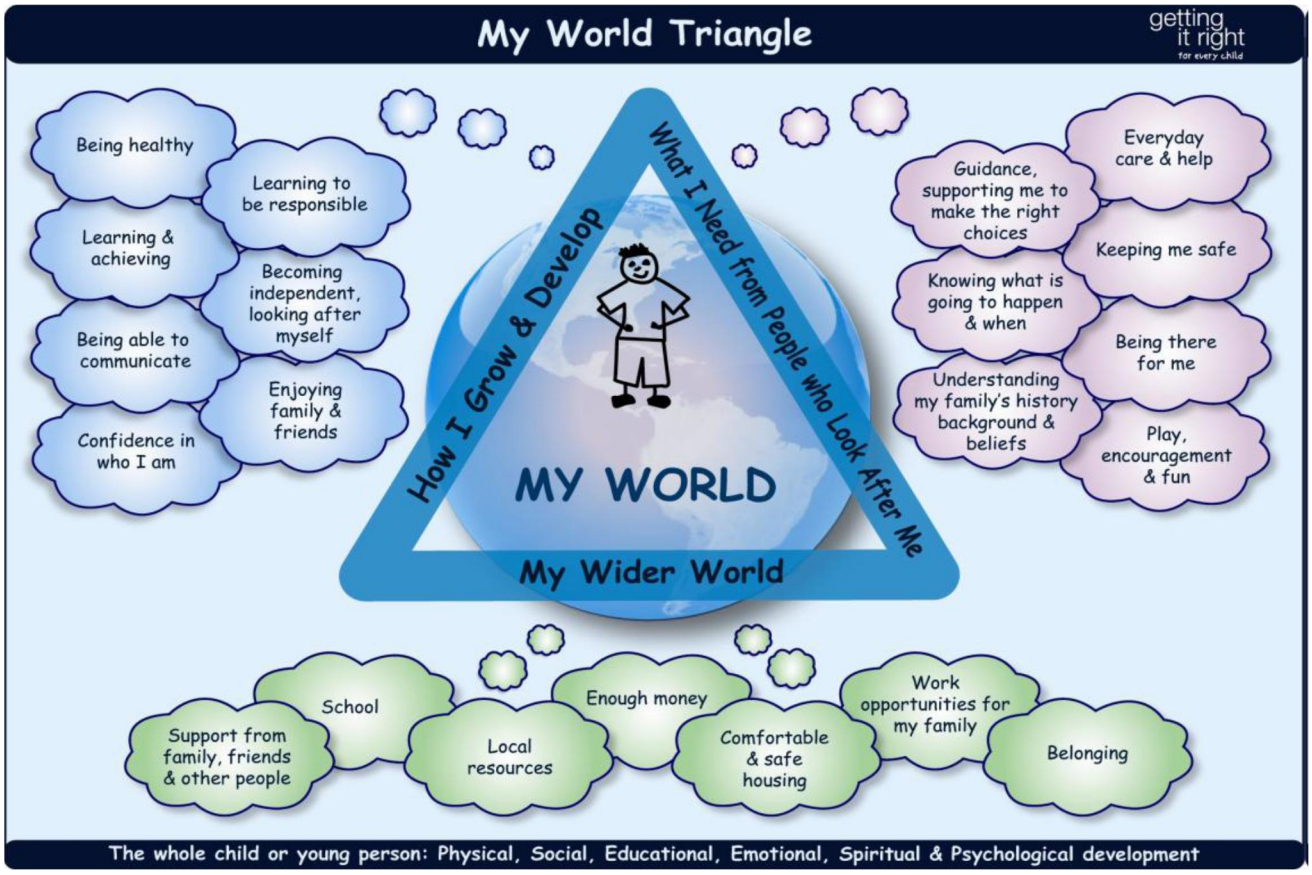
# APPENDIX D

# CODING AND ANALYSIS PROCESS



## APPENDIX E

## MY WORLD TRIANGLE ASSESSMENT TOOL



# APPENDIX F

# KEY THEMES

| Theme | Description of the theme |
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| Assessment & Evaluation | This includes the importance of risk assessments for the safety of the child within the family. It also reflects the emphasis on assessment and evaluation of new initiatives. |
| Autonomy | Flexibility for local authorities/councils to control their resources, create their own approach, provide for the children in their communities. Not individualism that is often identified with America. |
| Child well being<br>*Children's views* | Concept looks at the wholistic approach to child well being as part of the child welfare context. Focused on theoretical concepts pf prevention and children's charter *Children's voice* – children's views must be included in the process such as evaluations |
| Children's Hearings | The lay panels/procedures within each local council responsible for reviewing referred children/families. Meets with referred children and parents and includes members of the community able to help the family, provide supports or services. Helps to create a unique service framework centered on the needs of the child but designed to support their, and their family's unique issues. The panel helps to provide a level of accountability for service providers and parents. |
| Civic Responsibility/Public Awareness | Includes the role of the general public in child welfare including volunteers on the children's panels. The use of media for increasing awareness of policies and issues. Emphasis to include public views/dialogue in national and local policy. |
| Data and Information Management | This includes management of review and audit data at the council level as well as promoting and disseminating data and research information for practical training.<br><br>*Logistical management* – handling increased information and data |
| Ethos in Scotland | Characteristics, attitudes found in the child welfare infrastructure that seem specific to Scotland, reflecting a unique cultural value. Examples might be items like a high degree of dialogue and working together, joined up work and autonomy to develop local initiatives. |
| Interventions | This reflects the new activities, initiatives that are being created to support children and families. Considerable emphasis on integrated approaches that include several groups such as health, education, and social work. |
| New Policies | Describes the multiple new Scottish policies created to respond to issues in the newly devolved government specifically in the area of child protection. Also mentioned were new policies that impact families and provide greater flexibility for interventions being developed at the local levels. |
| Partnerships/multiagency approach | Reflects the importance of multiple agencies working together to support the spectrum of issues impacting a vulnerable family . Integrated approaches to services, interventions, assessments and sharing of resources were just a few of the things noted. |
| Relationships | Identifies the importance of developing a sound relationship with vulnerable parents and children. Further expanded to include characteristics such as honesty, engagement, listening, and understanding. |
| Social Problems<br>*Economic climate*<br>*Poverty*<br>*Substance misuse* | Highlights some of the social problems impacting Scotland currently and recognized within the spectrum of issues that often impacts highly vulnerable families. Economic climate reflects the current financial downturn and its potential impact on new policies and services. Poverty reflects the high level of poverty and income inequality in Scotland. Substance misuse was discussed as a growing concern but with important new policies developed to help parents with recovery. |
| Voluntary Organizations | Notes the importance of the involvement of charitable and voluntary organizations for family support and child protection. Allows for flexibility at the local level for new interventions. Equally engaged in policy development, planning and trainings. |

# APPENDIX G

# RELATIONAL SOCIAL WORK CHARACTERISTICS

| Characteristics | Further Description [ based on participant interviews] |
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| Calm, Patient | Remaining calm and respectful in the face of extreme anger or emotional distress. Includes lots of flexibility to work with families in different ways that work best from them. |
| Communication | Clarification with the parents and child(ren), from the first point of contact, about what the concerns are, who may be involved and what will happen next. Includes parent and child-friendly 'PR' materials that increase awareness of how to contact services and social work and evaluation/feedback from parents about their experiences with social work. Also includes communication between that multi-agencies involved in supporting communities, joint training, data and information sharing, evaluation, in some cases sharing of space. Agreement on common vision, motivation and goals. *Key focus on adequate time to dialogue and discuss issues.* |
| Confidentiality – Information Sharing | Clarity with the family at the very beginning about what/ who will be involved and information that will be shared. A consent process. Creating effective mechanisms for sharing information (such as the integrated assessments and local database to track service provision) with the other agencies involved. Supporting services in ways that facilitate the family's access to services without having to repeat same information and minimizes risk to the parents/child(ren). |
| Engagement | A dynamic process, where there are no shortcuts, beginning with the first part of contact with the family and the children and their voluntary participation. Involves optimism/encouragement for the parent that things can change and parents see that meaningful services are available and helpful – [assessment process included here]. It also involves a vision from the multi-disciplinary professionals to understand the difficulties but still commit to joined-up work focused on common goals and optimistic about outcomes. |
| Everybody's Responsibility | Recognizes that everyone in the community, neighbors, volunteers on the Children's Panels, police, education, social work, can help support children and families. They can take the role of a lead professional if that is best for the family. Also includes joint responsibility for providing services. |
| Honesty/Transparency | Clarifying with parents and children why there is a concern, why social work involved, and providing goals and monitoring goals. Clarifies others involved and information shared, essentially explaining things fully at each step along the way. It also includes transparency where mechanisms such as the assessments (LIAP and My World Triangles) target goals and steps toward the process. It also includes feedback and evaluation for all involved – parents, children, and agency workers. |
| Listening | Critical importance of hearing parents AND children's views about the issue. Giving them adequate time to explain and the tools to help clarify the issues. Includes feedback and evaluation as the case unfolds so that services can be adjusted accordingly. Also includes the importance of the Scottish government listening to the what people want, which filters to the local authorities that have joint meetings and work to develop and implement local programs |
| Persistence | Continuing to persist to hear the family's concerns and voluntarily engage them in support services. Also involves persistence with multidisciplinary work and staying with the families that need the services. |
| Trust | Important aspect of the relationship with the parents/children that takes time and is dependent on the family seeing that, they are part of the team and that everything is working within the multi-agency support system as promised. Also and important aspect of the joined up work with other agencies/organizations and involves the appropriate sharing of information and follow-through on plan. |
| Understanding | This represents a deeper level of clarification between the family and the social worker or lead professional, that as a result of integrating all available information and services (assessments, careful listening, communication) a systemic change in the family dynamic will likely occur. It also includes, the important role of assessment and the evaluation, beginning at the micro -direct practice level and then on through to the macro- policy level to clarify what is happening at the various stages of child welfare in Scotland |

## APPENDIX H

## THE 15 NATIONAL OUTCOMES

We will live longer, healthier lives

We realise our economic potential with more and better employment opportunities for our people

Our children have the best start in life and are ready to succeed

Our children are successful learners, confident individuals, effective contributors and responsible citizens

We have improved the life chances for children, young people and families at risk

We live our lives safe from crime, disorder and danger

We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others

We live in a Scotland that is the most attractive place for doing business in Europe

We are better educated, more skilled and more successful, renowned for our research and innovation

We have tackled significant inequalities in Scottish society

We live in well-designed, sustainable places where we are able to access the amenities and services we need

We value and enjoy our built and natural environment and protect it and enhance it for future generations

We take pride in a strong, fair and inclusive national identity

We reduce the local and global environmental impact of our consumption and production

Our public services are high quality, continually improving, efficient and responsive to local people's needs

Progress on the outcomes is measured

(Scottish Government, 2008, The Road to Recovery. p. 4-5)