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BSC LEVEL 5 IN HEALTH AND SOCIAL CARE

INTRODUCTION TO RESEARCH (BMHP5005 LON)

TITLE: LITERATURE REVIEW

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AUGUST 2021

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1.0 INTRODUCTION TO THE RESEARCH

1.1 Introduction

This report explores and analyses findings via a systematic literature review of 15 research papers on looked after children, focusing on critical conclusions drawn from the current service provision by the UK government in this area, children's well-being, and educational adversities.

In England, a looked after child is a child that has been in the care of the local authority for more than 24 hours. In Scotland, this definition also includes children in regular contact with Child Protection Services still living at home (NSPCC, 2021).

According to the NSPCC (2021), all organizations that work with or encounter children should have safeguarding policies and procedures to ensure that every child, regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation, has a right to equal protection from harm. Safeguarding means protecting children from the risk of abuse and maltreatment while also preventing harm. Safeguarding also underpins child protection policies. These focus on procedures that entail the response process to concerns about a child's safety.

1.2 Background

Looked after children or children in care are amongst the groups most exposed and at risk of harm in our society. The children often hail from conflictive backgrounds and traumatic environments that have led them to be taken into care by the local authority. Approximately 100.000 children enter the care system every year (Oakley et al., 2018).

Although there have been several legislations about children safeguarding across the 20th century, the Children Act 1989 is the first notable legislation on which current child protection principles and procedures are based. The government produced this Act to ensure that the needs and safety of every child are a priority and that every effort should be made by the authorities to keep children safe and protected and to support and encourage family units unless they pose a threat of significant harm to the child (Waterhouse and McGhee, 2015).

However, various abuse cases have induced numerous child protection procedures and legislation revisions over the past two decades. One of the most notable cases was the murder of Victoria Climbié in February 2000. As a result of this case, which was plagued by negligence from the local authorities, an inquiry was undertaken by the government that resulted in the passing of the Children Act 2004. The most notable changes were creating an integrated children's computer system (ICS) to assure data collection. Moreover, in 2008, Peter Connolly (also known as Baby P) was murdered by his mother and her boyfriend after sustaining several injuries over nine months. Because he had died in the Haringey council (the same council where Victoria Climbié died), the case prompted significant social and media uproar, and Child Protection Services were subjected to a high level of scrutiny. A full review of child protection procedures was conducted

as a result, and the government set up the Social Work Task Force and later the Social Work Reform Board (Community Care, 2005).

1.3 Research question

Are all the looked after children's physical and mental health needs met and accounted for?

1.4 Aims and objectives

The aim is to research, analyse and explore the current policies and practices, the provision of services by the local authorities in the UK, the concept of well-being and the impact these have on looked after children and the practitioners involved in their care.

2.0 RESEARCH METHODOLOGY

2.1 Search terms

Looked After Children, Children In Foster Care, Child Safeguarding, Childhood Adversity, Out-Of-Home Care, Subjective well-being, Mental Health, Physical Health, Children in Care.

2.2 Data sources

SagePub, Journal of Social Welfare, The British Psychological Society, NSPCC Learning UK.

2.3 Data collection methods

A secondary research and a systematic literature review of 15 articles related to looked after children such as safeguarding, well-being, policies and practices within the child protection sector.

The methodology used to develop the objective of this report has consisted of an exhaustive analysis of the existing scientific literature on this subject. A systematic bibliographic search has been carried out to identify and select the studies on which the present work is based, following methodological criteria that will ensure the scientific relevance of the documentary sources (articles). Subsequently, an in-depth analysis of said scientific literature has been carried out.

2.4 Inclusion and exclusion criteria

The descriptors to be handled, the inclusion and exclusion criteria, as well as the search strategies and their extension, have been established a priori. Initially, the search was limited to articles that had been published in the last ten years, later expanding to the fundamental reference articles within the scope of the study. Likewise, an attempt was made to select the articles directly related to the object of study, excluding those that were not entirely well outlined. The most appropriate databases were searched, and the key terms to be used in the search strategy were identified.

Finally, I chose to include articles not older than 2008, except for one article from 2006 about academic disadvantages and adversity. I have decided to start from 2008 because that was the year the Children and Young Person's Act 2008 was passed. The Act was passed after the tragic case of Baby P, and it addresses

the need to prioritize early response to concerns about safety and improving outcomes for looked after children.

2.5 Data summary table of journal articles

Author and title	Research Questions Research Objectives	Methods and Sample	Evaluation of the Article
Benaton et al. (2019).	This paper reports outcomes from research focused on interventions with children in care.	Interviews with project staff and carers. Automated data collection questionnaire where children could choose the questions they wanted to answer anonymously.	The article promotes an internal code of ethics that relies on individual practice.
Berridge, D. (2006).	The paper explores issues with the educational achievements and disadvantages of looked after children.	Data and conclusions are drawn from Official national statistics.	Data must be interpreted considering the socioeconomic factors of the areas.
Brown et al. (2019).	Data analysed in this paper explores the perception of care by children and their carers.	Twenty-eight interviews and three focus group interviews. Forty-four participants, including children aged 12-20, 8 social workers and 19 carers.	The data collected from children is from a limited age range.
Evans et al. (2017).	The paper explores the disadvantages children in care face educationally.	A systematic review in a randomized controlled trial evaluating children's interventions under 18 years old from studies conducted since 1989.	There is a risk of data bias and irrelevance, taking into account societal changes.
Leeson, C. (2010).	The article reflects on the importance of promoting healthy attachments between children and practitioners.	Individual interviews with seven social workers from different welfare offices.	Data collected from a minimal number of participants doesn't account for the wider majority.
Liabo et al. (2012).	A systematic review of interviews that are aimed to promote school attainment of children in care.	Case interventions of children in care aged 10-15.	The study was found lacking evidence of the effectiveness of practices and policies.
Macleod, P. (2020).	This report explores findings from inspections on the service provision of children in care.	Eight joint inspections plus data from 754 case records from children in care from 2018-2020.	Findings aren't tangible enough to assure evidence of the impact of performance.
Macauley, C., Davis, T. (2009).	The paper explores mental health, social issues, and young people's views on the provision of services.	Systematic literature reviews on the subject and published studies. Results from the Office of National Statistics.	Statistics account only for diagnosable mental disorders.
Oakley et al. (2018).	This report analyses the system's performance in place and future plans of action for the betterment of the provision of services.	Data were collected and analysed from national statistics provided by the government.	Findings and data are subjected to the area in which they were collected due to socioeconomic factors.
Pinto, C., Woolger, M. (2015).	The article explores the mental health impact of the adversities faced by children in care.	Review of various literary sources on the subject of looked after children.	The article lacks own updated data and research on the subject.
Rees, P. (2012).	The article identifies that children in care experience high rates of psychopathologies, health problems and educational underachievement.	Data was collected from the whole population of children in care aged 7–15 years. Measures included the Strength and Difficulties questionnaire, Emotional Literacy Assessment and Intervention Inventory, and the British Ability Scales. The children's data were contrasted with conventional norms from the general public and current research studies.	The evidence base is limited due to research being heavily restricted in this area. Findings might not accurately represent the broader majority of looked after children.
Ridley et al. (2013).	This article explores looked after children's concerns about not being involved in their own care planning and care workers reliability.	Data was collected from interviews with 169 children across a 3-year-old evaluation program of Independent Social Work Practices.	The limitations of this article are the findings from children are obtained via a practitioner instead of the researchers and, therefore, are slightly biased or not accurate.
Shaw, J., Greenhow, S. (2020)	This article focuses on the research of sexual and criminal exploitation of children in care.	Interviews were conducted with 36 participants.	Further legislation is needed on the subject.

Simkiss, D. and Jainier, R. (2018).	The article focuses primarily on the statutory health assessments looked after children undergo upon entering the care system in England. Details the ongoing provision and history of the existing system of health provision and monitoring in England.	NICE (National Health Institute for Health and Care Excellence) Statistics. Data drawn from Strengths and Difficulties Questionnaire provided by the Local Authority.	Lack of information on the progress made over the last 20 years on developing the health assessment provision. Data is 15 years old
Wood, M. and Selwyn, J. (2017).	This article explores the abstract concept of well-being as identified by children in care.	Data were drawn from 140 children and young people on the subject of their personal views on well-being. Data collected from research from 2005 from 8.000 interviewed children	Surveys conducted are used for data collection and not as a tool for improvement. Concepts explored in the article are subjective, therefore lacking in clinical data.

3.0 LITERATURE REVIEW

3.1 Existing literature on the topic

The literature I have found on the subject is extensive and well documented. However, there is little research evidence in the UK on the direct impact of neglect as studies tend to combine it with those of abuse (McAuley and Davis, 2009). Yet, neglect is the prominent reason for intervention on Child Protection/ Safeguarding Registers (Department for Children, Schools and Families. Departmental Report 2008, 2008).

3.2 Gaps in the literature

The gaps I have found in the literature researched for this report are the lack of consistent evidence and credibility on the data analysed. Data collected from the children involved can be compromised since it is almost always collected via a practitioner. This poses a risk of cherry-picking children who might be more inclined to give favourable feedback than those who might not.

All the data and findings must be analysed considering socioeconomic and environmental factors. These evolve with the decades, as does the concept of well-being, a subjective concept that varies considerably considering the individual.

3.3 Limitations of the research

Research on this area is heavily restricted. Strict safeguarding policies and practices are required of anyone who encounters children in care; therefore, it is unfeasible to retrieve direct answers from the children themselves. Data obtained from an Automated data collection questionnaire, such as the one conducted by Benaton et al. (2019), where children could choose the questions they wanted to answer anonymously, although more efficient in reducing the risk of bias, does not account for the wider majority; nor does it account for ethnic minorities, disabled children, or refugees (Selwyn et al., 2016).

3.0 SECONDARY DATA ANALYSIS:

4.1 Findings: Thematic analysis

The common denominator theme that the articles share is the quality-of-service provision. Policies undergo several revisions through the years, seemingly propelled by several tragic cases where the system fail the children they are responsible for protecting.

In most cases, the issue seems to be a practice failure rather than policy (Oakley et al., 2018). In their published research, Brown et al. (2019) point to the concept of 'genuine care'. Genuine care involves reliability, empathy, and unconditional support. Looked after children often report the absence of genuine care contrasted to contractual care. This sort of care stems and relies on the personal involvement of the practitioner and is not motivated by remuneration or obligation.

In 1998, the government launched a project called 'Quality Protects' that stemmed from growing concerns about service proficiency for looked after children across all three agencies. In 2002 the Department of Health set up a health assessment process that promotes the healthcare of looked after children. Designated Doctor and Designated Nurse roles were created (these became statutory in 2009) (Simkiss and Jainer, 2018).

According to Simkiss and Jainer (2018), children in care have a higher level of mental health needs that must be addressed when entering care. Ridley et al. (2013) agree with this statement and further point to a lack of reliability, trust and advocacy for looked after children. Furthermore, the lack of accessibility and availability of mental health service provision is an issue reported by both looked after children and caregivers. Frequent worker changes also undermine the relationships and care of looked after children. They are reportedly more likely to express their opinions and concerns if the same practitioner is retained for over a year. Retention and recruitment are a struggle that stems from high caseloads and the lack of direct decision making. These issues could be troubleshooted by reducing bureaucracy and increasing direct contact and decision making. Selwyn et al. (2017) further argue that trust is severely damaged by the turnover of carers, leaving the child with a sensation of abandonment and neglect reminiscent of how they felt before entering care. These feelings are further exacerbated after children leave care. Simkiss and Jainer (2018) elaborate on this fact, expressing that attachment to primary caregivers is often disturbed and undermines the promotion of healthy attachments and trust. Children in care have suffered severe levels of abuse and neglect, and the impact these experiences have on their mental well-being means they will most likely need mental health support and therapy for many years to come (Wood and Selwyn, 2017). While it is possible to access a provision after children leave care, many have expressed their disappointment at the impossibility of keeping in contact with the same clinician they had while in care.

Berridge (2006) reported that most children in care leave with no qualifications and are at risk of unemployment, homelessness, substance abuse and prostitution. Transition into adulthood of looked after

children with no qualifications poses a greater chance of social inequality and adversity. Or, in other words, culminating in the same dysfunctional and troubled environment the children came from before entering care.

Pinto and Woolgar (2015) argue that children in care present a range of poor educational, mental, and social outcomes. These children are capable of high levels of resilience, despite presenting a wide range of cognitive developmental delays and emotional impairment due to their environment. Research on this area reports atypical brain developmental issues in the prefrontal cortex (the part of the brain responsible for the control and organisation of behaviour) (Ramani and Owen, 2004), hippocampus (the part that regulates emotion, motivation, and learning) (Goyal et al., 2008) and amygdala (the part that has a role in the modulation of fear, memory, attention and emotionally charged stimuli) (Rasia-Filho et al., 2000).

The authors Pinto and Woolgar (2015) discuss the fact that suffering from chronic stress induces the production of high cortisol levels in the body that are linked to hindering the production of growth hormones and altering brain development, which is connected directly to cases of poor mental performance and control of emotions.

According to Rees (2012), the issues are deeply entrenched and structural in origin. Educational failure is linked to social risk factors such as social class and poverty. Research on this area points out that income redistribution is only part of the issue. To redress the problem further, social and educational policies and measures are needed. Education can undoubtedly make a difference, but inequalities in society have a more significant impact. Benaton et al. (2020) agree and state that poverty generates harm and problematic behaviour.

4.2 Synthesis of findings to research aim and objectives

Mcleod (2010) reports that looked after children seek to find a friend and an equal in their assigned practitioner; they want meaningful and supportive relationships based on mutual respect and trust.

In their research, Brown et al. (2019) argue that although the principles of compassion and care prevail at the core of social work practises, it provides a 'service' rather than 'care' per se. Most social workers care deeply about the children's welfare but are often crippled by heavy workloads and a lack of direct contact with the children in their care. Genuine care should feel non-contractual, according to Brown et al. (2019), and practitioners should be reliable, trustworthy and advocate for the children in their care. Children wish to be included in the decisions regarding their care (Ridley et al., 2013). Selwyn et al. (2016) elaborate on this topic, further stating that children in the UK seem less aware of their statutory rights. Article 12 of the United Nations Convention of the Rights of the Child (UNCRC, 1989) states that children have a right to be involved in the decisions taken by adults regarding their care. Moreover, they have a right to an advocate if they wish to make a complaint. Selwyn et al. (2016) report that children in care are often denied information regarding their care plans or background or why they are placed in care, which violates Article 4 of the United Nations Convention of the Rights of the Child that states that governments must use all resources necessary to ensure the children's rights are respected, protected and fulfilled.

5 CONCLUSION

Looked after children's experiences in care are nearly always subjected to systemic factors. Shifts in political and economic aspects through the 1980s and 1990s resulted in services that revolve around regulation and standards (Brown et al., 2019).

According to Bywaters et al. (2015), there has been a rise in child welfare interventions in recent years. The number of investigations rose by 60 per cent between 2009 and 2013, and it has been on the rise since 2008, with an annual increase of 4 per cent. Benaton et al. (2020) argue that social policy becoming increasingly stricter and disciplinary, and austerity cuts and budget reductions since 2010 are partly to blame.

Despite ample sums spent on the care system, the only measure to date used for satisfaction feedback is the Strengths and Difficulties Questionnaire (SDQ). Every child completes the questionnaire in England between five and sixteen years of age who has been in care for more than twelve months. The results are then sent to the Department for Education for monitoring purposes. Research shows that 60 per cent of looked after children suffer from mental health adversities compared to just 10 per cent of children belonging to the general population. However, the data collected is rarely used to improve plans or demands within a local authority (Selwyn et al., 2016). Simkiss and Jainer (2018) agree that there is substantial and reported evidence of unmet mental health promotion that negatively impacts children's lives.

According to Evans (2017), most children enter care testing positive for PTSD. The health assessment process help identifies the children's individual needs to create a plan with actions specific to the individual, but they usually only account for diagnosable mental health illnesses (Simkiss and Jainer, 2018).

Pinto and Woolgar (2015) propose a need for a multiagency support system comprised of mental health support, social service and education departments.

The issue with the past and current provision of services seem to be a failure of practice rather than policy. Conclusions drawn from several legislation revisions point to a lack of recruitment, training and supervising of social workers to be a key issue (Oakley et al., 2018).

Policies and legislation aside, research suggests a failure to honour the tremendous emotional cost and expertise involved in looking after children in care. Practitioners need the time, resources, and recognition to carry out their roles and responsibilities to their maximum potential (Leeson, 2010). Moreover, children must be accounted for individually, considering their needs, background and wishes regarding their care (Evans, 2017).

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