

Wellbeing outcomes for children and young people.

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Report 2

Wellbeing outcomes for children and young people

Home Compulsory Supervision Orders -
effectiveness of decision making and outcomes



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Summary

This is the second in a series of research reports on the effectiveness of Compulsory Supervision Orders where the child remains at home with their parent(s) (home CSOs).

Home CSOs are the most common type of CSO made by Children's Hearings, which was 4,270 children and young people in 2018¹. Over recent years, concerns have been raised about the effectiveness of home CSOs and outcomes for children and young people looked after at home. However, there has been little research on this and if the intervention of home CSOs has any effect on wellbeing outcomes. Part of the reason for this was the lack of a way of measuring overall wellbeing on an aggregated basis and at different points in time. This part of the research tries to address this gap through the development of a wellbeing concerns measurement tool to allow comparison of different groups, and over time on CSOs.

The wellbeing concerns measurement tool is based on the **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (SHANARRI)** indicators that are part of the Getting It Right For every Child (GIRFEC) approach to improving the wellbeing of children and young people in Scotland. In this research, each these overarching indicators was further defined by a series of individual indicators of wellbeing concern – a total of 94 for young children and 104 for young people.

The cases of 172 young people (12 years or more) and 171 young children (under 3 years) were examined - split into: three groups of young people looked after at home (1. with offence grounds, 2. with education non-attendance grounds, 3. with grounds not related to offending or non-attendance – control); and two groups of young children (1. with home CSO, 2. with CSO away from home – control). Each case was examined at three time points (i.e. when CSO first made, after a year, and after two years) using the information held by SCRA, with reduction in numbers of concerns implying improvement in wellbeing outcomes.

This part of the research aimed to answer two questions:

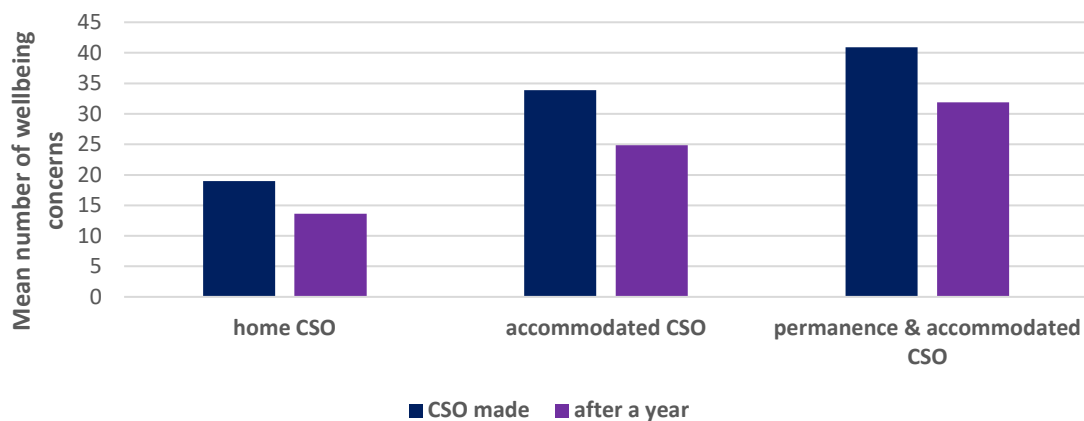
1. Does the intervention of a home CSO improve children and young people's wellbeing outcomes?
2. Are there differences in young children's wellbeing outcomes between those first placed on home CSOs and those first placed on CSOs away from home?

¹ Scottish Children's Reporter Administration (2018). Statistical Analysis 2017/18. available from: <https://www.scra.gov.uk/wp-content/uploads/2018/07/Full-Statistical-Analysis-2017-18.pdf>

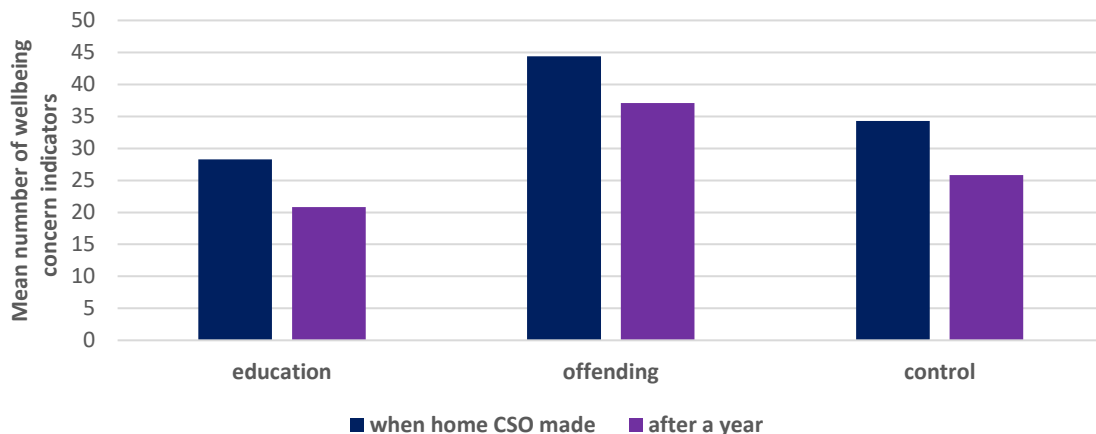
Findings

There were reductions in the overall numbers of wellbeing concerns for both children and young people after a year with home CSOs; this was also the case for young children with CSOs away from home. There were differences between groups, with young people in the offending group having the highest numbers of concerns across all aspects of their wellbeing.

Average numbers of concerns when CSOs made and after a year for young children with home CSOs, with CSOs away from home, and those who went onto have Adoption or Permanence Orders



Average numbers of concerns when home CSOs made and after a year for young people in the education non-attendance, offending and control groups



This research demonstrates for the first time that the national wellbeing indicators (SHANARRI indicators) can be used as the basis of a tool to measure outcomes for groups of children and young people, rather than only on an individual basis. The measurement tool allows us to look at the levels of concerns across all the outcome indicators. This has shown that home CSOs are being used as interventions to address a wide variety of circumstances and risks, and that these children and young people have complex individual needs.

Introduction

This is the second in a series of research reports on the effectiveness of Compulsory Supervision Orders (CSOs) where the child remains at home with their parent(s) (home CSOs); also known as being looked after at home.

Home CSOs are the most common type of CSO made by Children's Hearings and accounted for 45% of all CSOs in place in 2018, which is 4,270 children and young people (SCRA, 2018). Forty one per cent of the home CSOs in place in 2018 were for young people aged 12 years and above, and 10% were for children under 3 years old².

There are differences on why children and young people come to have home CSOs made:

- For children under three years old first placed on home CSOs, the most common grounds for referral (section 67 grounds) are related to lack of parental care³ or that the child is a victim of an schedule 1 offence⁴. These are also the most common section 67 grounds for young children first placed on CSOs away from home.
- For over 80% of young people aged 12 years and above first placed on home CSOs, the most common section 67 grounds relate to offending⁵ or non-attendance at school⁶ (Henderson et al, 2015).

Over recent years, various commentators have questioned the effectiveness of home CSOs and outcomes for these children and young people (Gadda & Fitzpatrick, 2012; Scottish Parliament, 2013; Barnardo's, 2015; Scottish Government, 2015). Despite these concerns there has been little research on this, and that which is available is mainly about educational outcomes of young people (Welsh et al, 2015). There is therefore a dearth of information on the wider wellbeing of children and young people looked after at home, and on the if the intervention of a home CSOs has any effect on their wellbeing outcomes.

Research aims

This research aimed to answer two questions:

- Does the intervention of a home CSO improve children and young people's wellbeing outcomes?

² From data produced from SCRA's Data Warehouse on CSOs in place at 31/03/2018. Home CSOs are counted as those where there is no residence condition and those where the residence condition is with parent/relevant person.

³ Section 67(2)(a) Children Hearings (Scotland) Act 2011 'the child is likely to suffer unnecessarily, or the health or development of the child is likely to be seriously impaired, due to a lack of parental care'

⁴ Section 67(2)(b) Children Hearings (Scotland) Act 2011 'a schedule 1 offence has been committed in respect of the child'

⁵ Section 67(2)(j) Children Hearings (Scotland) Act 2011 'the child has committed an offence'.

⁶ Section 67(2)(o) Children Hearings (Scotland) Act 2011 'the child has failed without reasonable excuse to attend regularly at school'

- Are there differences in young children's wellbeing outcomes between those first placed on home CSOs and those first placed on CSOs away from home.

Methods⁷

Development of the wellbeing concerns measurement tool

Getting It Right For every Child (GIRFEC) is the national approach to improving the wellbeing of children and young people in Scotland (Scottish Government, 2015). It sets out that wellbeing is to be assessed on the basis of eight outcome indicators: **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included** (also known as the SHANARRI wellbeing indicators)⁸. That these national outcome indicators are to be used to assess the wellbeing of children and young people is enshrined in law under section 96(2) of the Children and Young People (Scotland) Act 2014.

The SHANARRI indicators were the starting point for the development of the wellbeing concerns measurement tool used in this research. Each these overarching indicators was then defined by a series of individual indicators of wellbeing concern. This was to allow measurement of the level of concern, and of changes in numbers of wellbeing concerns over time and after interventions. To do this we drew on Angus Council's (2011) outcomes indicators and those used by Barnardo's (2012) and Edinburgh City Council (2015); and those from previous research (Burgess & Stone, 2013; Scottish Children's Parliament, 2014; Hanson & Henderson, 2015).

Two wellbeing concern measurement tools were developed – one for young children and one for young people. To maintain consistency across both age groups, similar indicators were used in each tool, but with the young person's one focused more on the wellbeing of the individual and the child's on the influence of parents on the child's wellbeing. There are 94 indicators in the child wellbeing concerns tool and 104 in the young people one (summarised in Table 1, and in detail in Appendices 1 and 2).

⁷ Ethical approval for the study was granted by SCRA's Research Ethics Committee on 19th July 2017.

⁸ For more information about SHANARRI and the wellbeing of looked after children and young people - <https://www2.gov.scot/Topics/People/Young-People/gettingitright/wellbeing>

Table 1. Numbers of wellbeing concern indicators in the children's and young people's measurement tools

SHANARRI indicator	Number of wellbeing concern indicators	
	Children under 3 years	Young people (12 years & over)
Safe	13	13
Healthy	12	13
Achieving	10	12
Nurtured	20	23
Active	4	5
Respected	13	12
Responsible	11	17
Included	8	9
Total	91	104

In discussion with the Research Advisory Group (RAG) it was decided that each concern indicator would be recorded on if it were present or absent rather than on a degree of concern scale (as is used in Angus Council's outcomes tool). For example: Is the level of care provided by parents a concern: Yes = present or No = absent; Is parental attachment with child/ young person a concern? Yes = present or No = absent. Only those indicators where the concerns were present were totalled together. So for example, when her home CSO was made, one young person was recorded as having 11 concern indicators present under the Safe - in other words 11 out of a possible total of 13 concerns about her safety were present in this young person's life.

The information used in the research was solely that which was available from case files held by SCRA; in research terms this means that it is secondary data. SCRA case files contain reports from social work, police, schools, health professionals, Safeguarders, etc., as well as all decisions made by Children's Reporters and Hearings, and legal measures. This gives a comprehensive overview of the child or young person and their circumstances. However, there may be other information that was not recorded and therefore was not available for the research. It was important that the information gathered in the research accurately reflected the levels and types of concerns for these children and young people. Bearing in mind that the research was to be based solely on secondary data, the RAG suggested that the measurement tools be piloted to make sure they could be used to accurately assess levels of concern.

Pilot of the wellbeing concerns measurement tool

The wellbeing concerns measurement tool was piloted using 20 cases of children and young people who had home CSOs made between 01/04/2016 and 31/03/2017⁹. Social Work Scotland facilitated recruitment of the local authority areas for the pilot. A summary sheet of the wellbeing concerns identified by the researchers, using the measurement tool, was

⁹ These cases were not used in the main research sample.

produced for each of the 20 cases. The summary sheet was sent to the child or young person's social worker who reviewed the wellbeing concerns identified by the researchers against their knowledge of working with the family.

Nine social workers provided feedback on the nine children and young people they worked with. Social workers for three young children and four young people stated that the summary sheets were a fair reflection of the concerns present at the time the home CSOs were made. The other two social workers noted that some concerns were missing, made suggestions for additional wellbeing concerns and deletion of one. Overall, the feedback from social workers showed that the tool had identified the main wellbeing concerns for these children and young people:

"This appears to be a helpful tool for identifying and categorising concerns."

"I think this tool would be beneficial for social workers and panel members alike."

"I thought this tool was quite useful and informative. The concerns highlighted in this SCRA wellbeing toolkit is useful as a document which identifies accumulative risks assessed by social workers prior to referral to the Reporters Dept."

The tool was finalised based on feedback from the social workers in the pilot. The SHANARRI indicators, as part of the GIRFEC approach, are intended to be used to assess wellbeing outcomes for individual children. To our knowledge, this is the first study to use a measurement tool based on the national outcome indicators to compare the wellbeing of different groups of children and young people, and over time.

Sample

Information was extracted from SCRA case files on a total of 343 children (under 3 years) and young people (aged 12 years or more) split to five groups¹⁰:

1. Education – accepted/established grounds are non-attendance at school⁶ and first CSO was at home and was made between 1 April 2013 and 31 March 2014 – 90 young people.
2. Offending – accepted/established grounds are has committed an offence⁵ and first CSO was at home and made between 1 April 2013 and 31 March 2014 – 51 young people.
3. Control: young people – accepted/established grounds are not offence or school non-attendance and first CSO was at home and was made between 1 January and 31 March 2014 – 31 young people.
4. Children under 3 years - when CSO first made and whose first CSO was at home and was made between 1 April 2013 and 31 March 2014 – 84 children.

¹⁰ For more on the research sample, please refer to: Report 1. Residence and contact conditions [LINK]

5. Control: children under 3 years when CSO first made and whose first CSO was away from home and was made between 1 April 2013 and 31 March 2014 – 87 children. This group was further split into those children whose CSOs had been terminated, between time points 2 and 3, by a court when an Adoption or Permanence Order was made (29 children) – control under 3 permanence.

The children and young people's cases were examined at three time points:

- When CSO first made – time point 1 (T1)
- After a year (i.e. at their Hearing closest to 31st March 2015 that made a substantive decision) – time point 2 (T2)
- After two years (i.e. Hearing closest to 31st March 2016 that made a substantive decision) – time point 3 (T3)

All the information available to SCRA, for each case, at each of these time points, was examined. Data were collected between August 2017 and March 2018. For each of the 94 wellbeing concern indicators for children and the 104 for young people the researchers noted whether the concern was recorded as being present, absent or not evident (Appendices 1 and 2). Data were collated and analysed using MS Excel and SPSS.

Case studies

Case studies are used in this report to show how the levels of wellbeing concern reflected what was happening in the lives of children and young people, and are taken from the 343 cases above. Some details have been changed to ensure anonymity, but the numbers of wellbeing concern indicators and decisions made have not.

Findings

Young children

The measurement tool allows us to compare the levels of wellbeing concern for those children under 3 years with home CSOs with those on CSOs away from home. For both groups it also allows us to measure changes in the levels of wellbeing concern over time to assess the effectiveness of the children's CSOs in improving outcomes. For the purposes of this research, an improvement in wellbeing outcomes equates to a reduction in the number of concern indicators.

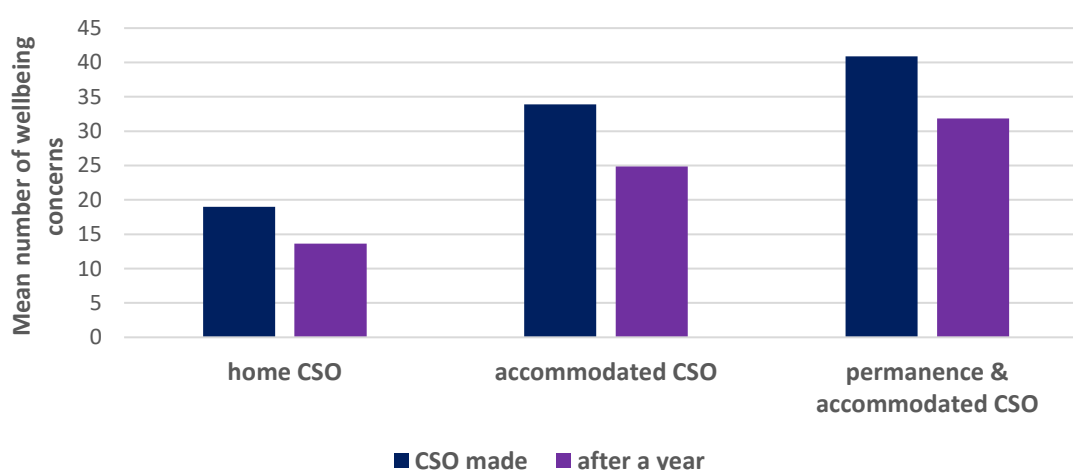
There was a subset of children in the group with CSOs away from home, these were those who went onto have Permanence or Adoption Orders made shortly after time point 2. The levels of wellbeing concerns for these children were compared with those with home CSOs

and those looked after away from home (with no Permanence or Adoption Orders), and over time.

Differences between groups when CSOs made

Young children with the highest average number of wellbeing concerns when their CSOs were first made, were those who were looked after away from home and went onto have Adoption or Permanence Orders made (mean = 40.9). Children with CSOs away from home (excluding those who went onto permanence) had had higher numbers of concern indicators when their CSOs were made (mean = 33.9) than with those with home CSOs (mean = 19.0) (Figure 1 and Table 2). This indicates that the type of CSO made by a Hearing reflects the level of risk to the child, with children who remain at home on CSOs having, on average, lower numbers of concern indicators than those whose CSOs require them to be accommodated.

Figure 1. Average number of wellbeing concerns when CSO made and after a year for children under 3 years with home CSOs, with CSOs away from home, and those whose CSOs were terminated when Adoption or Permanence Orders were made



Home CSO n=84; Accommodated CSO n=58; Permanence & accommodated CSO n=29

Changes in average numbers of wellbeing concerns over time

For all groups of young children the average numbers of wellbeing concern indicators reduced over time (Figure 1 and Table 2). The greatest reductions were seen for children with home CSOs and those with CSOs made away from home (who did not go onto permanence between time points 2 and 3) whose CSOs were terminated after a year – with reductions in average numbers of concern indicators of 58% and 57%, respectively, between from when their CSOs were made to when they were terminated. The average numbers of concern indicators for children whose CSOs away from home were terminated after a year when Permanence or Adoption Orders were made did not reduce to the same extent (22% reduction); this may be explained by the concern indicators largely reflecting birth parents

behaviour and risks they pose (Appendix 1) which may not have changed whilst their child was in care.

There were lower reductions in the number of concern indicators for children who remained on CSOs for two or more years – whether they had home CSOs or if their CSOs were away from home. These children also had higher numbers of concern indicators when their CSOs were made than those whose CSOs were terminated after a year. After a year, the average numbers of concern indicators for these children had reduced by 14% and 18%, respectively. At this point, Hearings decided to continue these children’s CSOs. After two years, the average number of concern indicators for these children was still higher than those whose CSOs had been terminated after a year; and the reductions in concerns had not reduced to the same extent (with after two years, reductions of 37% and 38%) (Table 2).

Table 2. Average numbers of wellbeing concern indicators for young children with home CSOs and those with CSOs away from home, when CSOs made and after one and two years

Children under 3 years group	No. children	Mean number of wellbeing concerns		
		CSO made (T1)	CSO after a year (T2) (% reduction from T1)	CSO after 2 years (T3) (% reduction from T1)
Home CSO - all	84	18.98	13.62 (28%)	
Home CSO – terminated after one year	28	18.50	7.79 (58%)	
Home CSO – CSO terminated after 2 years or still on CSO	56	19.23	16.55 (14%)	12.04 (37%)
Accommodated CSO - all	87	33.88	24.86 (26%)	
Accommodated CSO (excl permanence) – terminated after one year	13	32.15	13.69 (57%)	
Accommodated CSO (excl. permanence) – CSO terminated after 2 years or still on CSO	45	34.38	28.09 (18%)	21.29 (38%)
Accommodated & permanence CSO – all (terminated at T2)	29	40.90	31.86 (22%)	

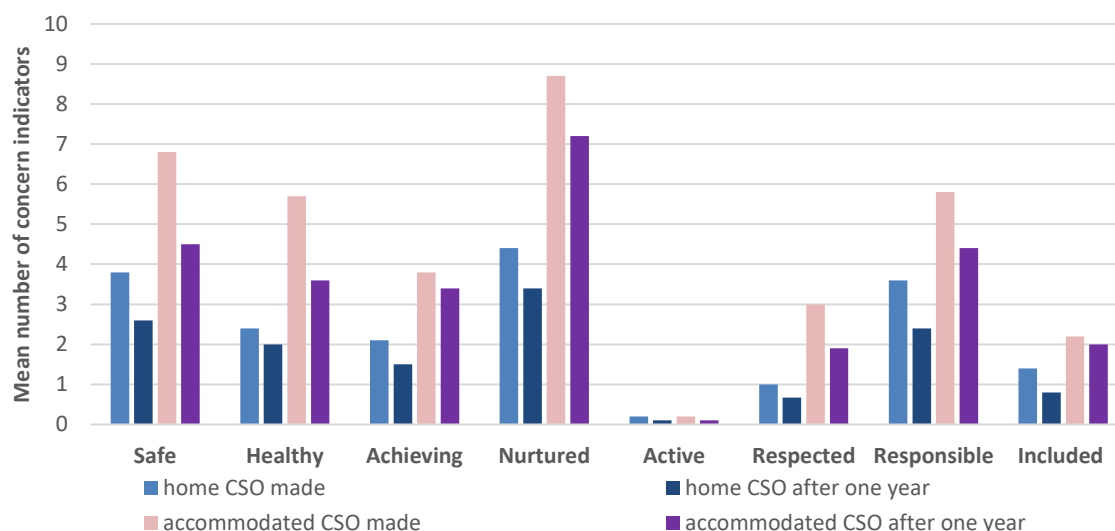
These findings indicate a link between Hearings decisions and levels of wellbeing concern. Hearings appeared to terminate CSOs when there were large reductions in the numbers of concern indicators, and to continue CSOs when there were not.

Changes in numbers of concern indicators under each SHANARRI indicator

Figure 2 shows the average numbers of wellbeing concern indicators under each of the eight SHANARRI indicators (Table 1) for the two groups of young children – those with home CSOs and those with CSOs away from home. For both groups, the average numbers of concern indicators were lower in each individual SHANARRI indicator one year after being on CSOs. Children with home CSOs had lower average numbers of concern indicators than those who

were accommodated; this shows that the parents of children with CSOs away from home present higher levels of risk (in terms of number of concern indicators) than those of children looked after at home.

Figure 2. Average numbers of wellbeing concerns under each SHANARRI indicator when CSO made and after a year - children under 3 years with home CSOs (n=84) and accommodated CSOs (n=87)



Case studies

Megan (home CSO group)

Megan is referred on lack of parental care grounds. Her parents have histories of drug misuse and have only recently started working with services. They are still missing appointments for Megan and there are concerns that her mum continues to use drugs. There are 18 concern indicators when her home CSO is made.

A year later, and the family situation has improved with both parents fully engaging with supports and Megan is a regular attender at nursery. There are now a total of nine concern indicators. The home CSO is continued for a further year.

Megan is said to be thriving. There are still some issues around drug use and her parents sometimes volatile relationship. Her home CSO is continued to help ensure her parents continued engagement with services. There are now eight wellbeing concern indicators.

Rory (home CSO group)

There are concerns around the level of care his mum is providing. She is adversarial towards services, misses medical appointments for Rory and has associates who are a risk to children. When Rory's home CSO is made, there are a total of 23 wellbeing concern indicators.

His mum's situation worsens, her drug use and chaotic lifestyle mean that she is putting Rory and herself at risk. Rory's CSO has been varied with the conditions that he live with his grandmother and only has supervised contact with his mother. There are now 14 concern indicators.

After a year, Rory is settled with his grandmother. His CSO is continued for him to remain in her care. It also has conditions to reduce his contact with his mother as her behaviour causes him distress. There are now 13 concern indicators.

Louisa (accommodated CSO group)

Louisa's mum cannot provide an adequate level of care due to her learning difficulties. Louisa's CSO is made with conditions that she live with foster carers and has supervised contact with her mum. There are assessed to be a total of 27 concern indicators at this time.

The CSO is varied as part of a phased approach of moving Louisa from foster carers to live with her grandparents. Her mum can't care for her and contact continues to be supervised by social work. There are now 25 concern indicators.

She is now living with her grandparents and the CSO is varied to secure this. The contact conditions are also varied so that contact between Louisa and her mum is managed by her family. There are now 17 concern indicators.

Oliver (accommodated CSO & permanence group)

Oliver has been in foster care since shortly after his birth. His parents lifestyles are violent and very chaotic, and there are no extended family members who can care for him. A CSO is made with conditions that he live with foster carers and has very limited and supervised contact with his parents. There are 37 wellbeing concern indicators.

After a year, his CSO is varied so that Oliver can move to prospective adoptive parents. It also sets conditions that Oliver is to have no direct contact with his parents and extended family members.

The Hearing also provides advice to the Sheriff Court to support the local authority's plans that Oliver should be adopted. There are 39 concern indicators, all related to the risks from his parents. Ten months later, the Sheriff terminates the CSO as an Adoption Order has been made.

Young people

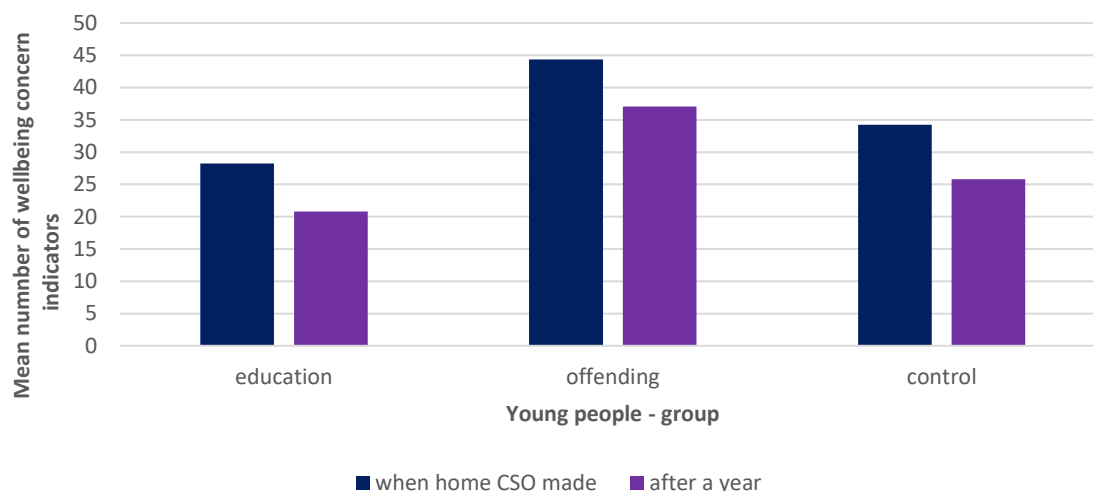
The measurement tool also allows comparison of the levels of wellbeing concerns for different groups of young people looked after at home, and over time on CSO (Figure 3). It can also be used to compare young people and young children in terms of the numbers of wellbeing concern indicators.

Differences between groups of young people when home CSOs made

Young people in the offending group had the highest average levels of concern indicators of the three groups with home CSOs. This was both when their home CSOs were made and after a year (Figure 3).

Across all three groups of young people, the average numbers of concern indicators were higher than those of young children with home CSOs (i.e. average of 19 concern indicators for young children when home CSOs made - compared with 28, 44 and 34 for young people in the education, offending and control groups, respectively). This may partly be an artefact of the measurement tool as for young people it includes both risks presented by parents and those from young people's own behaviour. However, it also demonstrates the high levels of wellbeing concern for these young people.

Figure 3. Average numbers of wellbeing concern indicators when home CSO made and after a year for young people in the education (n=90), offending (n=51) and control (n=31) groups



Previous referrals

The levels of concern for young people can also be seen by comparing the numbers and types of referrals to the Reporter up to and including the referral which resulted in the section 67 grounds being accepted/established and home CSOs made (Table 3).

All the 51 young people in the offending group had had at least one previous referral (on average, 10 referrals), and almost all (92%) had previous referrals related to their protection/welfare (76%) and/or their conduct (84%). There were four young people who had offence referrals only. Similarly, all except one, of the 31 young people in the control group had previous referrals (on average, eight referrals) and all had at least one referral related to their protection/welfare. This shows that there were long-standing and multiple concerns for the welfare and safety of young people in these two groups before their home CSOs were made.

Over a third of those in the education group had never been referred before the referral that resulted in their home CSO being made. On average, those with previous referrals, had fewer referrals (on average, three referrals) than the young people in the offending and control groups.

Table 3. Referrals prior to home CSOs being made for young people in the offending, education and control groups

Referral type*	Young people group					
	Education		Offending		Control	
	No. young people	Mean no. referrals (range)	No. young people	Mean no. referrals (range)	No. young people	Mean no. referrals (range)
Offence	10 (11%)	3 (1-7)	51 (100%)	5 (1-28)	8 (16%)	7 (1-25)
Conduct	90 (100%)	2 (1-7)	43 (84%)	2 (1-7)	16 (31%)	2 (1-6)
Protection/welfare	36 (40%)	3 (1-16)	39 (76%)	4 (1-13)	30 (98%)	5 (1-12)
All types	90	3 (1-27)	51	10 (2-39)	31	8 (1-31)
All types -only 1 referral	33 (37%)		0		1 (3%)	

***Offence** – s67(2) (j) ‘has committed an offence’ or Children (Scotland) Act 1995 equivalent

Conduct – s67(2) (k) misused alcohol; (l) misused a drug; (m) conduct has a serious effect on child or another person; (n) beyond control of a relevant person; (o) failed to attend school, or 1995 Act equivalents

Protection/welfare – s67(2) (a) lack of parental care; (b) victim of schedule 1 offence; (c) close connection with a person who has committed a schedule 1 offence; (d) same household as victim of schedule 1 offence; (e) exposed to persons who are likely to abuse or harm child or seriously affect their health, safety or development; (f) close connection with perpetrator of domestic abuse; (g) close connection with sex offender; (h) accommodated under section 25 of 1995 Act and special measures needed; (i) Permanence Order and special measures needed; (p) and (q) forced civil partnership or marriage, or 1995 Act equivalents

Changes in average numbers of wellbeing concerns over time

For all groups of young people, the average number of concern indicators reduced over time on home CSOs (Figure 3 and Table 4). The greatest reductions were seen for young people whose CSOs were terminated after a year – with reductions in average number of concern indicators of 40% (offending group), 50% (education group) and 60% (control group) within a year.

There were lower reductions in the number of concern indicators for young people in all three groups who remained on CSOs for two or more years (Table 3). These young people also had higher numbers of concern indicators when their home CSOs were made than those whose CSOs were terminated after a year. Average numbers of concern indicators for those in the education and control groups reduced by 14% and 19%, respectively after a year and by 42% and 39% after two years. There was less of a reduction for young people in the offending group – with 4% fewer concern indicators after one year and 15% less after two years.

Table 4. Average numbers of wellbeing concern indicators for young people in the education, offending and control groups, when home CSOs made and after one and two years

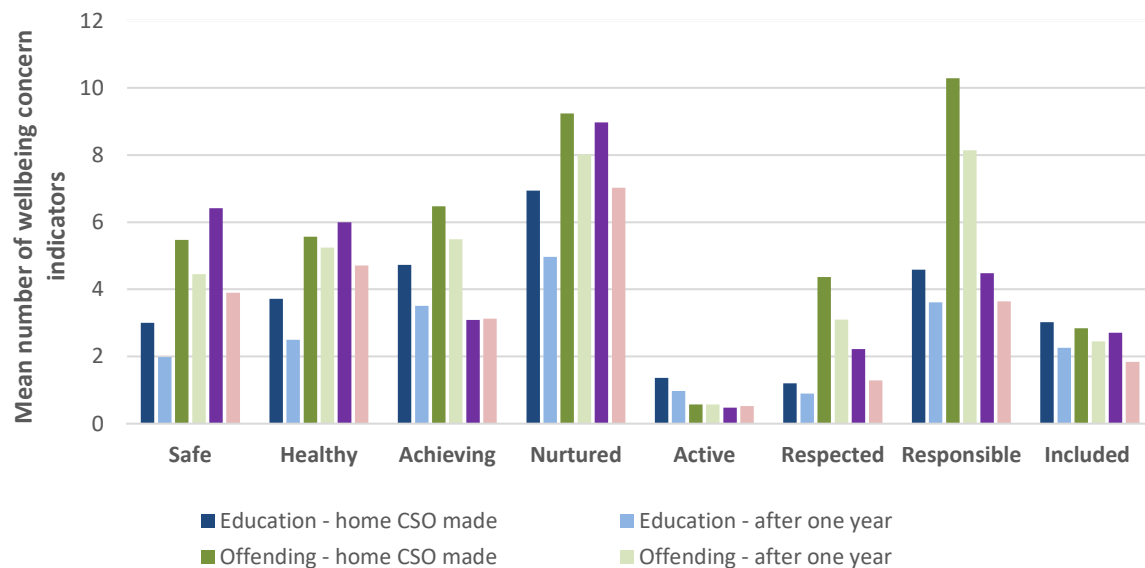
Young people – home CSO group	No. young people	Mean number of wellbeing concerns		
		CSO made (T1)	CSO after a year (T2) (% reduction from T1)	CSO after 2 years (T3) (% reduction from T1)
Education - all	90	28.27	20.83 (26%)	
Education – terminated after a year	37	23.73	11.86 (50%)	
Education – terminated after 2 years or still on CSO	53	31.45	27.09 (14%)	18.38 (42%)
Offending - all	51	44.37	37.10 (16%)	
Offending – terminated after a year	19	39.0	23.21 (40%)	
Offending – terminated after 2 years or still on CSO	32	47.56	45.34 (4%)	40.25 (15%)
Control - all	31	34.26	25.84 (25%)	
Control – terminated after a year	6	25.0	10.0 (60%)	
Control – terminated after 2 years or still on CSO	25	36.48	29.64 (19%)	22.32 (39%)

Changes in number of concerns under each SHANARRI indicator

Across the three groups, young people with accepted/established offence grounds had higher average numbers of wellbeing concern indicators in most of the SHANARRI domains. Not only were there higher levels of concern for these young people in terms of their own actions (e.g. Responsible) but also their care (e.g. Nurtured) and how they were treated by others (e.g. Respected). Notably, these young people also had higher numbers of concern indicators under Achieving than young people in the education non-attendance group. After a year on home CSOs, the numbers of concern indicators across the SHANARRI domains had reduced for this group of young people, but still remained higher than those in the education and control groups (Figure 4). These findings imply that there were high levels of concern for young people on home CSOs related to offending - and these are about their care at home, their self-worth, their engagement with education, and their safety at home and in the community.

Young people with home CSOs and accepted/established education non-attendance grounds, in general, were similar to the control group in the levels of concern around Achieving, Responsible and Included, with lower levels of concern related to Safe, Healthy, Nurtured and Respected. After a year on home CSOs, the average number of concern indicators had reduced, thus implying improvement in their wellbeing outcomes. This was not only in relation to 'Achieving', but all other aspects of their wellbeing (Figure 4).

Figure 4. Average numbers of wellbeing concerns under each SHANARRI indicator when home CSO made and after a year for young people in the education (n=90), offending (n=51) and control groups (n=31)



Case studies

Isla (offending group)

A home CSO was made following her first offence referral. Isla has been referred a number of times previously on protection/welfare grounds. At the time her CSO is made, it was assessed that there were a total of 28 concern indicators. The main concerns were under 'Healthy' (six indicators) and these mainly related to her emotional wellbeing. There were no further referrals, and after a year Isla's CSO was terminated. At this point the total number of wellbeing concerns had reduced to eight, with just one of these being under 'Healthy'. In terminating her CSO, her Hearing noted the progress Isla had made and her involvement in work experience.

Archie (offending group)

Archie has multiple offence and conduct referrals, and has also previously been referred because he was physically abused. His Hearing is concerned about Archie's peer group and his involvement in antisocial behaviour, and makes a home CSO. At this point, it was assessed that there were a total of 65 concern indicators, with the main being concerns under 'Nurtured' (17 indicators) and 'Responsible' (12 indicators).

His home CSO is continued for a further year. Archie's behaviour is escalating. There are also serious concerns about his welfare with his home life being described as chaotic and that Archie often appears unkempt and hungry. His parents say that they know things need to change and that they will accept support. At this point the number of concern indicators has increased to 74, with there being 19 under 'Nurtured' and 13 under 'Responsible'.

His CSO is varied from home to residential school. His parents have not engaged with supports and refuse to attend appointments and meetings. At his next Hearing, his CSO at residential school is continued. Archie has settled well into school and is trying hard. After two years on CSO, there are 65 concern indicators with main concerns continuing to be around 'Nurtured' (17 indicators) due to his parents limited capacity to care for him, and 'Responsible' (12 indicators) due to Archie's poor social skills and conduct.

Ella (education group)

A home CSO is made because Ella has not engaged with supports to help her with her school attendance on a voluntary basis. She has never been referred before. School and her parents are concerned about Ella's associations with older peers, and she is not adhering to boundaries at home. It was assessed that there are a total of 12 concern indicators.

School put a flexible package of support in place for Ella to focus on subjects she most needs and to start attending college. After a year, her CSO is terminated. Ella has a job which she is enjoying and has left school. There are now eight wellbeing concerns.

Cameron (education group)

There have been issues since primary school over Cameron's attendance and behaviour. Now at secondary school, he often leaves at lunchtime and doesn't return. School is concerned about his emotional immaturity and that he is easily influenced by others. When his home CSO is made, there are a total of 38 concern indicators. Nine of these are under 'Nurtured' and relate to his mum's mental health and its effect on her parenting.

His school timetable is reduced and supports are put in place for Cameron and his mum. His home CSO is continued for a further year. The number of concern indicators is now assessed as 10.

After two years, Cameron's CSO is terminated. Although there are still some concerns about his school attendance and behaviour, these have both improved. He and his family have engaged with supports and say they will continue to do so. The number of concern indicators is now 15.

James (control group)

James is referred because of concerns around his behaviour and lack of parental care. Although he has good attendance, he struggles at school due to his emotional and communication difficulties. His mum refuses to accept help for her drug addiction and does not engage with school or any other services for James. When his home CSO is made, there are a total of 55 concern indicators, 10 being under 'Safe' and 11 under 'Nurtured'.

After a year, James CSO is continued without variation. There has been little change in the James circumstances, and there are still 55 concern indicators. James is sometimes aggressive in school and is now on a part-time timetable. His mum still refuses to support his education or allow services to work with James.

He remains on home CSO for a further year. His mum is now accepting support for her addictions and to improve her parenting skills. However, James school attendance is falling. There are total of 39 wellbeing concerns.

Discussion***Wellbeing concerns measurement tool***

The development of a tool to measure levels in concern for different groups of looked after children and young people, and from this to assess the impact on interventions (namely home CSOs), was a main aim of this research. The basis of the tool are the SHANARRI indicators, and this approach was used because these are the national outcome measures for children in Scotland. Other approaches to measuring wellbeing were also considered, particularly Adverse Childhood Experiences (ACEs). Although ACEs are being increasingly used to inform policy development (Scottish Government, 2018), this approach has

limitations in measuring changes in numbers of concerns over time and would not have been as useful for the purposes of this research.

The wellbeing concerns measurement tool developed and used here is intended as a research tool. It is too detailed to be used on a routine basis, however, it offers the potential to be utilised in practice. If refined to reduce the number of concern indicators to those most indicative of risks faced by looked after children and young people, it could be used by service providers to assess their impact on those they work with. It could also be considered for use in the Feedback Loop to measure the implementation and impact of Hearings decisions (Children's Hearings Scotland, 2017).

Outcomes from home CSOs

Children and young people looked after at home often appear to be referred to as a homogenous group in research, guidance and policy. This research demonstrates that they are not and, as such, a one-size-fits-all approach is not appropriate nor will it be effective. The use of the measurement tool has clearly shown that home CSOs are being used flexibly to address a wide range of concerns, not only for particular groups of children and young people but also themselves as individuals with complex needs. We also found that, on average, the number of documented concerns decreased after a year (and two years) of having a home CSO - this was the case for all the different groups of children and young people in this study, thus implying improvements in their wellbeing outcomes.

The findings also show that the reason the child or young person came to have a home CSO (i.e. section 67 ground) was not the only concern. There were concerns for the children and young people in this research across all aspects of their wellbeing. Of the five groups, those found to have the highest average numbers of concerns were young people involved in offending; and for those on home CSOs for over two years they had the lowest reductions in concerns (or least improvement in their wellbeing outcomes). Some of these concerns were about the young people's own behaviour but most related to how they were cared for and treated by others.

Conclusion

This part of the research aimed to answer two questions:

1. Does the intervention of a home CSO improve children and young people's wellbeing outcomes?
2. Are there differences in young children's wellbeing outcomes between those first placed on home CSOs and those first placed on CSOs away from home?

1. Yes, it appears to. From the findings presented here, for both children and young people with home CSOs, there were reductions in the overall numbers of wellbeing concerns. This was also the case for young children with CSOs away from home. Home CSOs appeared to

be more effective as short-term measures (i.e. when terminated after a year) with the greatest reductions in number of concerns and, by implication, the greatest improvements in wellbeing outcomes. This supports findings from other parts of this research - that young people and families who are most likely to engage with services will have their home CSOs terminated after a year; and the views of practitioners that home CSOs are most effective as short-term measures¹¹.

2. Partly. The use of the wellbeing concerns measurement tool, shows that Hearings are differentiating in types of cases in deciding whether a child should be placed on a home CSO or accommodated. The levels of concern for young children on home CSOs were lower than those who were accommodated and especially in comparison with those who went onto have Permanence or Adoption Orders made. However, as the measurement tool for young children was mainly about the risks presented by parents, it did not fully reflect the change in the child's circumstances when they were placed in care. This will need further development if the tool is to be used for future research or in practice.

This research demonstrates for the first time that the national wellbeing indicators (SHANARRI indicators) can be used as the basis of a tool to measure outcomes for groups of children and young people, rather than only on an individual basis. The measurement tool allows us to look at the levels of concern across all the outcome indicators. This shows clearly that home CSOs are being used as interventions to address a wide variety of circumstances and risks, and that these children and young people have complex individual needs. We would suggest that it is time to move away from the use of single outcome measures (e.g. educational attainment) to assess the effectiveness of statutory interventions and instead focus on overall wellbeing to inform policy and practice on what works to make looked after children and young people's lives better.

¹¹ Report 1: Residence and Contact Conditions [\[link\]](#); Report 3: Care Planning and Interventions [\[link\]](#)

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Home Compulsory Supervision Orders - effectiveness of decision making and outcomes

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Appendix 1 – Wellbeing concerns measurement tool for children under 3 years

SHANARRI indicator	Wellbeing concern indicator
SAFE	Risk of immediate harm
	Level of care and protection provided by parents
	Capacity of parents to provide care and protection to young person
	Living in a clean and well-maintained home environment
	Living in a safe and secure home environment
	Living in stable accommodation that is suited to family size and needs
	Family having enough money to live on
	Parental safety in own community
	Parents exhibiting bullying/ aggressive/ antagonistic behaviours in the home/ community or towards staff
	Child's exposure to violence/ drug or alcohol use/ sexual exploitation (including internet)
	Parental consumption of substances and/or mental health issues
	Domestic abuse/ violence and parental anti-social/ criminal behaviours
	Episodes of being missing from home by one or both parents and/or placing self at risk in the community
	Total = 13
HEALTHY	Nutritious diet, weight, or eating related issues (including excessive eating) for child
	Physical development appropriate to age and stage of development
	Child's presentation: cleanliness, hunger, appropriate clothing
	Ability of child to express feelings and emotions (appropriate to age and stage of development)
	Parents not taking responsibility for meeting child's health needs
	Parents not taking responsibility for meeting child's emotional and developmental needs
	Parental health issues (physical/ psychological)
	Self-harming/ suicidal behaviours by parents
	Impact of trauma/ bereavement/ loss on parents
	Levels of parental stress and ability of parents to cope
	Parental relationship problems with family and/or other adults
	Parental relationship problems with family and/or other adults
	Total = 12
ACHIEVING	Participation in pre-school activities and/or appropriateness of educational placement/ pre-school activities
	Identified learning difficulties/ needs for child
	Language, communication and social skills appropriate to age and stage of development
	Planned transitions to nursery/ primary school
	Attendance and late coming of parents to meetings/ appointments
	Parents ability to form positive social supports and working co-operatively with others
	Negative social influences of other adults in parents/ child's life
	Ability of parents to listen to and follow advice and instructions
	Ability of parents to face new challenges, cope with change (planned and unplanned), and manage changes to routine and/or transitions
	Self-care skills, independence, and practical independent living skills of parents
	Total = 10
NURTURED	Basic needs being met (food, accommodation, clothing)
	Appropriate care and guidance from parents and extended family members
	Appropriate boundaries and supervision at home
	Child's identity and sense of belonging within the family
	Child remaining at home with birth parents
	Child having contact with specific family members
	Attachment between parents and child
	Child's attachment to other adults in their life (not parents)

	Expressions of love and emotional warmth by parents and/or extended family members
	Family dynamics e.g. conflict, relationships and/or communication
	Understanding and ability of parents to meet developmental needs of child
	Impact of parental illness (mental and physical)/ disabilities
	Impact of sibling / family members illness (mental and physical)/ disabilities
	Parents/ family engaging with additional support and care when required
	Family routines (e.g. eating, sleeping, returning home)
	Parenting skills and knowledge of parenting role by parents
	Parents engaging in anti-social/ offending behaviours
	Parents ability to participate/engage in pro-social activities
	Positive parental involvement within the family/ social /support networks
	Lack of shared family experiences
	Total = 20
ACTIVE	Age appropriate levels of physical activity and/or physical fitness of child
	Lack of parental support and encouragement to participate in age appropriate recreational activities
	Lack of opportunities to participate in age appropriate recreational activities
	Parental involvement/ engagement in play/ recreation
	Total = 4
RESPECTED	Child's best interests put first, with advice and guidance listened to and taken seriously by parents
	Praise received for achievements
	Child being treated with dignity and respect
	Parents being treated with dignity and respect
	Ability of parents to resolve problems/ conflict
	Parents/ child expressing discriminatory views
	Parents/ child experiencing discrimination in the community
	Parents teaching appropriate intimate and personal care routines
	Parents displaying a sense of self-esteem, self-worth and self-respect
	Respect for other cultures and faiths by parents
	Lack of care and respect of others by parents
	Ability of parents to praise and encourage child
	Parents respect for other's possessions
	Total = 13
RESPONSIBLE	Behaviours at home or in community by either parent
	Parents ability to develop an understanding of right and wrong in the child
	Parents acceptance of responsibility for his/her actions/ behaviours
	Parents understanding and acceptance of the consequences of actions and impact on child
	Parents taking responsibility for child's well-being
	Parents ability to assess and manage risks appropriately
	Parents ability to makes positive choices
	Parents ability to change/ improve behaviour
	Parents social skills
	Parents understanding and comprehension of the plans for future
	Parents understanding and acceptance of parental roles and responsibilities
	Total = 11
INCLUDED	Parents involvement in the planning/ decision making process
	Parents views being listened to and taken seriously by professional and other adults
	Child being accepted and valued by parents and wider family
	Lack of inclusion/ involvement in positive peer groups by parents
	Establishment of meaningful and supportive relationships with professionals and appropriate adults
	Parental social isolation
	Barriers accessing support services
	Barriers to engaging with support services
	Total = 8
	Overall total of wellbeing concerns = 91

Appendix 2 – Wellbeing concerns measurement tool for young people

SHANARRI indicator	Wellbeing concern indicator
SAFE	Risk of immediate harm
	Level of care and protection provided by parents
	Capacity of parents to provide care and protection to young person
	Living in a clean and well-maintained home environment
	Living in a safe and secure home environment
	Living in stable accommodation that is suited to family size and needs
	Family having enough money to live on
	Safety in own community
	Subjected to bullying in the home/school/community
	Exposure to violence/ drug or alcohol use/ sexual exploitation/ DV (including internet)
	Parental consumption of substances and/or mental health issues (including self-harming behaviours)
	Domestic abuse/violence and anti-social/ criminal behaviours
	Episodes of being missing from home and/or placing self at risk in the community
	Total = 13
HEALTHY	Nutritious diet, weight, or eating related issues (including excessive eating)
	Physical health of young person
	Emotional and psychological health of young person
	Ability of young person to express feelings and emotions (appropriate to age and stage of development)
	Poor personal hygiene and lack of attention/pride in appearance
	Use of substances (drugs and/or alcohol) by young person
	Self-harming/ suicidal behaviours by young person
	Impact of trauma/ bereavement/ loss on young person
	Parents not taking responsibility for meeting health needs of young person
	Parents not taking responsibility for meeting emotional and developmental needs of young person
	Levels of parental stress and ability of parents to cope
	Family relationship problems
	Consistent and positive contact between young person and parents/ siblings/ extended family
	Total = 13
ACHIEVING	Participation in education
	School attendance and late coming
	Exclusions/ suspensions from school
	Appropriateness of educational placement
	Identified learning difficulties/ needs for young person
	Engaging with education
	Ability to listen and follow class routines and instructions
	Core educational outcomes: reading, writing, arithmetic
	Ability to face new challenges, cope with change (planned and unplanned), and manage changes to routine and/or transitions
	Transitions to secondary school/post school provision
	Entering and sustaining employment, education, or training
	Lack of vocational and social skills required to succeed and thrive in future educational placements/ training/ employment
	Total = 12
	Basic needs being met (food, accommodation, clothing)
	Appropriate care and guidance from parents and extended family members
	Appropriate boundaries and supervision at home

NURTURED	Young person not adhering to boundaries
	Young person's sense of identity and belonging
	Young person remaining at home with birth parents
	Young person having contact with specific family members
	Attachment between parents and young person
	Young person's attachment to other adults in their life (not parents)
	Young person's sense of identity and belonging
	Young person not engaging with additional support and care when required
	Parents/ family not engaging with additional support and care when required
	Expressions of love and emotional warmth by parents and/or extended family members
	Family dynamics e.g. conflict, relationships and/or communication
	Understanding and ability of parents to meet developmental needs
	Impact of parental illness (mental and physical) /disabilities and young person's understanding of condition
	Impact of sibling /extended family members illness (mental and physical) /disabilities and young person's understanding of this
	Family have set routines
	Young person not engaging in family routines
	Parenting skills and knowledge of parenting role by parents
	Parents engaging in anti-social/ offending behaviours
	Positive parental involvement within the family/ social /support networks
	Lack of shared family experiences
	Total = 23
ACTIVE	Levels of physical activity and/or physical fitness of young person
	Health issue impacting on ability to participate in physical activities
	Lack of opportunities to develop interests and talents at home or in the community
	Lack of support and encouragement to develop interests and talents
	Involvement in school/ after-school activities
	Total = 5
RESPECTED	Views of young person being listened to and taken seriously by parents
	Praise received for achievements
	Young person being trusted by significant adults and friends
	Young person expressing discriminatory views
	Young person/ parents experiencing discrimination
	Young person's sense of self-esteem, self-worth and self-respect
	Respect for other cultures and faiths by young person
	Lack of care and respect of others by young person
	Respect for other's possessions including school materials and equipment
	Young person's privacy and personal space being respected
	Parents understanding of and provision of appropriate intimate/ personal care needed by young person
	Young person being treated with dignity and respect
	Total = 12
RESPONSIBLE	Behaviours at home/ school/ community
	Young person perpetrator of bullying
	Engagement in anti-social/ bullying/ offending behaviours by young person
	Young person's involvement in pro-social activities
	Understanding of right and wrong (appropriate to age and stage of development)
	Acceptance of responsibility for his/her actions/behaviours
	Understanding and acceptance of the consequences of his/her actions
	Negative peer influences
	Appropriate levels of responsibility for age and stage of young person's development
	Ability of young person to resolve problems/ conflict
	Ability to assess and manage risks appropriately
	Ability to makes positive choices

	Ability to change/improve behaviour
	Young person's social skills
	Understanding and comprehension of the plans for his/her future (appropriate to age and stage of development)
	Age appropriate self-care skills, independence, and practical independent living skills
	Ability to travel independently to and from school/college/other
	Total = 17
INCLUDED	Young person's involvement in the planning/ decision making process
	Young person's views being listened to and taken seriously by other adults
	Involvement within the family/ social networks
	Young person being accepted and valued by parents/ family/ peers/ school/ community
	Lack of inclusion in positive peer groups
	Establishment of meaningful and supportive relationships with peers and appropriate adults
	Social isolation
	Barriers accessing support services
	Barriers to engaging with support services
	Total = 9
	Overall total of wellbeing concerns = 104



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