Love resurrection

19th century author George Sands wrote that “to love and be loved” is the only happiness in life. But the word “loved” has all too often been conspicuous by its absence in the care sector, so its prominence in new independent guidance could be a watershed, says Colin Maginn.

The appearance of the ‘L’ word in recent guidance on looked-after children and young people from the Social Care Institute for Excellence (SCIE) and the National Institute for Health and Clinical Excellence (NICE) should not be taken lightly. NICE is recognised as being a world leader in setting standards for high-quality healthcare based on up-to-date evidence of effectiveness and examples of best practice, while the mission of SCIE is to identify and spread knowledge about good practice. So in the report, these two esteemed organisations tell us that: “Much of the evidence...identified the importance of secure attachments and establishing a sense of permanence. The child’s need to be loved and nurtured is fundamental to achieving long-term physical, mental and emotional wellbeing.”

Acknowledging that children in public care, like all children, have a fundamental need to be loved is a very small but welcome first step. However, this is easily lost when working through the 52 recommendations in these guidelines. If these had been regulations rather than guidelines, then we would have a powerful tool kit and a better chance to deliver the high-quality, stable placements that promote the educational achievement and nurturing relationships which the report advocates.

Putting young people at the heart of services is the first in a list of principles and values in the report and true to principles, young people’s views are recorded. Interestingly, the young people report: “Love and affection is desired but is often lacking”; and that: “An unmet need for love and affection is perceived by some to have a profound and lasting impact on their future outcomes”. While this last statement defines a universal truth, in the world of looked-after children – where sideways hugs are still part of some residential childcare workers’ training – this is radical stuff.

Forming attachments is instinctive and as much part of our biological evolution as the need for food. Just like a lack of food is bad for physical health, for children, the lack (or poor quality) of close relationships impedes development and is a threat to mental health. This is not just an opinion: the last few years have seen incredible advances in technology to enable researchers to measure and record brain activity, brain development and the impact that different positive, neglectful and abusive experiences have on the brain. One important recent discovery, for example, is that parental verbal abuse is linked to localised brain damage. We are at the beginning of an interesting journey, only time will reveal the impact which neuroscience will have on case law and public policy as we move from the subjective opinion of experts to the hard evidence of grievous bodily harm which brain imaging is able to provide. However this may take a long time. We have known, for example, about attachment theory for more than 50 years, yet it has had little impact on policy relating to children in public care. It is encouraging therefore that healthy attachments and understanding attachments are given great significance in the joint report by NICE and SCIE.

At this time of huge financial difficulties, it is paradoxical that the monetary argument makes addressing attachment and stability imperative. In a report published by Demos, In Loco Parentis, Celia Hannon and her colleagues compared a stable care journey with an unstable one and found the average additional cost of an unstable care journey to be £32,770 per child, per year. If the recommendations from the joint report by NICE and SCIE on attachment issues alone were implemented, there would be both immediate and long-term public health benefits and cost savings.

To promote the quality of life of looked-after children and young people we need to empower the army of dedicated foster parents and residential childcare workers who are committed to the children in their care. Let them get on with the job with formal guidance from mental health professionals to support them through issues such as attachment and emotional trauma. The public health and financial arguments are clear, the missing ingredient is strong leadership from the top to make policy and legislation which facilitates and encourages secure relationships and supports permanence in foster care and residential living.

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