

# Reframing Children's Social Care Consultation

15<sup>th</sup> December 2017



## Group Background

Proud2Care are a well-established group which meet on a weekly basis. The young people who attend have built up relationships and it is a space where they can openly discuss issues around care experience, if they want to. Two individuals who attend the group have been leading discussions over the past couple of months on several important topics including, stigma. Therefore, with the permission of the group, we have shared their views on stigma as a helpful addition to this consultation.

## Who we spoke to

- No. young people: 16
- Age range: aged 11-26 years
- Gender split: 8 boys, 8 girls (50/50)
- Local authority: Inverclyde

## Our methodology

The aim of this session was to answer the question: “what do you want the public to know and understand about the care system and looked after children?”.

The format of the session was a joint group discussion, loosely following a typical focus group structure. It was an informal discussion, that the young people could opt in and out of at any point they wanted.

The session started with an introduction about the project, who is leading this piece of work and an assurance that this is only the start. The session was framed by asking what they would want to change about how the public think of people in care. The group were also invited to tell us about their previous discussion on stigma. This was particularly helpful in setting the context for the rest of the session.

We then explained the six questions we were going to focus on:

1. What are the causes of being in care?
2. What are the consequences of being in care?
3. Who are looked after children?
4. What are the needs of looked after children?
5. What can be done to support looked after children in Scotland?
6. What is the care system?

Each question had a dedicated flipchart page that the lead facilitator populated during the discussions, this allowed conversation to flow naturally between the young people and those leading the session. Another facilitator took detailed written notes during discussions. Throughout the session, the supporting workers also provided regular opportunities for younger members of the group to contribute, by working one-to-one with them to make sure they had the chance to be heard and feeding this back to the wider group.

After working through each question, we concluded the session by asking if we had missed anything important and if any of the young people could think of one message which was most important to them for the public to know and understand.

The following overview presents the answers provided by the group to each question.

## What young people said:

### What are the causes of being in care?

#### **Key points:**

- Mum and dad can't cope - too many kids in the house, mental health, disability, alcohol/drug addiction.
- No money/debt/poverty – this can often lead to homelessness.
- Neglect- not being taken care of, especially with regards to food.
- Parents too young themselves - no support for them to be able to parent.
- School attendance – poor attendance leading to social work involvement.
- Dangerous environment at home such as with needles or drugs lying around.
- Inappropriate adults in the family home – parents' friends.
- Abuse/sexual abuse.
- Children and young people having to look after their parents – taking on a carer role.

#### **Discussion:**

The group started off discussing how parents are often not supported or may be in poverty, which means they are “not able to feed you”, leading to a child or young person being taken into care.

Parents having too many kids or “not being able to cope” because they “had children at a young age” was another cause discussed. This point was expanded upon, with some of the group discussing how some parents would have had “no support at that time”, when they really needed it.

One of the young people in the group mentioned that sometime children and young people who are not going to school or who are offending, may end up in care. Others within the group then linked this to the neglect that children or young people may already be experiencing at home.

The discussion then focused on a dangerous environment being a key cause, such as having “people in the house, like parents' pals” who were not good for the child and may be using drugs or alcohol around them. Some of the group members highlighted the fact that this can lead to a dangerous physical environment such as needles or drug paraphernalia lying around. This discussion was then linked to inappropriate behavior, with brief mentions of sexual and physical abuse as being potential causes.

A young person then brought up ‘mum and dad having a disability’ as another cause of children coming into care, again linking to thoughts around lack of support for families. The mental health of parents was also mentioned as link to this. Developing this discussion, the young people spoke about many of these causes leading to the child or young person having to take on a young carer role.

Finally, we asked the group what they thought the public might think the causes of coming into care to be:

- “Some of them think it's our fault.”
- “That young people are involved.”
- “The public thinks it's 90% offending behavior but it's more like 10%.”
- “That we're all problem children.”

### What are the consequences of being in care?

#### **Key points:**

- Bullying – specifically by foster siblings and other young people at school.
- Treated differently especially by best friends. If you fall out they use that you are in care against you.
- Lose trust between family/friends.
  - Hard to trust people/makes you worry.
- Comments from other young people about your parents, mostly about mum as “they ‘birthed’ you!”.
- Moved schools because in care - new schools don’t understand so no support.
  - Lose your friends - not easy to make new friends.
- You can also get more support from carers, in contrast to what it was like at home.
  - Listen to you/are for you.
  - This depends on carers/mood they are in.
  - Treated like a real family.
- Support can come from carers but not school.
- Lack of understanding from teachers about why in care.
- A consequence of being in care is that you want to prove to people that you aren’t the stereotype.
- Relationships with siblings can be affected.
  - Can’t see them when in care, but also sometimes see them more when you are in care.
    - Hard with big families – especially when adoption involved.
    - Don’t understand why.
  - Not happy with excuses why.
    - Lack of information about contact with siblings.

**Discussion:**

The group first talked about how a consequence is that “you get treated differently” when in care and it leads to “actual children picking on you for it.”. This linked with the discussions they had previously around stigma. A young person then said that it can make you want to be good to prove people wrong.

Another consequence was that sometimes “you can lose trust with friends and family” and it makes them worry “is that going to happen again?”, referring to causes that led them to come into care initially. It was then linked to the fact being in care is generally “something that makes you worry”.

The group discussed if school is experienced differently by children and young people in care and if there were any specific reactions to finding out they were in care. Bullying was brought up by the group and a young person explained that it is because people don’t understand. “Saying that you’re different, your parents didn’t love you” was what they had experienced from young people at their school. They had also been asked “what did you do?” by people in their school when they found out they were in care – alluding to the blame being placed with the young person.

They explained it is common for bullying to include comments “about your parents, saying things about your mum” and “more say stuff about your mum, like, your mum’s a junkie”. We asked if there was a reason it felt like it was always their mum who was focused on, and a young person said it was because “they birthed you”.

Best friends were also discussed as treating you differently when in care: “as you move up in school, different relationships move apart...if you have a fall out, they can use it against you.” This quote referred to friends using the fact that you have been in care against you, in an argument.

Another consequence of care discussed was changing high schools and primary schools, which made it difficult to make friends. One young person spoke about their move away from Inverclyde to a school which had no care experienced children in it. The school and the other pupils did not understand what care was and why someone would be in care, and so they were bullied. They said it was because “the school didn’t have a proper education on it”.

Another young person shared a similar story about how they were moved away from Inverclyde and explained “you’ve got no pals from primary school”, they “tried to make new friends” but because of the move it was “not so easy to form new relationships”.

However, the group also discussed more positive consequences of care, such as having more support “because your carers are there for you.” They explained that “they listen to you more”, “they look after you better” and you get treated the way you should be treated. Others mentioned that in their foster placement they “felt like part of their family” and that it was “hard to explain” but they did get more support.

This contrasted with the support they got from schools, which differed for the young people in the group. One young person said they “got more support, but never from school”. This led to another young person talking about their experience of primary 1, and whether the teachers should have done something about what they were dealing with at home. They explained they did not go to school until midday, because their mum slept in and their big sister was out drinking. Instead they got told off for being late, without any interest in why.

The next consequence discussed was about seeing brothers and sisters. This was a particularly important topic raised, which many of the group contributed to. One member of the group talked about “getting to see siblings more” because of the support they have in care. They shared that before they were in care that there was no support to help them see their siblings, with contact previously being only around once a year.

Other experiences contrasted with this, and a young person explained that “my siblings were split up” and because their mum had many children, some were adopted, and some were not. This process wasn’t explained to them “because of our situation, they didn’t think it was right.” Instead, they were not given information about who their siblings were, “I didn’t know my brothers and sisters had disabilities. I’ve got a lot of questions”.

There was frustration from the group more generally about lacking information and that they felt uninformed about their families. One young person explained that they were constantly told for two years their brother was “not in the right place right now” to see them. When he finally met up with his brother this year, he had explained that “he was coping, he was totally fine” during this period. There was agreement that even if family situations are difficult, they should be properly explained to children and young people in care.

Lastly, a young person shared that because of going into care, they were able to get “help with their health” and could get mental health support. The group then discussed the feeling of anxiety and how they felt to blame by being in care, which further highlighted how important this was.

## Who are looked after children?

### Key points:

- “It’s just us”.
- “Kids who’ve had an unfortunate start”.
- “Just need a fresh start”.

- “Could be anyone”.
- “No difference to anyone else”.
- “People just couldn’t look after me”.
- “Getting back on track”.
- Every child should be looked after - looking at it like this would stop judgement.
- Looked after children could be our future carers because of their skills.
- “We are human beings”.

**Discussion:**

The first statement made in response was that “anybody, anyone” could be in care. That “there is no difference” to other children and young people.

The phrase “just us” was repeated by the group and one young person explained that they are “kids who’ve had an unfortunate start” but that they saw care as trying to make “a new fresh start”.

One young person shared that they “hope every child is looked after in some way” and if that we started to view the term ‘looked after’ as a normal thing, then “no one would get judged.”

Another young person said that them being in care “doesn’t mean I’m going to turn out the same way”, in comparison to others in care or like their families.

The fact foster carers could also have been looked after children was discussed and that young people in care might go on to become carers themselves. This was specifically related to the skills and experiences that children and young people in care have because of their life before and in care. By viewing care experienced people in this light, we would celebrate their skills, rather than place judgment on them.

Finally, this discussion ended with a young person saying, “we are human beings.” This comment was supported by most of the group who agreed with normalising the title of ‘looked after children’.

## What are the needs of looked after children?

**Key points:**

- Food/water- better diet/healthier life once in care.
- We need more attention now we are in care.
  - Make up for not getting it before.
  - More contact/ communication.
- Love – of every kind
  - Physical/hugs/hold hands.
  - “just give them a hug”.
  - Emotional love - kind words, told that you are wanted.
- Respect from everyone, with respect being a two-way thing.
- Food, support, love, someone who you can talk to and trust
- A warm house, clothes.

**Discussion:**

The group first suggested basic needs like “food”. This was expanded upon with a discussion about being able to lead a healthier life once in care, being fed and taught about food. This group then quickly moved on to mentioning needing “attention” once in care. One young person explained children in care need attention as “when they were little they were left out” and it was important that they were properly communicated with by those who now look after them.

“Love” was another need that was discussed. Love was discussed as being many things and different to all people. From physical to emotional love, involving hugs, contact, warmth, as well as being told that you are wanted. One young person stated, “instead of restraining a young person, give them a hug”.

One young person also mentioned “security” as something children need who come into care. This security related to stability and belonging.

The group then focused on needing “somebody to care for you”, “someone who wants you here” and needing “respect, from everybody, both ways”. This last quote was raised to explain that genuine relationships exist when the child or young person is both respected by those around them, and respects them in return.

## What can be done to support looked after children in Scotland?

### Key points:

- Extra support in education.
  - Get additional support tests done.
  - Get a scribe to help.
- Advocacy- another person to help you speak
- Better support to move into their own home.
- Better support when moving placement, including getting to know carers beforehand.
- Link workers to help when in new placement.
- Keyworker- build relationship.
- Mental health - quiet space in school helps.
  - CAMHS is too formal – feels like a meeting. if you don’t talk then that’s it over.
  - Mind mosaic - play therapy works better.
- Adults you trust that you can talk to.

### Discussion:

School was also mentioned again for this question, with one young person sharing how they have been given additional support with their studies after completing a survey on their learning needs, “after Christmas, I’m getting extra support in English and Maths”. This additional support was welcomed by the young person.

Others in the group agreed that they needed “extra support in what we’re struggling with”. One young person mentioned they had been given a scribe to help them study and that more young people should get access to this.

“Support from your social worker” was another key source of support discussed and especially during transitions such as moving placement and moving into your own home for the first time. Several other members of staff such as link workers and throughcare workers were also mentioned as examples of support, as well as workers who are there to support foster carers.

However, one young person pointed out that there wasn’t enough “emotional support” and that it “doesn’t happen enough”, especially regarding social workers.

Advocacy was mentioned as a source of support, as “somebody that’s going to listen to you”. This linked to how it was important to build good relationships with “one person you can get to know”, as well as being helped to say what you want to say while in care.

Mental health support was also discussed by the group and the ways to get help, such as with CAMHS (Child and Adolescent Mental Health Services), Children 1<sup>st</sup> and others. However, the group talked about

problems they have had, with most finding that “CAMHS just doesn’t work”. This was discussed as being the formal nature of CAMHS meetings, with professionals just asking questions. Two young people also noted that if you do not want to talk, or are not ready to talk, CAMHS tell you not to attend again.

An organization called ‘Mind Mosaic’ was mentioned as a good service that offers play therapy and Cognitive Behavioural Therapy. Young people shared that they found this organisation was “safer, more interactive”, whereas experiences with CAMHS had involved inconsistent sessions and some explained they “never got a letter back” after their first visits.

There was mixed knowledge and understanding of which mental health services they could use, and one young person informed the group that “the school can actually refer you” to services, which helped them.

The other issue with mental health support was that organisations like Mind Mosaic could have long referral lists with long waiting times, although others in the group disagreed saying they had been seen right away.

The group then switched back to talking about CAMHS after discussing the play therapy methods Mind Mosaic offered, saying “CAMHS was just so bad”. One young person explained, “see if you cry in front of them, they just sit there like this” – as they said this they sat stiffly upright with their legs crossed. The group talked about the lack of understanding they felt with this service and that if you refused to talk in their sessions, they were not interested, “they make you talk.”

## What is the care system?

### Key points:

- “Messed up”.
- Foster care/residential care/secure care/etc. There are many different types.
- Long-term/short-term/permanent/temporary.
- “When people look after you when your parents can’t”.
- “Someone that doesn’t stay with mum, because of family issues”.
- “Parents can’t look after you properly, so you are taken care of by someone else.”
- “Safer way than being at home”
- “Like Tracey Beaker” - but it’s not really.
- “Getting the care you need”.

### Discussion:

The first point shared in the group was that it was a “system of care”. When asked to explain what that meant, the young person said: “it’s about children whose parents have struggled”.

There was much agreement in the group that this was a hard question to answer and there were so many different types of care, that it was “hard to describe it”. Many listed placement types, “short-term, long-term, respite for a weekend, it can be all of that”.

Another young person defined it as, “when people look after you because your parents can’t”.

Other definitions included, “someone that doesn’t stay with mum because of family issues” and that children that get taken away from their families.

The group agreed that Tracy Beaker was definitely *not* what care was like. Although some thought that it might be when they first entered residential care.

## What is the one thing you would want the public to know and understand?

The last part of the discussion built on all of these topics, and we asked whether there was anything that really stood out as important to them to communicate to the public.

The following quotes were agreed as being the most important message:

*“Get to know us before we’re judged.”*

*“Don’t judge.”*

*“Stop cheating us.”*

*“Respect us.”*

*“We are the exact same as you.”*

*“Try living in our shoes, to see how you feel.”*

## Additional topic: Stigma

The following information has been provided by the Proud2Care group. This discussion happened over a period of weeks and centered on their experience of stigma, due to being in care.

Experiences of stigma:

- Why are some friends risk assessed and others not when it comes to hanging out or sleepovers?
- When I was younger “there was an assumed guilt I was accused of doing something wrong so I was branded as a “danger” so contact was stopped for weeks”.
- Holiday with a friend was risk assessed, the whole family had to be checked and we were given the ok to go on the holiday the day before we were due to leave. This is not ok!
- Out in the community people will judge you.
- Kids in care are labelled.
- “My pals make jokes about my mum throwing me out, not liking me”.
- School – rumours in school about me being in care, guidance teacher telling info about me /personal info about why I haven’t been in. “treat us as normal”.
- Friends parents judging me.
- News/rumours travel fast.
- “Stand round the corner, not allowed in friend’s house because I was in care”.
- “I hate it because we are treated as if we are on a different planet”.
- Children’s unit not being allowed to open because of the community.
- Hard to go to my friend’s house and my friends had to get checked.
- I was stopped by the police and they didn’t know what respite was.
- “The social worker brought up charges against my dad from over 30 years ago that didn’t need to be mentioned”.

What we can do to tackle stigma:

- A conference on stigma with the local schools for pupils – educate them.
- Whole school sessions, change people's views/perceptions. There are lots of schools in Inverclyde.
- Make a film on stigma.