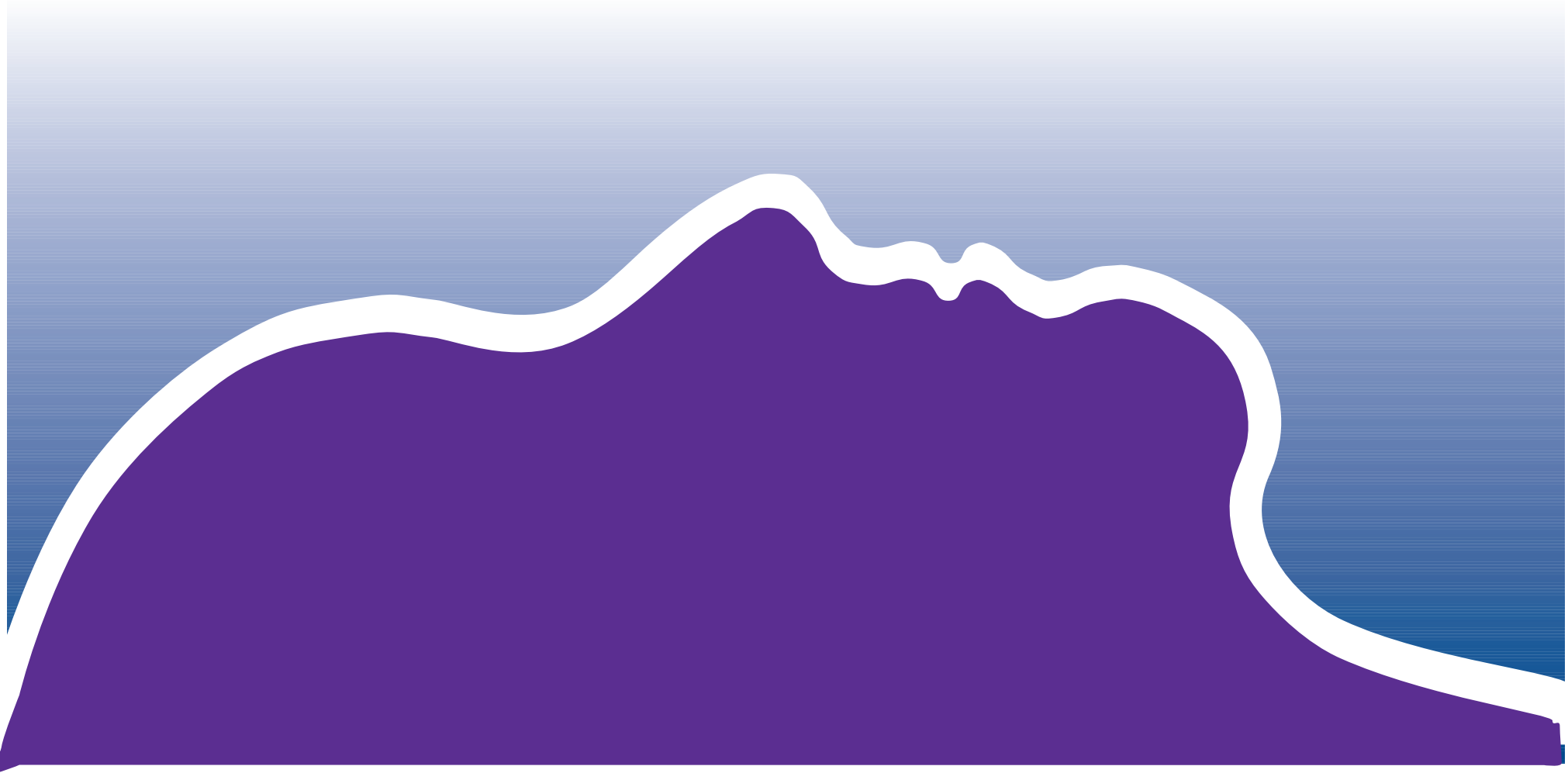
Let's Face It!

Care 2003 • Young People Tell Us How It Is



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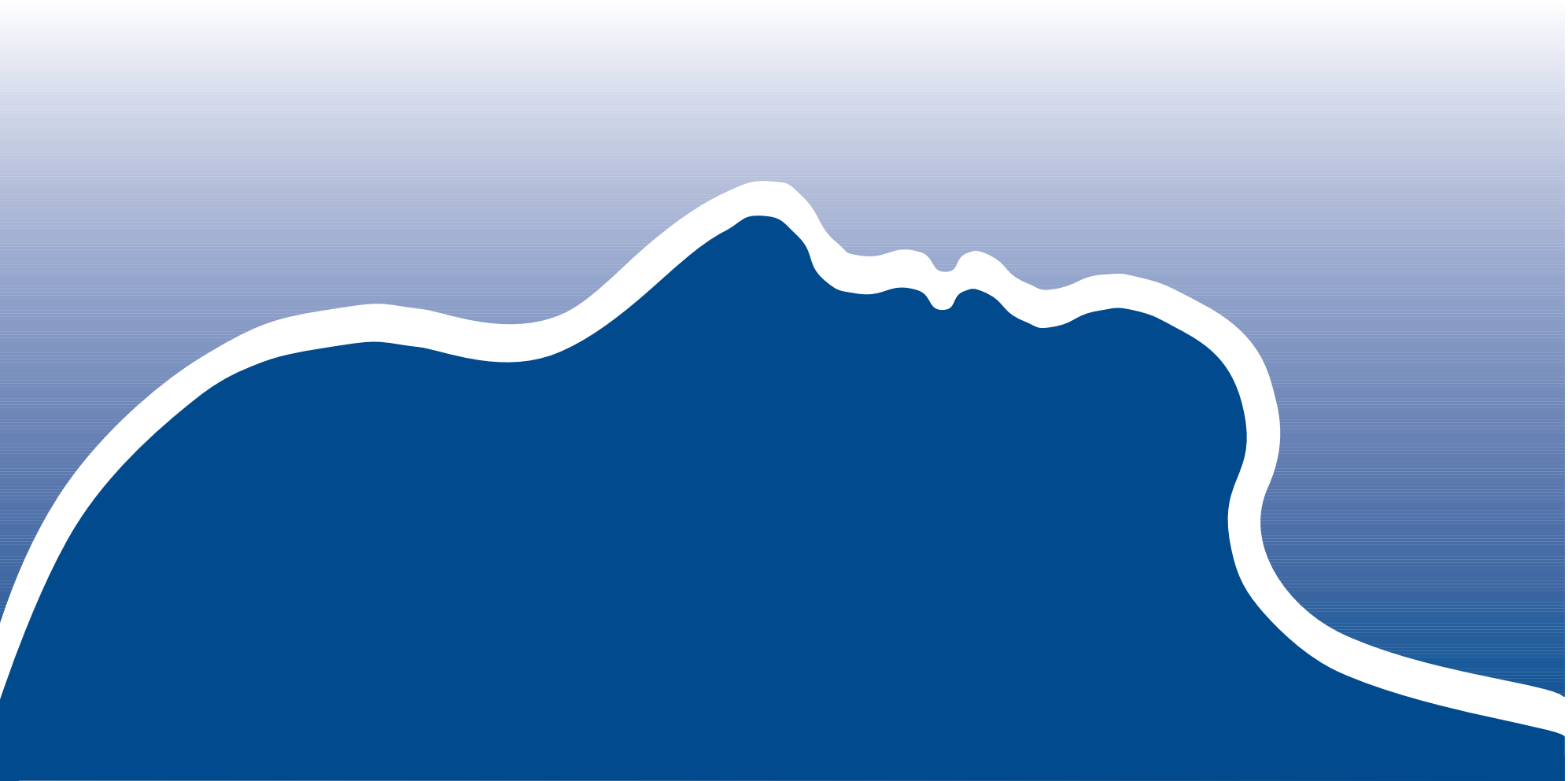

Let's Face It! Care 2003
Young People Tell Us How It Is

Written by
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Deirdre Watson
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Section 1

Foreword

Congratulations to Who Cares? Scotland on their 25th anniversary and on the publication of this report. Those of us who were involved in social work 25 years ago will remember the founding of Who Cares? Scotland and the groundbreaking report "Who Cares? Young people in care speak out" [1] which led to its foundation. Twenty five years on, I consider that "Let's face it! Care 2003 – Young People Tell Us How It Is" is also ground breaking.

Who Cares? Scotland clearly developed a strong rapport with the young people who contributed to the report. This led them to share some very personal, and moving, care and life experiences which included loss and bereavement, depression and self harm, and their vital need for consistent, caring, supportive adults in their lives. Some had very positive experiences in the "care system". Many did not or their experiences were not sufficiently consistent.

Many practitioners will say, "But surely it's better than 25 years ago?". Some aspects definitely are. Who Cares? Scotland no longer has to campaign for the abolition of corporal punishment and the clothing order book in young people's units and foster homes. Young people are much more likely to be involved in their care reviews and other decision making meetings, although they sometimes still feel that such consultation is more token than real. Young people now are much more likely to live small units and generally have their own rooms rather than being accommodated in dormitories. However, the bedrock of high quality care which will help children and young people achieve happy, fulfilling lives is the calibre and commitment of the adults with whom they live and provision of services that support children and young people to settle and flourish in one placement rather than regularly move around. Unfortunately, 25 years on we are still a long way from this ideal.

Who Cares? Scotland is needed as much today as when it was founded.

I urge you to read this report carefully and to consider how to implement its recommendations. Many of them require attitudinal change rather than additional resources. I hope that during the next 25 years we can come much nearer to achieving a society in which looked after children and young people do not still have to ask, "Who cares?"

ANGUS SKINNER
CHIEF SOCIAL WORK SERVICES INSPECTOR

[1] R.Page and G.A. Clark Who cares? Young people in care speak out National Children's Bureau 1977

Section 1

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Section 1

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Once again young people have given their time freely and chosen to share their views and experiences in the hope of improving the care services which they (and others) receive. The willingness and commitment of these young people should not be taken for granted, but valued and appreciated.

This report is for, and on behalf of you and all of the other young people who are, have been or will be in care. We hope it makes a difference.

We would like to say a particular thanks to those young people who participated in the interviews – you know who you are!

We would also like to thank all of the Who Cares? Scotland staff, for supporting the young people, events, consultations, interviews and the overall production of the report. A special thanks to Pauline O'Hagan for her hard work and attention to detail. The determination and commitment, of Who Cares? staff, to promoting the views of young people is always paramount.

We gratefully acknowledge the support of our funding bodies and those whom we work in partnership, who have either directly or indirectly supported the production of this report, including; The Scottish Executive; Local Authorities; The Scottish Institute for Residential Child Care; Other Voluntary Organisations.

Section 1

Terminology

For the purpose of consistency and to aid clarification we have identified common terminology which is used by the authors throughout the report. These terms may have different meanings for some people or their use may differ across Scotland. Below is a list of common terms and their meanings contained within the report.

Children
– those under the age of 12

Young people
- those who are aged 12 and over

Residential Care Staff/Staff
- those employed in the provision of care for children and/or young people in a residential unit (see below)

Foster Carers/Carers
- those who provide care in a 'family' type setting

Residential Unit/Unit
- establishments which provide group living care environments for children and/or young people

Residential School
- these are noted as such, any other reference to school refers to mainstream educational provision

Supported Accommodation
- accommodation (by, or on behalf of local authorities) provided to young people who are 16+ and are being supported in leaving the care system

In Care/Looked After and Accommodated
- these two terms are used interchangeably in this report

Quotes

Quotes from young people who participated in this consultation process appear as in the example below:
e.g. To get put in care away from your family is a hard thing to cope with. (Male, 17)

Section 1

Who Cares? Scotland

Who Cares? Scotland was set up in 1978. Over the years we have established ourselves as the consumer voice for children and young people in care. The organisation operates independently and works in partnership with The Scottish Executive, Local Authorities, The Scottish Institute for Residential Child Care, other organisations and agencies.

Who Cares? Scotland provides a range of services for children and young people with experience of care up to the age of 25. The children and young people we work with have a diverse range of social, economic, cultural, ethnic and educational backgrounds and experiences. This includes children and young people; in foster care; in residential care; in secure accommodation; in residential schools; in supported accommodation; and care leavers.

Currently we are celebrating the 25th anniversary of the organisation, a testament to the resilience, commitment, diversity and determination of the many children and young people, staff, board members, volunteers, supportive adults and other professionals involved in the organisation over the years.

Our Aims

- To provide an advocacy service throughout Scotland, accessible by all children and young people with experience of being looked after and accommodated
- To provide information to children and young people about their rights
- To enable these children and young people to come together to identify issues of importance to them and to campaign for improved policy and practice
- To ensure that their opinions are included in all consultations and discussions which affect their lives

What we do

The foundation of the organisation's work is its relationships with children and young people. These relationships are based on mutual trust and aim to provide the child or young person with advocacy, advice and support outwith the formal 'care system'. To many children and young people, the value of their relationship with Who Cares? Scotland lies in the independence of the organisation from the bureaucratic structures of local government.

For children and young people the freedom to speak about their concerns and gain support from an independent source is of great importance to them. As for Who Cares? Scotland itself, all our work – dealings with policy-makers, educators, carers, public authorities, publications and research – is based upon the knowledge and understanding of the rights and needs of children and young people.

In order to inform policy and practice development and implementation, the organisation undertakes regular local and national consultations with children and young people. These consultations take many different forms, geared to maximise the participation of children and young people. This report has been produced as a result of such a consultation process with young people.

Both independently and in collaboration with other agencies, the organisation has produced various publications and training materials highlighting the views and experiences of children and young people in care. We also publish a quarterly magazine (Speak Out!) for, and in partnership with, young people with experience of care.

Who Cares? Scotland is committed to involving children and young people in the work of the organisation. As such, young people represent half the membership of our Board of Directors.

Section 1

Background

Children and young people and their views have always been central to the work and beliefs of Who Cares? Scotland. Subsequently, at this juncture the organisation felt it was important to afford young people the opportunity to identify the issues that are important to them and gather their views and experiences in relation to these issues.

Central to the production of this report are the views of young people in care, providing professionals with an opportunity to hear their views and experiences in their own words. Furthermore, it is hoped the report will provide an opportunity for professionals to learn from young people and subsequently develop and improve the services made available to them.

Over the years there have been a number of reports which have considered issues which have an impact on the lives of children and young people in care, and these are discussed in section 3. However, whilst there have been a number of developments and improvements in care provision, it is apparent that a number of the recommendations from the aforementioned reports remain theoretical, providing further impetus for the production of this report.

To facilitate the implementation of the young people's recommendations, professionals attending the Let's Face It! Conference in November 2003 will work together in focus groups. The focus groups will propose practical ways in which the recommendations can be implemented. The results from the focus groups will then be published in a 'Theory into Practice' appendix to this report.

Section 1

Method

Why, where, when, what, how and who!

In compiling this report the purpose of the consultation process was twofold. The first aim was to identify what are the most important issues for young people who are looked after and accommodated in Scotland. Secondly, to further develop themes within the identified issues.

In order to ensure the reliability and validity of the information contained within the report, a number of methods were utilised at various consultation events during a fourteen month period. At each event there was a specific period allotted for the purpose of consultation.

Kilgraston, one day event for Young People (July 2002)

The first stage in the consultation process involved bringing young people together to identify what currently are the most important issues for them. In order to achieve this young people were placed in groups which were facilitated by Who Cares? Scotland staff. All staff were briefed on the consultation tools and each group operated within a consultation guide. This involved groups undertaking an icebreaker and three activities which facilitated the identification and prioritisation of the most important current issues. The information from these exercises was analysed and the four most important issues identified.

The areas identified by young people were:
- Safety and protection
- Relationships with care staff/trust and quality of care
- Family
- Friendships and support

This crucial information was used to inform the next stage in the consultation process for young people – the consultation at Inverclyde.

Table 1

Summary of young people involved in Kilgraston event

	Male	Female	Total
Residential Unit	10	10	20
Foster Care	3	3	6
Residential School	3	1	4
Supported Accommodation	3	1	4

Total young people involved in Kilgraston event: 34 (19 Male, 15 Female)

Inverclyde, two day residential event for Young People (April 2003)

Having previously identified the most important issues for young people at Kilgraston, the intention for this stage of the consultation process was to allow them the opportunity to further

develop themes around these issues and also to identify possible solutions. Young people were placed randomly into eight focus groups which worked together over the two days. The main component of the consultation took place on day one over two separate, but linked, sessions.

Of the four identified issues three were covered at this event. After giving due consideration to ethical issues it was felt that it was inappropriate to undertake a consultation around the issue of 'Family' in this setting. This consultation would therefore only take place through interviews. One issue previously identified by young people as 'Relationships with Care Staff/Trust and Quality of Care' was considered too diverse an issue for the groups and was therefore split into Relationships with Care Staff' and 'Trust and Quality of Care'. This allowed each of the four issues to be considered by two groups.

Each group was facilitated and scribed by Who Cares? Scotland staff. All of the staff were provided with an identical consultation framework. In session one this involved identifying wider themes within their identified issue. This was carried out by group discussion and an activity. In session two the groups focussed on who could make a difference and potential improvements young people felt could make a difference in relation to their identified issue. This was achieved through the undertaking of three short activities. The outcome of one such activity 'Letters to the First Minister', are reproduced here as appendix 1.

On day two the groups developed and provided feedback to the wider conference body on their findings. This served the sole purpose of making young people aware of the work which took place in the other groups. The information was fed back in a variety of presentation formats and was based on the findings of the consultation on day one.

In order to support the next stage in the consultation process for young people, facilitators were asked to identify young people who would be willing to participate in interviews at a later date. Young people were approached after the two consultation sessions and asked if they would be willing to participate in interviews. Young people who consented had their details recorded.

Table 2

Summary of young people involved in Inverclyde event

	Male	Female	Total
Residential Unit	13	24	37
Foster Care	3	9	12
Residential School	6	2	8
Secure Accommodation	1	-	1
Supported Accommodation	2	2	4

Total young people involved in Inverclyde event: 62 (25 Male, 37 Female)

Individual interviews (September 2003)

In order to obtain further in-depth views and experiences of young people, the next stage involved undertaking semi-structured interviews with 20 young people identified at the residential event at Inverclyde. Subsequently, a semi-structured questionnaire was developed for use in interviews.

Prior to the interviews, young people who had previously consented to participate were provided with further information regarding the interview process and the issues about which they were to be consulted. This allowed them to provide informed consent or to decide to withdraw from the process. Of the 20 originally identified, 17 young people consented to their further involvement in the consultation process. The other 3 young people elected not to participate as a result of a range of difficulties.

Each young person was interviewed about two of the four main issues which had been identified. On the whole, the interviews took place in the presence of their local Young Persons Worker, although in some cases this was not possible and in these instances the young person could choose another suitable adult to provide support. There were two interviewers involved in this process (Paterson and Whiteford). Each carried out interviews on two issues and subsequently had responsibility for writing corresponding areas of the report. All interviews were recorded and then transcribed.

Having completed the interviews, all information from the consultation process was collated for analysis. At this stage it became apparent that the four areas originally identified could not be represented as isolated areas within the report. Having explored common themes and areas which overlapped, the three headings were selected for use in Section 2 of the report. This section provides a faithful representation of all four areas originally identified by young people.

Table 3

Summary of young people involved in individual interviews

	Male	Female	Total
Residential Unit	3	4	7
Foster Care	-	2	2
Residential School	4	2	6
Supported Accommodation	2	-	2

Total young people involved in interviews: 17 (9 Male, 8 Female)

Young People involved in the consultation process

In total there were 90 young people involved in the consultation process. Delegates were selected randomly by local Who Cares? Scotland Young Persons Workers. Wherever possible attempting to maintain a gender balance while representing a variety of experiences, views and care settings. The young people who participated represented 29 Scottish Local Authorities.

Six young people attended both Kilgraston and Inverclyde, and all 17 young people who participated in the interviews had attended the Inverclyde event. The figures in table 4 reflect the type of care placement for these young people at the time of the Kilgraston consultation. A majority of the young people who participated in the overall consultation process had experienced at least two different care settings.

Table 4

Summary of young people involved in the Consultation Process

	Male	Female	Total
Residential Unit	23	32	55
Foster Care	6	10	16
Residential School	8	3	11
Secure Accommodation	1	-	1
Supported Accommodation	4	3	7

Total young people involved in the consultation process: 90 (42 Male, 48 Female)

Notes

Section 2

My Care Experience

• Young People Tell Us How It Is

My Care Experience

'My life is care' – Young People Tell Us How It Is

During the Kilgraston consultation, young people were given over ten different issues and blank cards (for their choices) to prioritise in terms of importance to them. Just under half of the young people at the conference placed 'relationships with staff / trust and quality of care' as one of the top three most important issues to them. Additionally, 'where I live' was placed in the top three by a quarter of the young people.

As a result of this response, the focus groups at Inverclyde and the interviews identified 'relationships with residential care staff and quality of care' as a key issue. Therefore the following account is a representation of the views expressed at Inverclyde and during the interview process.

Many of the young people's views can be interrelated, however, for the purposes of the report and exploration of the views, this chapter is separated into discrete themes which are: values, attitudes and discrimination; trust, listening and decisions; familiar faces and more strangers; and making things better. This is followed by a focus on foster care and making things better. An outline of recommendations completes the chapter.

Values, attitudes and discrimination

In residential care, young people are aware that they are living in a group setting and therefore they articulate issues around individuality and group living very well. There are crucial points on such concepts as equality, the same treatment, individual identity and individual preference.

These concepts are complex due to the very nature of bringing any group of people to live together in order to share common living space, rules and practice. Nonetheless, many young people refer to the difference between general rules for all and the unnecessary assumptions, labelling and stereotyping that can become a part of general practice and culture within a unit. Their examples highlight how arbitrary decision-making and lack of participation can so easily lead to negative discriminatory practices.

At the Inverclyde consultation, one component focused on staff attitudes and what young people view as being helpful and unhelpful. The focus group summary indicated that on the one hand, all of the groups referred to respect, fair treatment and understanding as helpful attitudes, however, on the other hand, at least four out of the six groups referred to aggression, mockery, and disrespect as unhelpful attitudes and approaches.

Over two thirds of the young people interviewed have been in care for more than ten years. The young people talk candidly about their lives and the links between family members unable to look after them and the reasons they remain in care. A common plea from young people is for residential care staff [and the public] to understand that there are significant reasons for being looked after and accommodated. Young people do not want the assumption that it is 'their fault' for being in care and do want staff to be sensitive to the reasons children and young people need to leave their families and often their communities. They emphasise that they are not to blame for the circumstances precipitating coming into care and yet still feel that

some beliefs and attitudes held by adults suggest young people have done something bad to deserve coming into care. As one young woman put it,

Spread the word that it's not children's fault for being in children's homes because they think it's you and you've done something wrong, but for us it was our parents that had the problem and not us. The minute people look at you, they look with disgust, and they say that you're in a bad boy's or bad girl's home, as if to say you have done something really violent, and we haven't done anything wrong. (Female, 15)

This familiar stereotype merits questions around the extent to which professionals can buy into this belief. We need to ask why and how adults working with looked after and accommodated young people may become a part of this prejudice. If young people are believed to be 'bad' and therefore undeserving of care, this may make the thought and effort required for a meaningful relationship much less of a necessity. Such values about young people in care as a group may also engender disrespect and inappropriate levels of control and punishment.

There's quite a few who go out of their way to wind you up. In your face and telling you everything is your fault, getting at you or laughing at you because you're in care. They're waiting for you to get bothered and then slam the sanctions on you. I know quite a few that did that – you would say something and they'd say 'That's it, you've missed an outing' or 'That's it upstairs, you're grounded'. (Male, 16)

Another young man highlights residential child care staff and those who use their power to reinforce the inequality of the relationship and others who try to work at relationships from one human being to another.

The bad [staff], if there are problems, they'll niggle you about them. It's staff- boy. That's not the good staff, it's person to person. You need to get to know people. You can tell by the way they talk to you. (Male, 16)

It is relatively easy to see young people in care and their behaviour as separate from their experiences before care. They are seen in the context of the care system rather than the context of the relationships and situations which resulted in their admission into care. One young man makes this point very clear.

[Staff] would have to know that [young people] are here for a reason and to help the kids from what they've been through and what they're going through. As I know at this moment that boys still go through a lot, it doesn't mean the minute they go into care that all their problems will be solved because that's not life at all, that's not true at all. This unit is a good place but don't think for a minute that I mean as soon as you step in here all your problems are solved because that's not what I'm trying to say. (Male, 14)

One young person shares his views on the difference between staff that proactively support and help him and those who do not hide their disinterest and motivation.

The staff didn't even play a game of pool with you. It used to be just work and that's it. Staff can come in and talk to you or they can go out their way and try and get something done for you. Like me, I was going on holiday with my mate and they were getting the passport and running about trying to get it all done. For others it's just work and they don't treat you any different, they don't go out of their way to talk to you. (Male, 16)

Young people are aware that they are cared for by paid staff and this in itself may cause young people to question residential care staff's motivation.

Some of them you could just see the blankness in their face, thinking about when they're going home and what they're having for their dinner – sort of look in their eye of 'when is this going to be done?' Looking at their watch every 5 mins – you get those kinds of people. (Male, 17)

Nonetheless, they demonstrate an acute awareness of those who are interested in them, respect them, and offer help in the relationship. This became apparent when young people highlighted trust and listening as important factors in relationships with staff.

Trust, listening and decisions

The very fundamental skill of any (helping) relationship is to be able to listen effectively. There is no lack of documentation on why and how we should listen and the importance of listening as a tool in building trust and developing a meaningful relationship.

[It] is important for all young people to have people to listen to them. The one and only main thing to having a good experience and good relationships with staff, is trustworthy relationships, trust is the key part to any relationship. (Male, 16)

Young people acknowledge that the relationship with residential childcare staff relies on trust, and that trust is something that is developed over time and the development of the relationship.

In here, the best way to get on with staff is, if there's something you need to talk about, think of a staff you can trust and go and talk to that staff and that builds up the relationship between you and the staff which means you can trust each other. That's what I've done with one of the staff that's on just now. (Male, 15)

Being listened to can foster respect and promote the young person's views being taken seriously, and in certain situations, acted upon. Even when decisions taken do not reflect their wishes, some form of acknowledgement that their views are considered in the process is important, however, even when young people like the approach of staff, there is a sense of them being told about decisions rather than participating in them.

The staff sat you down and told you what the decisions were and explained why and how. You get some staff that you don't even need to go to for support because that staff is there for you. There were 2 staff in the home that I was in and they were amazing. Every time I was in they would talk to you and you didn't need to be sat down and told what decisions were made and why because they made it clear when they were talking to you. (Male, 17)

Moreover, if young people are afforded the respect of an explanation coupled with respect for their (different) views, they can understand the complexity of decision-making and comprehend the notion that something may not be in their best interest.

Explaining things, not in pure scientific details but making it a bit clearer. Making sure the young person knows that there are people there to support them if they are unhappy with decisions. Remind themselves that young people are human; they do have feelings and opinions. They forget this and discard that young people do have a voice and do need to be listened to. That is one of the biggest problems. (Male, 16)

Absence or negation of their views only seeks to further alienate young people. Such responses can cause at best despondency and at worst fear, distress, and anger. Unsurprisingly, the opposite is the case when young people participate in decisions. One young man talks about the 'book' he can fill in for a review and it appears to reassure him that his views will be taken seriously.

You've got that form you go through but now you've been told it's different, it's like something out of the X-files, called a 'black book'. So if there are things that you didn't like or decisions, you could bring it up in your review. It was listened to because it was in the review, the key worker would get back to you and have a chat. (Male, 17)

When facing some decisions, it is not the inconsistencies in themselves that cause young people to be perplexed, if not frustrated, but the lack of explanation to help understand particular changes and/or preferences within staff decision-making.

They say 'I don't like your attitude,' and you ask 'what attitude,' and they say 'you see what I mean?' Stuff like that – it's just typical. That's it there, you're sanctioned. (Male, 16)

This example of poor communication and arbitrary decision-making illustrates the need for explanations and reasons for decisions, particularly in relation to rules.

I also wish people would explain rules more. It's always better to explain rules rather than just tell you that's the way it is, that's what you have to do. So sometimes when there are rules and I think 'I don't know why that rule's there', they just tell me 'that's just the rules', and you just have to get on with it. (Female, 14)

Conversely, if young people feel they are being treated fairly, they can feel valued and cared for by residential child care workers. This young man described how he had been depressed, angry, and difficult towards staff, and went on to say,

Staff realise what I was going through, they understood what I was going through and I understood what I was putting other people through. They made me realise that if they've got to be fair to me then I've got to be fair to them. Staff are there for me.

He went on to share his feelings about being listened to and how this reinforces a sense of being wanted. He describes the level of support he experienced during this turbulent time and how he feels he was understood. In this young person's case he felt deeply cared for at a stressful & pressurised time.

They were just there for me, and gave me a hug when I needed one, gave me support when I needed it, gave me love and attention when I needed it and that's what I wanted and needed at that moment in time. I really owe a big deal to them, to the staff in my

unit I owe a lot to them for doing that for me. They were just there for me to understand me, listen and be there for me and I appreciate it very much. (Male, 14)

The development of trust is also related to residential care staff's ability to identify what is considered confidential and what is not. One issue creating a degree of mistrust is staff members sharing information about young people with each other. Some young people questioned the boundaries in place around the sharing of information and felt they would talk to staff members who evidenced discretion in sharing information about young people.

There are the ones you like you can talk to from the word go, the trust is there and you know you can rely on them. I can tell them things and don't have to worry about them telling everyone. (Male, 16)

Another young woman said,

You'd tell [a member of staff] something that you wouldn't want to tell any other staff, and then make sure they don't go back and tell others about it. (Female, 15)

Confidentiality is not absolute and therefore discussions with young people about what can be kept confidential would support relationships between staff and residents. Questions are raised about what kind of conversations can remain private, the reasons for sharing information and with whom, and making sure the young person understands this process. Not only does this help the young person understand the nature of care, concern, and risk, but it helps staff to monitor and question the need or requirement to share information about young people. Perhaps, when this is done, young people may have a sense of increased confidence in how and with whom the information is shared, as in this example,

She sits down and listens, and then she'll talk to me about whatever I was talking about and we end up discussing it, and after we've discussed it, if she needs to, she'll go and speak to whoever it is she needs to speak to. (Male, 15)

Trying to find a member of staff to trust appears to be linked to how staff respond and what kind of approach they take with young people. One young man thinks that bossiness does not help the relationship and that a different approach is required. He thinks some people are 'gifted' in this respect and associates this ability to relate with people who have had a similar experience.

I think they should really come across to you a bit less bossy. When they staff talk to you there was a bit of them authority wise, it was always that they were the big ones, they were there to tell you what is what and that's it. I think there is an easier way instead of them not talking to you or saying things to you. There was always a couple of staff you'd get that was naturally gifted that way. There was actually one staff that had been through our situation, so he was better to talk to than most staff because he could come across easier and less bossy. (Male, 17)

Moreover, he asks that residential staff look out for times when young people need extra support and puts in a reminder that age and maturity are linked with the ability to voice the need for support.

There's got to be that wee bit of extra support there now and again for a young person, and the staff have got to take a little bit more notice, even though they may be thinking of other things, about the kids in the house. If they look at the young people when they are happy and they notice when there is something not right the staff have got to speak to the young ones because the young ones are not likely to go up to them and say 'I need help, talk to me,' because they don't want to. (Male, 17)

Familiar faces and different strangers

Two common issues arose from approximately half of the interviewees: a sense of history i.e. relationships with staff they have known in previous residential placements, and also the negative impact of a high turnover of new staff.

There appears to be a security in knowing members of staff from previous placements, particularly if young people re-established relationships with staff who had worked with them as small children. Fortunately, the relationships tended to be positive ones and the young people felt a sense of their own history and the meaningfulness of long-term relationships.

One of the staff who was in a home a few years ago with us is in the same home now with us. It's like old times again. Yes, she was our keyworker for us back then and now she's my keyworker. She knows what [my sister and I] have been doing, she knows our history. Probably because she was there when we were growing up and she still is really. She's a part of my history because I was close to her back then and I'm still close to her now. (Female, 15)

And another young woman states,

I have a key worker, she's really good. She used to work in a unit I was in before and I really trust her. She'll sit down and let me talk. She helps me understand the decisions that have been made about me. (Female, 14)

Young people highlight the importance of some form of continuity in their lives and that, somewhat unusually, compared to other living situations, they have an adult in their lives who remembers them as a child.

There's some people that I know who say they don't feel they can talk to anybody but I get on with quite a lot of the staff because when I went into the home [some of them have] known me since I was 4. A lot of the staff that worked with me then are in the home now.

These young people illustrate an issue for young people who have been in care since early childhood, which is a (lack of) shared history with the staff. There appears to be an invisible childhood for many young people in that the adults caring for them cannot share retrospective stories, observations, and memories about the young person as a child. The cultural norm of looking back at childhood experiences with other people who were a part of that experience is not open to many young people who have been in long term care. The same young man describes one of the good things about his re-established relationships as getting access to photographs of him as a child.

It's good [that I have previously known them] because I never saw any pictures or anything and now they'll bring me pictures. (Male, 16)

It is deeply concerning that some young people in care have few or no photographs of early childhood, care staff, or the place they were living. It is curious in this case that the photographs were held by the unit staff rather than with the child. It may be an overstated point, but surely children and young people in care have the right to photographs of themselves and their history, and that they too, as with so many people, can enjoy or cringe at the visible reminders and memories of their relationships and experiences.

Most of the young people's experience of building a trusting relationship with residential staff relies on the assumption that there is consistent and regular staff within the unit. Unfortunately, this is not the case for some residential units and therefore there is a knock on effect for young people and the potential to build meaningful relationships. A third of the young people interviewed voiced their concerns about the expectation of them to trust and establish relationships with ongoing new members of staff.

The place I'm in just now, I've been there for 3 years and I couldn't even name how many staff have come and went there's been that many. It's a good home but I'm just saying, that if you get to know a new staff, you talk to them and you feel alright with them and then they leave. Then I think why do I even bother talking to them, because they're just going to be away in a couple of months. (Male, 16)

Another young person views it as unnatural to expect young people to connect with strangers on an ongoing basis, and recognises that he refuses to do this for a period of time. He illustrates how this affects him and is aware that he feels differently about new staff compared to those familiar to him.

I speak to everybody except new people because it takes me a while to get to know them. I'm closer to some of them than others because I know them more. (Male, 15)

The use of sessional staff is brought into the equation as one young woman emphasises that even when a relationship can be struck up with sessional staff, there is no guarantee that the relationship will continue in the immediate future, never mind short or long term.

We have strangers coming in and sometimes we see them again and sometimes we don't. It's pretty difficult to have people understand you or know you when they're just coming to do one shift or two shifts and then leaving again. I've lived here for 4 years and some of the staff, most of the staff, I don't know them anymore. So apart from my key worker nobody really knows my history or knows what I'm about. (Female, 14)

Furthermore, one young man explores how prepared new staff are for their new role; he offers an interesting account of a new member of staff who was adjusting to her new post.

They're new and they don't know what to do so they try and take a bit off each staff. There was a staff I remember who was new, but she was alright for the first 2 weeks – but then she started listening to other staff the way they acted.

He further suggests that young people can see that someone is trying to find their way but adds that it is not helpful for new staff to 'copy' other members of staff's approach, as this can lead to a loss of respect.

She took bits from certain staff, a senior, and nobody liked her because she was trying to be somebody else. She started off fine, she was her own person. Then you could see her trying to act like one of the other seniors – nobody liked her. (Male, 16)

Additionally, another young person warns against overreacting, and associates this with new members of staff and possibly a lack of confidence. Nonetheless, he warns against taking an over zealous approach to challenging behaviour.

It just takes one person and you get everyone else who just follows. It wasn't just kids, it was new staff – they just don't know what to do. That's why I laugh sometimes, because there's [an 8 year old] guy who is quite a problem but when he kicks off they go nuts – they make a big massive deal about it. What are they going to do when it's a couple of big guys noising them up? (Male, 16)

This young man was genuinely concerned about staff's ability to cope with challenging behaviour, and although seeing humour in the situation, was quite perplexed as to what would happen with older young people who were creating a challenge for staff.

Recognising that support is on offer can be a gradual process, and for one young person it is a step by step process of realising that residential child care staff want the best for him.

There's a lot [of support]. I suppose it's a good thing, maybe you don't notice at the time, but after a while you do notice you're getting support. The best thing is that at least you've got a place to stay and the staff all want the best for you. Sometimes they'll say what you did was good – that's the best thing, they all want the best for you. (Male, 17)

And finally, when young people feel supported, only they can sum up the positive impact it has upon them.

The support where I am is brilliant because they help to make it happen. (Female, 17)

Making it better

During the interviews young people were invited to give their views on what needs to change to make things better for them. Their comments are suggestions for change in order to improve the situation for them, and indeed residential child care staff.

To return to some points made earlier, young people would like staff to demonstrate understanding that the young people they care for have been through a lot, and that their experiences, living away from home and living with staff and young people who are strangers is not easy, as one young person succinctly put it.

They would have to understand, they would have to know what boys go through in residential homes. (Male, 14)

In discussing the relationship with his key worker, this young man emphasises the need for trust and that this is the most important aspect of the relationship.

I just need trust basically and I do trust them. I can't tell you whether I know for a fact that he's listening to me – I just need to trust him. If they don't want to listen to me then they don't have to listen to me. I just need to trust him, and that's what I do, I trust him. (Male, 14)

The next two ideas for making things better are linked, and the first quote refers to the need for staff to remain aware that each individual young person is moving to a place where everyone, staff and residents alike, are strangers. The young person helps to highlight that this is an exceptionally vulnerable time when young people can feel lonely, scared, and possibly threatened by the new people and environment.

Don't forget when we go into a home everybody is a stranger. Going into a home you don't know anybody or how long you're going to be there for. If you are [by] yourself it's harder because you're surrounded and nobody knows you and you're not too happy about that. (Female, 14)

Thus, another young person makes a suggestion that may help when young people move in to a new home.

People need to feel welcome, it's really important when you're coming to a new unit or somewhere new, that folk make you feel welcome and welcome you into the place and let you think about the residential unit as your home. (Female, 15)

Again, in terms of improving matters, young people think that some changes in attitude would help relationships. For example, these two comments reiterate that young people want staff to remain calm, even when the circumstances are difficult.

Be calm and try not to get too hot headed even when I'm being stupid. (Male, 16)

And staff need to make the time and space to let young people talk,

Always getting on your case for nothing that's big and when staff don't have enough time for you and you feel left out. (Female, 15)

This change for the better is emphasised by a young man who is obviously proud that this member of staff took time with the young person and did not stop listening to him even when management requested the member of staff's attention.

The staff I get on with give me their undivided attention with no distractions. I've seen staff sitting and the head of school comes in for a word, and they said 'no, not the now, I'm busy.' Others wouldn't do that, they'd stop and go away. (Male, 16)

A young person also identifies that proactive support is vital. This young woman suggests that if staff actively seek to help her then perhaps better outcomes may be achieved.

Staff need to try and sort it out for you, try and help you with things. Try and help you work things out so things become better. (Female, 14)

In the next statement the need for discipline is not questioned, however it is the degree of discipline that the young woman queries. And, apparently without irony, she advises that residential child care staff need to be able to relate to young people.

Not as much discipline, well obviously you need a bit of discipline. You would need to get on with the kids and be cool. (Female, 15)

Another point made suggests that forcing young people to do things may not be the best tack to take. This young woman makes a plea for staff to use negotiation and compromise in order to reach an understanding and avoid stalemate. She thinks that asking for her views and explanation may help the situation.

Not making us do what we don't want to. If we don't like something then they could come to an agreement with us and give us something instead of what we don't want. Don't just tell us, ask our opinion and explain what's going on. (Female, 15)

Moreover, visits to a unit prior to admission can help young people feel more informed and secure about the move.

I just think they thought of the best place for me, and I went for visits to see how it was and I really enjoyed them, they helped me get a feel for the place. (Male, 14)

On a more resource-led note, a young person highlights the need to keep the numbers of young people in units down and that overcrowding has dire consequences for the residents (and staff).

Try and not get as many in the one home because when there's too many people where you go it's stressful, and it just puts you under pressure so try and put less people in a home and more in foster care. (Female, 15)

Perhaps the issue does not solely belong to new staff, however, this young person thinks that new staff need to have decent training in order to prepare them for the role of a residential child care worker.

About new staff – something needs to be done. I think they need to get good training. (Male, 16)

And finally, young people were able to express the view that they valued the 'external' support of Who Cares? Scotland and Children's Rights Officers. When asked who supports him, one young man stated,

Who Cares? - they can fight your case because you don't want to do that yourself as it's like the great white shark against the wee fish. (Male, 15)

And another young woman added,

First of all [my Who Cares? worker] because she comes to all my meetings and helps me put my views across and [my children's rights officer]. (Female, 15)

One young man particularly valued speaking to people who had care experience; he felt that there would be understanding from the start.

Yes, it's good to see people and talk to people who have been in care because they know what you're talking about. It's good people saying that they know how you feel, it's better. (Male, 16)

Issues related to foster care

Unfortunately, only one of the young people interviewed for these issues is currently in foster care, however, two thirds of the group have experience of foster care. As a result, the information regarding foster care is disproportionate to residential care and yet young people are able to offer interesting insights into what works and does not work for them.

Additionally, the sample reflects Who Cares? Scotland's less active role in foster care due to the private nature of the care, the difficulties in finding resources to support a role, and the (misguided) assumption that there is less need for an advocacy service in this area of care. Nonetheless, there are local authorities, foster carers, and Who Cares? Scotland staff that remain committed to supporting and seeking the views of children and young people in foster care.

Values, attitudes and discrimination

All of the young people who have experience of foster care stated that there is prejudice and discrimination because of being in care. They indicated that, once again, the attitudes are related to people believing the young person has done something wrong.

I haven't been in foster care that long and I've not had it as bad as some other kids but there's just some who've just had a bad time. People, like their friends or people on the streets or people in school should really consider it. I'm quite proud I'm in foster care, I don't hide it, but there are some kids who don't like it. They think 'oh my god, you're in foster care' and they think you're so low, people start slagging you off.

The same young woman is clear that this response is not acceptable. She encourages young people to accept themselves and their situation, and demonstrates the importance of self belief and pride.

I think that's wrong. For the kids who are in foster care, they should just accept that they're in foster care because it's not a big deal. It is a big deal but just accept who you are and who you're with, it'll make life easier. If people take the mick out of you in foster care you can tell them where to go. Just say 'it's my life and I like where I'm staying.' (Female, 16)

Another of the key themes arising from the interviews, and mentioned by a third of the group, is discrimination within the foster care household. Particularly, the different treatment of foster carers' children compared to fostered young people. For example, this young man is discussing a foster placement of approximately seven years ago. He very much wanted (and wants) a family, however, he was able to understand at a very young age that he was not one of the 'real' children.

We used to think that they were treating us unfairly [and] my social worker noticed that as well. I know it's hard trying not to favour your own kids over your foster kids, but I find it really not fair because I used to get treated very differently – I used to get sent to my bed earlier, used to get told to sit at the table and eat, used to get told to do this and do that – but their real kids were out having fun, getting taken everywhere. Me and my brother had to stay in and do chores which I didn't think was fair, and I just thought they weren't nice to us, didn't think they were nice at all, I really didn't –I wouldn't want ever to go back again. They're trying to get foster parents for me leaving school but hopefully they'll be nice ones this time. (Male, 14)

The striking use of the term 'real kids' for foster carers' children touches a nerve in respect of what foster children are supposed to be. There are clear issues of direct discrimination particularly related to the worth and value of a young person in care, compared to others not in care and with their parent(s).

They had kids of their own and they made us sit down at dinner and eat it all until we finished it, but for their kids they could sit anywhere and leave anything they wanted. (Female, 15)

Young people from foster care who attended the Inverclyde consultation clearly stated in the poster summaries that they did not want to be treated differently from foster carers' children. It is difficult to explore emotional differences foster carers may feel about children who are looked after and their own children, however, these young people are talking about discrimination i.e. negative different treatment. This is an important point as there is recognition of the application of different negative rules, behaviour, and treatment because children are being looked after and accommodated by them. This should be identified, explored, and challenged with foster carers.

A couple of young people could highlight the difference of being included in the carer's family life.

The good things were that I got on with the carer and we done things together, we went out to the pictures or we went to swimming. Every week we would do something, get out and do something, she took me to her family's house as well to make me feel like it was my home. (Male, 15)

One young man continued to have a very positive relationship with his previous foster carers who also look after his sibling. He feels a core part of this family, and while still in touch with his own mother, states that the treatment is no different from that of being their own child.

My wee brother's foster parents that aren't even mine, I go there 3 times a week and I can stay. They've got a caravan site and they take me on holiday, treat me as if I'm their

own son, part of the family. They treat me like part of the family still. The 4 of us are still pretty close.

He goes on to give an insight into how inclusive the carers are, and indicates that he is aware that they do not necessarily need to treat him in the way that they do.

They were only my foster parents for a year and a half, and for about 5 years they haven't been but I still go for Christmas and stay with them. They don't get paid to do that because I'm not their foster child. They're a good family. (Male, 16)

Talking, understanding and decisions

As the entire group, apart from one young woman, live in residential care and are therefore speaking retrospectively about foster care, some of the statements make comparisons between the two. As such the information gives additional insight yet does not detract from the main point being made by the young person.

One of the benefits for one young woman in foster care is feeling that her foster carers have really got to know her; the statement also indicates that for young people a year is a lengthy period of time to establish a relationship.

I think because I've lived with them for so long, nearly a year, that they know nearly everything about me now, they know what I don't like, what I'm like. They know if I do something wrong, they know. They know if I get upset, they can just tell from my face. (Female, 16)

The availability and accessibility of foster carers presence is an important issue i.e. knowing that the same people are consistently there for them when the young person needs to be listened to and supported.

I chat more to my foster dad than my foster mum. Maybe because when I moved to the house in the beginning, he was always there because he didn't used to work. So he would be there when I came home from school, left for school, he'd be there most of the time when my foster mum would probably be out working. I had more time chatting to him than chatting to my foster mum. (Female, 16)

This point is further emphasised by a young man who misses that immediate attention and continuity. He illustrates, once again, the very real need for young people to talk in order to avoid a powerful build up of feelings.

In foster care, anytime I want, anytime I feel angry I can sit down and talk. Sometimes when I feel angry in here, if the unit's busy, there's no staff to talk to, I can't sit down and talk to myself, can I? That's when I end up just going bust, my head just bursts, that's why residential care is not a good place for me. (Male, 15)

Interestingly, a young woman feels listened to, however, she does not understand the different rules in relation to foster care and residential care. She cannot understand the rules, who makes them, and the lack of sense of it all.

I stay out till 9.30 because it's school days but that's nothing to do with social work. If you're in a unit it's a bit different. I think a unit is more free – my pal stays in a unit and she has to be home for maybe 12 or 11. In foster care it's different because you're staying with foster parents. There are some rules that social work has made up which I think are really ridiculous.

In relation to decision-making, young people may often claim that adults do not seem to understand their point of view. In this young woman's case she felt that her carers would listen to her views, however, if there were other adults (in authority) involved, she felt that they would always 'side' with their perspective.

I think most of the time [being grounded] is not fair because they always take the person's side that I've done wrong and they never see my point of view. They do but if the person is older than me then they listen to them. In a way I'm wrong but in a way I'm not, but they always see me as wrong.

She goes on to suggest that this is not only a foster care issue but one that belongs to adults in general. She really thinks it is important that adults believe, support, and side with her view.

They never seem to take my side, my point of view. They always take the other persons, so it's not only them that's doing it, it's other people too. (Female, 16)

One young man recognises that for him the exclusion of his views resulted in a lost opportunity to express his views on an important decision.

In foster care I was saying that I was wanting to stay and I'll behave and I'll not run away anymore, and the two social workers said that I was going away. I didn't even get a chance to say that I wanted to stay, my foster carer didn't even get to say 'oh, I'll keep him'. (Male, 15)

Making it better (foster care)

At different points in the interviews, young people were asked how they thought things could be better.

One young man gives advice to both foster carers and young people about to be fostered, which demonstrates an enthusiasm and desire for every party to view fostering as a potentially positive and life enhancing experience.

Be happy that they're getting a family, or be happy that they're getting a foster son or foster daughter. Realise that they're getting somebody special in their life, and vice versa – could be for them or it could be for us. You are getting people who want to help you, people who want to love you and care for you. You just want to know that there are people out there. (Male, 14)

In relation to some of the earlier comments on discrimination, there is a suggestion of how to improve the foster care experience when foster carers have their own children. There is also advice on avoiding forcing young people to do things.

Be nice to them, make sure they want to be there and treat them like you do your own children. Don't make them do what they don't want to do if they don't like it. (Female, 15)

Another specific suggestion from a sixteen year old is to loosen the boundaries a little in terms of freedom. She does not shy away from the responsibility of informing where she is going and what she is doing, however, a bit more space is suggested here.

Basically, giving you a little bit of freedom. It's like you're a prisoner, you feel like a prisoner but with a little bit of freedom. I think they should give you a lot of freedom. They should let you be, not always that you do what you want but wherever you go you tell them where you go, what time you expect to be back.

And finally, the same young woman emphasises to carers that if they are looking after a young person her advice is clear.

...see their point of view. (Female, 16)

Recommendations

The recommendations set out below are drawn from all of the young people's views on this subject. Ultimately, their desire for a positive care experience is the driving force behind these recommendations. It is hoped that policy makers and practitioners will receive them not as criticisms, but as the young people intended, an opportunity to further develop and improve care services.

In the course of the consultations it became apparent that many fundamental rights are still denied to some young people. Whilst many of the young people did not refer to them as such, rights are intrinsically linked to the issues and themes contained in this report. The basic principles of the United Nations Convention on the Rights of the Child (UNCRC); Non-discrimination; Best interests of the child; Survival and development; and Participation, underpin the recommendations listed below and therefore should be given full consideration.

- Explore and address the right to be protected from discrimination as stated in Article 2 of the UNCRC, with particular attention to issues of respect, stereotyping, stigma and negative discrimination for looked after and accommodated young people
- Promote understanding of the reasons young people are admitted into care and challenge the culture of blame attached to being in the care system
- Identify and promote Article 12 of the UNCRC: the right of young people to express their views freely in all matters affecting them with particular attention to such representation in social work reports, care plans, children's hearings and reviews

- Ensure Article 12 and Article 3 (Best Interests of the Child) of the UNCRC are examined in relation to working with young people in order to ensure the impact of service is beneficial and as intended

- Recognise and encourage that listening to young people and taking their views seriously engenders trust and promotes participation in decision–making and indeed participation in other aspects of the young person's life

- Scrutinise and evaluate the decisions made and action taken in relation to young people's lives

- Further promote understanding and discussion on the principles of confidentiality and privacy in terms of their relative and discretionary use, and their relationship to child protection

- Work towards de-escalation practice and non aggressive methods of intervention in residential child care

- Proactively work with young people to offer support and assistance

- Acknowledge and document young people's experiences through care by including photographs, life story work and diaries as part of the care plan, and that such documentation moves with the child

- Identify the means by which young people can visit previous care placements and consider a mechanism by which young people can retain relationships after leaving a placement

- Investigate the reasons for high a turn over of residential staff and also the lack of retention of residential child care staff, and examine the use of short term contracts, sessional staff, and the impact of these arrangements on young people

- Reassess and provide preparation and training for new residential child care staff with particular attention to their understanding of young people and why they are in care

- Reassess and provide training, supervision, and appraisal for all residential care staff as part of good and safe child care practice

- Recognise that young people value advocacy and that the best possible advocacy service depends on the acknowledgement of their right to be heard and partnership between all relevant agencies

Notes

Section 2

My Safety In Care

• Young People Tell Us How It Is

2 Section

MY SAFETY IN CARE

'The safer the better' – Young People Tell Us How It Is

I think some people would be shocked if they knew what some people have gone through. (Male, 16)

Since I was born my life hasn't been very good. It's been a hard knock life! (Male, 15)

From the beginning of the consultation process, the issue of safety and protection has been uppermost in young people's minds. At the Kilgraston conference, over one third of young people placed safety and protection as one of the top three most important issues to them. During the focus groups at Inverclyde, four out of six groups highlighted bullying and restraint as key safety issues in care. As a result of this information and the views arising from the interviews, the themes of this chapter are bullying; the use of restraint by residential child care staff and mental health issues related to lack of safety and protection, making things better, and finally an outline of recommendations. Although the themes are separated for the purpose of the report, it is not difficult to surmise that all three can be interlinked, and indeed young people make the links themselves.

I think it's important to feel safe because if you go somewhere and you don't feel safe then you shouldn't be there – that's an automatic reaction. You shouldn't be at that place if you don't feel safe. You need to be somewhere that you feel safe and comfortable, and you feel comfortable around the people you're with. Automatically, when you walk into their hands you've got to be comfortable and think you're going to be comfortable there and going to be safe. If you walk in there and you think that it's not going to be the right place for you then you shouldn't be there. (Male, 14)

Irrespective of the many complications in finding the appropriate placement to meet a young person's needs, this young person's statement summarises one of the most important factors in providing care for young people, and that is when they "walk into your hands" the young people are safe. There is little doubt that the need for safety in care is often emphasised because of children and young people's experiences before being looked after and accommodated. Connections with previous experiences and what is happening in care are apparent throughout their comments.

Bullying

Overall, three quarters of the young people interviewed raised bullying as a concern for them. Their experiences of bullying range from fear of verbal and physical attack within and outwith the residential unit. For the clarity of young people's views and structure of the chapter, the theme of bullying is separated into three discrete parts: bullying by peers, bullying by the community and bullying by staff.

Bullying by peers

Bullying is a key safety concern for looked after and accommodated young people. Their views convey the complexities of living in fear, how they cope, and what they hope residential care staff can do to protect them.

Bullying in residential care is really frightening for young people. I've tried to tell staff and they sort it out for you but sometimes they can't be there all the time and bullies find a way of getting you on your own. (Female, 14)

The need to find protection from the bully can result in isolation and despondency as in one young woman's experience.

I just spend half my time in my bedroom. Your pals don't understand – you just want someone there to say they know how it feels but there are not a lot of people who do. (Female, 15)

The fear associated with bullying by peers is intense, and young people are aware that due to the very nature of group living and the staff to young person ratio, it is almost impossible for residential child care staff to "be there" on an ongoing basis. However, one young person demonstrates the level of fear and distress for him and the subsequent staff response.

When I first came in and the bullying that was happening, the staff knew something was going on because I was always staying in my room, not moving out my room but just sitting in my room with my door locked and barricading it. Every time that someone came to my door I would tell them to go away and that I didn't want to talk to anybody. The staff knew something was going on, and when the staff came to the door, they told me to open the door and I opened it for them. When they came at first, my face was always tripping, going all funny.

Residential staff do not focus on his behaviour as the issue and take his views seriously about the level of fear.

They knew something was wrong with me and eventually I told them what was happening and they sorted it out. It was all the staff working together, [they] had a team meeting and spoke about it and said 'this is what we're going to do' and then went and done it and sorted it out, and now I don't get bullied at all basically. Well, I do get bullied a wee bit but not as much as what it used to be, now it's just now and again verbal bullying from this one person that I don't like. (Male, 15)

For some young people it appears to be a waiting game until circumstances or relationships change, however, it does not seem uncommon for young people to hold on to how they feel until desperate, and of course there are others whose feelings are more transparent in terms of how upset they are over being bullied.

I do talk my mind but the feelings part of it I keep to myself because I don't tell other staff anything, but if he's really annoying me then I do. I would be breaking point and then I'd tell them. But they'll listen to [my sister] because she tells then what she feels, if she's upset she shows it, and she cries a lot. (Female, 15)

In another example, the young person illustrates how he appreciated staff directly intervening when he was being attacked.

The rest of the time I do feel safe because I know the staff are going to help me and protect me. There's one incident that happened, a boy started chasing me about and was going to batter hell out of me, and I ran like hell and I ran away up the school block. As I was running back down this way to the unit, two of the staff actually grabbed the boy and stopped him which made me feel even safer because staff helped me and stopped him from hitting me, but even at that, he caught me up and gave me a dig, and then they caught him. (Male, 15)

Most of the statements indicate that bullying situations improve through residential child care staff's careful identification, consideration, support and action in response to bullying. Each young person needs an individualised response and preferably some form of consultation on any prospective action, as some young people fear repercussions because they have spoken to staff. For example, one young woman said,

[The staff] try and keep me beside them in case anything happens; [they] try and keep me safe. It's difficult telling staff what's going on because when I tell them that I'm being bullied at a certain time, I don't want them to talk to the bully when I'm around, it makes things worse. They know I've 'grassed.' It would be better to do something when I'm not around. They do try to help you and everything. (Female, 14)

One young woman talks about the difficulties of living in a unit where the age range of children and young people is too wide. Some of the children are as young as five and she is one of the oldest at fifteen. She describes how the needs of young children are different from teenagers and also recognises that the children's need for attention from staff tends to be greater and more time consuming. Moreover, she points out that vulnerable, young children struggle to protect themselves from bullying.

I don't think he bullies us, but I think he tries to bully us. We just don't have it because we're older and stand up to him. The little ones run away and tell one of the staff or they'll tell one of us and we'll go down and stick up for them. (Female, 15)

Furthermore, when asked, she describes the response to her complaint about the situation i.e. where it had got to and why she feels her views are taken seriously.

Yes, [I think it is taken seriously] because an independent chairman went up to [the children's services manager] and [the service manager] was agreeing with every single word that we were saying. It's not just us that have put in complaints, it's all our house except 2 of them and [the bully] is one of them so it's not just us. Every time someone gets restrained the police have to come in and speak to somebody. There's one time it got really out of hand and blood was involved, but it wasn't a young person, it was an adult. (Female, 15)

Following on from this situation, the manager could not divulge particular information about the young person who was bullying, however the young people are informed that the service manager is taking their complaint seriously and as a result reassures residents that action will be taken in response to the level of concern.

Bullying by the community

From outside, I get hassle from the people on the streets too. I get shouted at outside. Some of those that shout at me know the bully in the unit and so they now know I'm in care. They say things about me, the way I look, and I hate it; it stops me from going outside. (Female, 14)

This young woman recognises connections between the residential unit and the community, and that bullying can cross over into the local environment and results in young people being afraid inside and outside their home. Another young person describes an escalation of bullying at school and starts with the dilemma of how people got to know he was in care, a resistance against shame associated with being in care, and also an argument that it is his right to choose to tell people.

Yes, [I was bullied] because I was in care. Everybody knew I was in care and I don't know how they found out because I didn't tell anybody. I don't usually tell people, but if someone asked me and I was out with my pals, I would say I'm in care as I'm not ashamed to say I'm in care, but sometimes I don't want to tell anybody and sometimes I don't care if I'm in care. If they want to say anything about me being in care on they go, I don't give a stuff what [they] say.

There is little doubt that the young person is holding on to his own sense of self worth, however, the bullying is directly related to being in care and verbal bullying has painful consequences. Unsurprisingly, the bullying escalates into physical assaults, which not only results in fear and violence, but also has cost to his education by staying away from school.

Then it ended up they started to hit me because I was in care and they thought they could get away with it until one day I turned around and smacked one of them and that's when they all started verbal bullying me, then it went into more physical, then I got battered, and that's when it started getting even more physical and I started running away so I didn't need to go to school. I started dogging school and running away. (Male, 15)

Another young man, who had wanted to remain with his foster carer, demonstrates how bullying can cause reactions which spiral out of control leaving the bullied young person in different types of trouble and in one situation contributed toward losing the young person's home at the time.

I had to move because I was getting bullied in the community, so I kept running away from foster care and went to stay with my pals, not going back and the police would take me back, then I would do the same half an hour later, police would take me back, half an hour later I would be away again. I kept running away and eventually the police took me to the cells, the next morning I got to go back to my foster carer. My social worker, my foster carer and her social worker, me and the police were all sitting there discussing it and I got chucked out and got put into an open unit. I was only there for somewhere to stay until they got me a new place. (Male, 16)

One young man makes a plea to other young people to share what is happening to them. He describes how bullying causes powerful and overwhelming feelings and that for some young people those feelings have a relationship to self harm and potential harm to others.

If you're getting bullied, the best thing to do is to sit down and talk about it because if you build it up inside you, and you just keep building it up, like I used to do, and if you keep building it up, after a while you'll explode and it can end up you doing anything. You might not want to do it but you'll do it, like hurting yourself, hurting somebody else, getting the jail, doing something stupid. Bullying can lead to boys getting sent to jail because of bullying and they've done something stupid. The best thing to do is to sit down and talk about it. (Male, 15)

Bullying by staff

I think most young people are safe in care but I don't know, I'd probably say it was 50-50. Some feel safe and some don't. I still don't trust a lot of people, because as I say I don't know them, they're not my family, so why should I trust them? They're there to look after me but you do get some bad ones. (Male, 15)

This young person's view emphasises the relationship between safety and trust, and the need to know a member of staff in order to trust them. He is willing to acknowledge that residential care staff are there to look after him, however, it is rather ominous that he perceives the level of those who are safe at fifty percent, and even more disconcerting is his casual reference to getting 'bad ones'.

Another young person reinforces the point of how he feels it is not feasible to trust a member of staff if he does not know them and therefore he does not feel safe.

Some staff I choose not to talk to, not because I'm arrogant but because I choose not to talk to them. Not that I dislike them but I just don't know them so I don't feel safe with them. (Male, 14)

It would seem a basic premise that no person should be expected to trust another until some form of a relationship has been built up and the young person can assess the degree of safety for them. If not, we are asking young people to trust and feel safe with strangers, and throughout the consultation process they have clearly expressed the view that this is rarely possible for them.

Unfortunately, young people also expressed safety concerns about residential care staff they know or at least are familiar with. One young man describes how he feels about negative treatment by staff and the impact of bullying by staff on him.

If I was to pick one [thing to change] it would be the way young people get treated by staff. It's the way it makes you feel, hearing stuff from other people especially [those who] bully you. It makes you feel terrible, like sh***, like an inch high. (Male, 16)

Another example shows a level of aggression from certain residential child care staff, and points to the irony of a young man waiting outside the staff office because he is being bullied and staff responding with threats and dismissiveness.

You're not safe and protected. Some people get put in care for their own safety. You get put into care but it gets 10 times worse because maybe your peer group, but also because, I hate to say it, staff. Some staff will say 'do it or I'll batter you!' or 'go or I'll boot you up the arse!' If young people hang about the office, they're hanging about to say something or don't feel safe. Sometimes you'll say nothing, they'll tell you to bolt, that makes you feel unsafe. It can make you feel worse, even more down. (Male, 16)

Restraint: safety or bullying?

Most times in care I do feel safe, there's only a few times that I don't feel safe and the only times I don't feel safe is when I'm getting bullied or if I'm getting a restraint done which is being done wrong. If a restraint that's getting done on me is done correctly then I feel safe because they're stopping me from hurting myself, hurting somebody else or doing something stupid. (Male, 15)

Yes, [restraint is the] last resort but in some cases that just doesn't happen. (Male, 16)

Throughout the interviews it was largely the young men who referred to restraint. Overall, their criticisms are around too many restraints when risk is not an issue; badly handled restraints, and the use of too much force/aggression, including too many people holding them down.

It seems that some young people understand the concept of restraint as a last resort when they pose a serious risk to themselves or others, however, it is their opinion that this is not often the case.

A couple of times when there were restraints, some of them are a bit heavy. I was 9 or 10. There was this one staff who restrained and always got too heavy handed it happened to me once but I didn't struggle – I did prefer that than getting my face scrubbed on the carpet. Then the next day they try to talk to you and you're like 'Who are you trying to talk to? Get away from me.' They would just say it was for your own good. (Male, 16)

This young man struggles at the normality of staff resuming the relationship after a restraint. There is for him a contradiction in being physically and aggressively handled and residential child care staff thinking that this had little or no impact on the relationship. He felt that, in his case, restraint was not acceptable and that it is an issue of equal treatment and respect. Additionally, it is evident he has respect for residential child care staff but also clear boundaries of what he would accept from them and what he would not.

The last time I was [restrained] was when I was about 13. But now if they tried it, I wouldn't let anybody put their hands on me because I don't do it to them so they shouldn't do it to me. I don't know what I would do if the staff at my home tried to restrain me because obviously I wouldn't want to assault a staff, or hit them because I respect them. Then again I just wouldn't let them put their hands on me. I have said to them. If they were to put their hands on me I don't know what I'd do because in the past I didn't like it, and now that I'm bigger it's different. I wouldn't even think about hitting a staff but it's different if they try to restrain me because it was sore when I got it

done before. Some of the times, I was a little bit overpowered, taking you up the stairs and they can't get you up the stairs, just certain stuff. (Male, 16)

Another young man is adamant that many restraints are not done properly and that some residential care staff do not adhere to the guidelines set out by social work departments and associated agencies. He is clear that young people are getting hurt and makes a link to young people being hurt and not being liked in the process.

I've been restrained about 6 or 7 times from in here and only one of the restraints out of the 6 or 7 have been done correctly. That's bad because the staff are trained to do TCI [Therapeutic Crisis Intervention] which is a restraint and they're trained to do it correctly, well when they're doing it to boys, some boys that they don't like, they're doing it wrong and they're hurting the boys.

He went on to describe a restraint. Not only is the restraint worrying but it is the outline of how he feels the residential establishment would respond to his complaint which also causes concern.

The next day my children's rights officer came up to see me just to talk to me about things, and she asked me what happened to my eye and I told her it was a restraint. She asked if I wanted to make a complaint about it and I thought I might as well because if we make a complaint in here then it doesn't do anything, all they do is look at it then bin it basically. (Male, 15)

To safeguard young people in care, they have a right to make a complaint and therefore it is an absolute requirement that they have access to a complaints procedure, that they understand the process of that procedure, and that they know their complaint will be taken seriously and responded to promptly. Furthermore the young man's statement highlights the need for an external complaints process such as children's rights officers and indeed the need for independent complaints measures through such organisations as Who Cares? Scotland.

On being asked what he would like to change about restraint, the young person gave a lengthy account of what is appropriate restraining procedure and what is not. In some respects it is reasonable that the young man can give an outline of what he thinks restraint is meant to be, however, perhaps there is also something institutionalised and disappointing that a young person can give such a degree of detail about physical interventions when they are meant to be rare and a last resort.

[There is] a safer way of getting the boy to the ground. Staff at the moment are trained in a safe place but they don't use that way, they do it their own way. They way they do it is they grab your legs and pull your legs away from you and you hit the ground.

He went on to explain how he thought it should be done.

The way they're supposed to do it is they're supposed to fall down on the ground, pull you down, you're supposed to land on top of them and they're supposed to roll over and get on top of you and hold your arm. It's supposed to be a two-man restraint, one staff is supposed to lie across the top of your body with you face down, holding your arms into your side but not right in but just in so that you can't move your arms, the other staff is supposed to be lying across your legs, and I should be lying on the ground. (Male, 15)

Overall, the picture is gloomy in relation to restraint. It is known from practice that young women can also be restrained, however, in the sample all of the young men referred to restraint and none of the young women raised the issue. There are questions to be asked about how (male) residential care staff exert physical control, how young men's needs and challenging behaviour are responded to, and why physical intervention with some young people (men) becomes a part of common practice rather than a last resort.

Mental health and well being

This theme in the chapter arose from young people's comments about safety and how they feel about themselves. Three quarters of the interviewees made some form of reference to their self esteem, feelings of fear, stress & anxiety, the impact of trauma and loss, and experiences of low mood, depression and suicidal thoughts. Whilst these issues are disturbing, it is important to convey the seriousness and extent of feeling in order to understand young people and the meaningful support required.

One young woman gives an insightful account of how she feels she has no control over her encroaching low mood and feelings of depression. She describes how those negative feelings contribute towards different problems in different aspects of her life.

You know some people in their lives go through a bad time and [now is] maybe my time. You don't really know what's wrong with you. I feel like I'm in this dark dimension and I can't find the light, I can't get out and I'm trying my hardest to find the light. It's like I've got problems with school, problems with my friends, problems with this and that, and I'm trying to be good at school, and it's working, but then just at the wrong time, the wrong place, I do something and I get into trouble for it. It feels like this dimension is holding me back, every time I'm trying to get out of it, it's pulling me back in again.

This same young woman acknowledges that some people, in this case her friends, view her thoughts and feelings as self centred. Unfortunately, her experiences are compared to others apparently less fortunate than herself, and whilst she understands this hypothesis, she continues to wish that she did not have the feelings at a young age.

Maybe I've still got the past but I'm trying to let go and I can't because it's too painful. One of my pals was saying that I'm selfish because I always think about myself, but that's not true because I'm not selfish. He was trying to say that, ok I know that there are people out there who've had it worse than me, really really bad and I understand that, but at my age I don't need to go through this. I have a good life but sometimes it's not... (Female, 16)

Many of the comments convey low self esteem, worthlessness, and worryingly, how they often believe one answer is not to live. For example, a young man describes this desperation and yet how he then allowed staff to support and care for him, and then, in turn, wanted to return the care and protection.

I just let them start talking to me on Friday there, couple of days ago. I let them talk to me, speak to me and help me because a couple of weeks ago I just didn't want to be in the world, I didn't want to know anybody at all. Now I feel a lot better, I feel like I know

that there's people there for me and I know that there's people that care for me and love me and always want to help me, and as far as I'm concerned, vice versa. I want to be there for them as well. (Male, 14)

One main reason for having mental health as a separate theme is to illustrate the lack of safety and protection in young people's lives from a young age, and how they connect their [lack of] safety and protection in care with earlier experiences and the intensity of negative feelings, particularly about themselves.

You feel like when you're safe you're on top of the universe, like nothing can get you down. You feel like in Titanic when she says she feels like she's flying, and makes you feel so great. I felt that but a limited amount of time. Anything can put you down. The worse scenario is that you feel suicidal and maybe depressed. Both of them together brings back the feeling of being unwanted. If you're unsafe and no-one protects you it makes you feel unwanted and you feel that you can just end it all there and then. (Male, 16)

Different people, situations, and experiences can "bring back" childhood memories and make links with painful memories where (lack of) safety and security has been an issue.

Even now I still get flashbacks of my mum and dad. I also get flashbacks of some old carers I've been with and I just keep getting flashbacks all the time. Sometimes I like the flashbacks and sometimes I don't but it's not depending on the mood that I'm in, it depends on what flashback it is that's coming back to me. If it's anything to do with my mum and dad, I hate those flashbacks because that's what makes me go to my room. (Male, 15)

Having lived in institutions, off and on, for most of his young life, it is not surprising that this young man identifies the experience of living in a residential setting as a major cause of overwhelming, negative feelings.

Keep me out of care, well keep me out of residentials because residentials make me even more insane than what I am. They make me feel bad with myself, like I've been a bad boy, then it leads on and my head's been all bad then I end up saying something to somebody and I start getting bullied and it all builds up in my head.

He clearly illustrates how these feelings are subsequently expressed.

Then after a few weeks my head ends up just blasts out basically, everything comes out and I just end up smashing things up but it's the residential that's doing that to me. When I was in foster care I could sit down and talk. In residential I can sometimes sit down and talk but sometimes I can't, depends how I feel. (Male, 15)

Self harming is an issue for a number of young people in care, as one young person wanted to put in a reminder that it is not only the behaviour of self harming that needs attended to by staff.

…remember, people are harming themselves because they have a reason. (Male, 16)

Young people often describe a sense of feelings building up, overwhelming them, and needing some form of release. Some describe intense feelings of self loathing and hatred, believing they are responsible for what has happened to them. Such self blame and hatred can be related to parental rejection, coming into care, bullying, restraints, and to experiences of abuse and feeling responsible for its occurrence. These possibilities are not mutually exclusive and illustrate that safety and protection are at the core of young people's well being and mental health.

[Self harm] was discussed on a limited number of occasions. The only time I know for sure it was discussed was when I became depressed. They didn't know it was because of the feeling I was unprotected, but I knew, but you don't want to tell anyone because you don't want people thinking you're a plonker. They say you're safe but you don't feel it at times. No-one knows that the two things are related. (Male, 16)

Whilst one young man makes links with depression, lack of protection (historically and currently) and self harming, another young man makes connections to getting bullied, "wrong" restraints, fear and lack of safety, and therefore self harming.

I have tried things in the past since I've been in care that I don't really like doing but I've tried it. You can probably guess what that is which is self-harm basically. I've tried it a few times and I've spoken to a psychologist guy on self-harm that I've read [about it] as well. Since I've come here I've felt safe mostly all the time except for the time when I was getting bullied when I first came in and when the few restraints that got done wrong, they're the only times that I don't feel safe and then it gets too much and you just want to hurt yourself. (Male, 15)

He speaks candidly about the need for staff to cope with levels of fear and apprehension in relation to self harm. There is a vivid account of what residential care staff need to witness and work with as a young person is self harming. In amongst all of this he is able to identify what he perceives is safe and unsafe practice in relation to him.

I've sat on the bed and tried to self-harm and some staff have talked me through it and helped me handle it. Others have watched and don't know what to do. Sometimes they've pushed the knife away and this has felt more dangerous.

He goes on to advise staff about how they can further support young people who self harm

Ask them why they do it. They'll tell you willingly. They'll tell you their secrets if you want to listen. I've sat and told my teddy. Tell people, we need to be listened to and they would do it [self-harm] far less. (Male, 16)

Another young man expresses his fear about self harming and is able to identify that residential staff are disconcerted and afraid of self harming, and its relationship to anger and release.

[I] tried [self harming] but got scared of it. If they asked why [I harmed myself], I'd say 'anger, release', that would put them off. They'd leave it to settle down a bit but they don't come back to speak to you and that's when you feel unwanted and low again. (Male, 14)

He is disappointed that his situation does not merit staff returning to talk with him or check in on him. Irrespective of the rationale behind the practice, leaving the young man alone confirms his feelings of unwantedness and depression.

Another issue arising from the interviews on safety is loss and bereavement. Out of the random sample of young people interviewed, over a half of the young people had experienced the death of one parent, and approximately one third had experienced the death of both parents. The rest of the group had been separated from one or both parents for a significant number of years as they had been looked after and accommodated at an early age (from one year to five years old).

Although young people were not directly asked about issues of loss and bereavement, they make connections themselves as to the impact of them on their young lives, and indeed one young man is struggling so much that he could not envisage dealing with the loss of his parents at this current time because of the other stresses and pressures in his life.

[I was] 6 when my mum died and 7 when my dad died. I've got over it a little bit at least, I'm actually quite glad that it happened when I was young because if it had happened now then I would be in jail probably. I wouldn't be here just now, I'd be in jail, I would have ended up doing something stupid. I've got loads to cope with just now, and if I added that on it would make me go mad. (Male, 15)

The young person is asked if he had help to support him with his bereavements. He feels that specific bereavement work with other young people who have been bereaved is immensely supportive. He not only highlights the need for therapeutic services for young people who are bereaved, he further demonstrates the degree of trauma young people are coping with as part of their lives.

I [got help from] the social work and I done Seasons for Growth with a group of 3 boys and a girl. There was 4 of us altogether and we knew each other very well, we were all pals and we all used to sit at lunchtime in this wee room that we were allowed to go into, and just sit and talk about things that happened either the night before or if anybody wanted to talk about anything the 4 of us would sit and talk about it. We used to always sit and talk about the family that we've lost, and I used to talk about my mum and dad, and my uncle who was stabbed to death. That was another thing that nearly killed me, I nearly killed myself when I found out that he died because he was my favourite uncle, but I've got a new favourite one now. (Male, 15)

This young person is clear that specific support to help him talk about his feelings with other young people and adults allowed him to share the traumatic experience, and importantly, allowed him to know that other young people could understand what he is going through. He found being listened to and listening to others with experiences of bereavement helpful.

It helped me quite a lot to get over it but at the time before I done that I couldn't talk about my mum and dad, but now I've done that, I did it for 2 or 3 months, I can actually talk about it now more. Sometimes though it still does hurt but sometimes it doesn't, it depends which I'm talking about it. (Male, 15)

One young woman is clear that finding people to understand what she is going through was not a straight forward matter.

Like me right now, I don't think that anyone can understand me because I'm in this confusing situation. I'm being very horrible to my friends, and I'm all sulky and I don't want to do this, can't be bothered with this. I just need someone to relate to what I'm going through but there's no-one. (Female, 16)

Another young man highlights the vulnerability of young people at night and their need for assurance and security. Going to bed and being alone in a bedroom is a particularly lonely and frightening time for him, and the connection between why he was brought into care and his fear is apparent.

At times I don't feel safe, to be honest with you, when I'm lying in my bed at night I always need to know that my roommate, the person next door to me, is in another room, I've always got to know that he's there. I've always got to know that there are people sitting with me or that there are people thinking about me and are out there and are just there – I don't like thinking that there's nobody there, that there is nobody in the bit where I am. I feel scared at times, I feel that somebody is going to come and get me at times, just things I've gone through.

He goes on to emphasise the importance of other children and young people being near him as a source of comfort.

Even though he's only a wee boy I can always think that he'll always be there to stop it from happening. He's only 11 year old but he's got a good heart and he would help me if I was in a lot of trouble.

Moreover, there is also faith in the residential care staff that they understand his fear and would respond with understanding and care.

If they're there for me, they sit with me until I fall asleep or they sit with me until I feel less scared, I'm happy. At night when I'm in my bed, that's when I usually feel scared at times, so I just get up and tell them that I'm not feeling very happy and a bit scared and can I sit with them and talk to them, lie there and go to sleep because I know there's going to be somebody in there with me, so that's what I usually do. (Male, 14)

A young woman is able to describe living in residential care with her siblings and how she thought this added an element of safety and security.

[You can feel unsafe] because you don't know what the people are like, you don't know what they'll do to you. We've been in that place for 5 years so it's been a long time that it's been like that so I don't know. We've always had our sisters so we've never had the experience of being [alone], like felt unsafe because we've always had each other. (Female, 15)

In terms of young people feeling safe, offering protective measures and supports, and helping young people to cope with the associated feelings, there are many lessons to be learned. Nonetheless, the biggest lesson still to be learned, is that they want someone to be there for them, to listen and to attempt to understand. This is a clear message from young people throughout the consultation, listen to me, stay calm, and be there when I need you.

Making it better

It is a little more difficult for young people to try to get a sense of what could make things better as safety and protection is a formidable and complex subject. Nonetheless, young people made insightful comments on how things can be improved for them.

One young man asks staff to make a correlation between his expression of fear and insecurity with his unsafe history. He asks that staff convey to the young person that they are aware of their fear and that staying close and attentive can offer the reassurance of safety.

Whenever I feel scared there's always someone there for me that understands and knows what I've went through in my past. They don't really need to do anything, as long as they know I'm scared and they know I need somebody to be with me.

Additionally, he thinks that it is important to reassure young people that they are not alone and to identify who is near to hand, as this is obviously beneficial to him.

I need to have somebody with me at times because I feel scared a lot. I just feel scared at times and I just need to have somebody with me, and as long as I know that there is somebody in the next room to me then I'll always be safe because I know he's going to be there. (Male, 14)

Another young person reiterates that being listened to encourages and promotes safety.

They don't realise how much they want to be listened to and how much that makes us feel safe. (Male, 16)

One young man links safety with residential care staff who feel disliked by a young person, and he encourages staff to be proactive in forming a relationship thus increasing a sense of safety for young people and staff.

One bit of advice to staff, I've heard them say 'why doesn't he like me?' – well, listen to them, talk to them, interact with them – it's the only thing that really needs to change. (Male, 15)

It might be viewed as stating the obvious, however, one young man is very clear that self harm is not solely a behaviour in that, as stated within the chapter, there are significant harmful experiences which have lead to such damaging behaviour. No apologies are made for using this quote a second time to drive home an obvious but all too easily forgotten point.

…remember, people are harming themselves because they have a reason. (Male, 16)

Or put another way, be proactive in supporting young people to share what lies behind the behaviour.

They need to ask what makes them do it [self harm], what makes them so vulnerable.

The same young man acknowledges that self harm can cause deep anxiety for staff. He also reassures staff that although the situation can be frightening, the self harmer is not a threat to others.

Sit with me whether they were afraid or not. They worry about me harming myself and sometimes they'd think that because I harm myself that I would harm them, but I wouldn't. (Male, 15)

There are comments on change in relation to restraint.

Yes, [restraint is the] last resort but in some cases that just doesn't happen. (Male, 16)

In terms of restraint, this quote from a young person is repeated to emphasise that young people are aware that restraint is not used as a last resort. In citing an example from his own experience, he states that one of the things needing to improve is not hurting young people when restraining them.

If you put your head up, they're not allowed to push your head down to the ground but that's what they do. I put my head up one time and the staff just pushed my head back onto the ground and gave me a big mark on my head. Then they started twisting it about, made it a carpet burn. So, if I had the chance to change that I would. (Male, 15)

If restraining is solely for protection and safety purposes, it cannot make sense to hurt and harm young people in the process. Therefore, when restraint is being used, let the focus remain on safety as one young person put it when asked.

There's got to be a safer way of doing a restraint. (Male, 15)

And finally, emphasising the need for support one young woman states,

[Support] can help push you in the right direction instead of helping you go off the rails. It can help take the weight of your chest if you've got someone to speak to. Support can help you get where you want to go in life because it helps you with different things. (Female, 16)

Recommendations

The recommendations set out below are drawn from all of the young people's views on this subject. Ultimately their desire for a positive care experience is the driving force behind these recommendations. It is hoped that policy makers and practitioners will receive them not as criticisms, but as the young people intended an opportunity to further develop and improve care services.

In the course of the consultations it became apparent that many fundamental rights are still denied to some young people. Whilst many of the young people did not refer to them as such, rights are intrinsically linked to the issues and themes contained in this report. The basic

principles of the United Nations Convention on the Rights of the Child (UNCRC); Non-discrimination; Best interests of the child; Survival and development; and Participation, underpin the recommendations listed below and therefore should be given full consideration.

- Further explore and implement Article 19 of the UNCRC which states that state parties apply all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents, legal guardians or any other person who has care of the child.

- Address the protection of children without families as stated in article 20 of the UNCRC, specifically the state's obligation to provide 'special protection' for children deprived of their family environment, and to ensure that appropriate alternative family care or institutional placement is made available to them

- Acknowledge that many young people are in care due to a lack of protection alongside the assumption that they are safer in care

- Further develop the knowledge and skills required to identify and respond to the bullying of young people by their peers

- Further assess and plan the work with communities to reduce the bullying of young people by the community

- Implement training for staff on the use and abuse of power including an exploration into the use of bullying as inappropriate and damaging practice

- Promote the fact that young people feel safer in an environment where verbal and physical aggression are kept to a minimum

- Understand that young people will not feel safe with new members of staff and that a degree of safety comes with the building of a relationship

- Rethink and question the use of restraint as common practice, to evaluate the use of restraint and its effectiveness to date, and to train adults in other methods of intervention in order to make clear it is used as a very rare and last resort

- Ensure a fully comprehensive and understandable complaints procedure is in place, including creating a culture that complaints are taken seriously

- Work in partnership with Who Cares? Scotland and children's rights officers to promote young people's views and support the making of complaints

- Develop further understanding of the relationship between young people's mental health and safety and protection matters, and to make links between the occasional lack of safety in care and the impact of this on young people's mental well being

- Provide therapeutic services that address mental health issues for young people and provide support for them
- Provide training on young people's mental well being and therefore support adults to support extremely vulnerable young people

Notes

Section 2

My Personal Life

• Young People Tell Us How It Is

My Personal Life

'Family and friendship essentials in life' – Young People Tell Us How It Is

They are essentials in life if you want to go somewhere. If you just want to laze about and not do anything, well you don't need them. If you've got a friendship or you've got friendships and your family, the two of them together give you support which sends you on your way. (Female, 16)

Throughout the consultation process, young people have identified family and friends as issues which are crucial to them. In an unprompted exercise at Kilgraston, just under one third of young people identified family as the issue which was most important to them. While at the same event, almost three quarters of the young people considered friendship to be an important issue for them. However, young people also identified that these issues were not prioritised by many of the care professionals who work with them.

I don't normally sit and talk about my family. It's one thing that hasn't properly being nitpicked at by all these funny weird people. (Male, 16)

Nobody really is that concerned about friendship. (Female, 15)

That's one of the hard things, the staff just don't seem to care about you and your family. (Male, 17)

As a result of the consultations, there were a number of underlying themes which, while not directly identified by young people, are reflected in a number of the statements they make. Some of these are mirrored in My Safety In Care and My Care Experience, while others relate specifically to family and friends. These include attitudes to young people in care, participation and the question of normality. Young people have also identified a number of specific themes within these two issues which are reflected in the sub-headings in this chapter.

... for you to climb up the ladder and do something about your life you would really need to have friendship and family ... (Female, 16)

Family

The importance attached to this issue by young people should be of no surprise to us, as this after all relates implicitly to their being in care. Everything possible was done to handle the issue of family with the utmost sensitivity, however, the intensity of the issue is reflected in the emotions and statements of young people.

Some of the young people were able to identify the necessity and benefits of being placed in care. They understood that being placed in care could have a positive impact on their welfare and family relations.

I think I would rather be in care than be at my mum and dad's environment. I wouldn't have had a better life at my mum and dads than I would have had at the children's home. I've had a better bringing up in childhood being in care than I would have, I think, at my mum and dad's bit. (Female, 15)

I don't mean it in a bad way, but sometimes you need a break away from your family. It's alright being in there a couple of days but not 7 days a week. (Male, 13)

The good thing is as well that when you're in care away from your family, you realise the good points when you're in with your family, and sometimes it can bring the family closer. (Male, 17)

However, while only some of the young people cited the necessity and potential benefits, all of them identified the hardships of being away from their families. The simplistic nature of this being a 'hard thing to cope with' belies the complexity of the issues it engenders.

To get put in care away from your family is a hard thing to cope with. (Male, 17)

Hard things is actually being in care, not in a proper family setting. (Male, 16)

It's quite hard when you're at school and everybody goes home to their mums and dads. (Male, 15)

One young man demonstrates a fundamental approach to the issue. Regardless of the necessity or benefits associated with being in care, there is an underlying basic need which he regards as 'just a human thing'.

In this home anyway you get outings, videos, wee treats like you wouldn't get in your family but even though you do get that you're still not happy because every human, no matter who you are, you still want to be with your family, it's just a human thing. (Male, 15)

Family Contact

I would want more contact because it's my mum and I shouldn't even need to arrange contact with her, I should just wake up in the morning and say 'alright mum, I'm off out' and come back and then go 'have you got my tea on yet mum?' I've never been able to do that. (Male, 16)

The first theme to emerge within the issue of family was that of family contact. Young people discussed the difficulty of not having contact with their family, the impact it had on their lives and the nature of the problems.

It's hard not getting to see your family. (Male, 13)

I'm into old music – when I get homesick I'll listen to all the stuff my mum and dad used to listen to when I was younger. (Female, 15)

I've not seen my mum in about 3 years and I've not seen my dad for about a year.

Sometimes in care you miss your family and that's hard about being in care, you just feel abnormal … you still don't see your family and you're not in a normal house environment in a big home. (Male, 15)

Three young people in particular went on to discuss the potential impact of this lack of contact. Two of them reflected a degree of institutionalisation which led to the conclusion that there was no way back.

I did get the chance to go back with her [my mum] but I said 'no' and she was hurt. It was because I'm so used to it now being in the home. (Male, 16)

The thing is, I know it sounds really bad but I don't really have time for my mum, because if you think about it, where I'm staying just now I say its family so I spend time with them and my friends.

The same young woman went on to comment how this affected her interpretation of family.

For their [foster carers] birthday's we always get them a card with mum and dad on them – just wee things that sort of make it a family because family isn't about having their blood running through your body – it's what you make of people you stay with. (Female, 16)

The third young person commented that previous lack of contact caused difficulties when the opportunity arose for her to move back home. She felt that if there had been more regular contact they would have had a better chance of making a success of the move home. Ultimately, however, the result was a further period without contact, concluded by the death of her father.

I did move in with my parents for 6 months but it ended up breaking down and I moved away and I never had any contact until last August when my dad passed away. (Female, 17)

Young people often felt they weren't involved or listened to when dealing with family contact. The following two quotes from young people highlight how they can be excluded from decisions and understanding them.

I had a meeting and they discussed my home contact at my meeting, but when they discuss my home contact, me and my mum should be there, and my social worker said that we weren't allowed to go. (Male, 13)

There was one meeting I was at where they said that I wasn't allowed to stay at my sister's – they didn't help me understand it. I get to see my niece but they tried to stop me from doing that because we had had a couple of arguments in the past but it wasn't really explained to me why that affected the present. (Female, 15)

Young people tended to associate the problems of travel and distance more with support than family contact. However elements of this problem have closer links with the theme of family contact and are therefore raised within this sub-heading.

In the following example, the young person illustrates the difficulty she has as a result of the travel involved with family contact, and the dilemma of balancing this with spending time with the wider family group and her friends.

I find it really difficult because I've got to travel for 3 hours just to see my family. The amount of time I get to see with my family I've got to share it with family and friends and I find that really difficult as well. Some of my family live in different towns and that includes a lot of travelling again, not just travelling up to my home town, but it's travelling to other towns to see my family as well.

She goes on to comment on the effect this has on the quality of the time she spends with her family.

By the time you've sat on the bus for 3 hours you're really tired and you're not able to do things, like I was really tired for my niece's birthday party. (Female, 15)

While another young person indicates the difficulties faced by his mum when he and his brothers were living in different care placements. His mum therefore had to travel extensively to be able to have contact with all of them. However, when this was not possible it resulted in her feeling bad.

[My] mum had to go and see them [my brothers] and my little brothers were away out and I would be here, just everywhere. She did because she wanted to see us, but it's still a lot of travelling. She would feel bad when she didn't come to see us. (Male, 16)

For one young person there was a particular problem as her mum lives outwith the UK.

My foster dad said that he'll have a word with the social worker to see if they're going to maybe pay him if I call my mum.

In the summer I wanted to go on holiday to see my mum but social workers didn't know because they don't know the environment, she has to have police check or someone has to go so they didn't let me go. I think that is just wrong. (Female, 16)

Regardless of the difficulties, young people clearly identified the need for regular family contact. It is where they come from, and for many, where they hope to return one day.

I would say the only good thing [about being in care] is that I get to see them [family] even though it is a big struggle to get to see them, that is the only good thing I can think about. (Female, 15)

My family is the most important thing to me- as long as I keep in touch with my family I'm happy. (Male, 16)

Siblings

If you get put in one home and your sister or your brother gets put in another home, myself I don't really think that's right because you should be with your family, even if you're split up from your mum you shouldn't get split up from your sister or your brother. (Male, 13)

While young people find it very difficult to deal with being away from their family, for a number of them this is compounded by being separated from their siblings. Five of the young people interviewed referred specifically to being in care with their siblings. All of these young people indicated (either directly or indirectly) that it was beneficial for sibling groups to remain together.

This young person stated that being away from his sister added to his worries, a problem he felt would have been avoided if they had remained together.

The hardest thing about being in care is that it means being split up from your family. When I'm in care I've got two people to worry about, my sister and my mum, whereas if I was in my sister's home with my sister we would only need to worry about my mum. (Male, 13)

Some of the young people experienced an initial period with their siblings when they moved into care, but were subsequently separated into different care placements.

When I first went into care I went into care with my little brother. It was just me and him up until 6 years ago and I went into a children's unit and he stayed with his foster parents. (Male, 16)

Another young man highlighted the difficulties which can be associated with large sibling groups. One of five brothers who were initially accommodated in 2 different placements, an opportunity arose for them to be re-united in one foster placement. However, while the foster carers were prepared to provide accommodation, resource implications undermined this opportunity.

Then they [social work] turned round after a year and a half saying that we weren't moving in with our brothers and that they weren't paying for an extension for another toilet for another room. You need to have so many toilets for people staying, and that was it, we didn't get to move.

The same young man also discussed losing contact with his sister who was adopted.

I had a sister but she was adopted. I've not seen her since I was 10 because the woman she stays with said it would be too hard for her, she'd get confused.

These complex family issues were further compounded when a young woman, who is a friend of his sister, moved into his residential unit. While this problem may have been unforeseeable, no action has been taken to resolve it.

What's annoying just now is that there is actually a girl that moved into my home, and I was talking to her and she was talking about my sister, and I wanted to tell her to shut up. Maybe something could have been done if we had kept in touch.

This experience alone indicates the complexity of issues for sibling groups. It may be regarded as an extreme example but it serves as a stark reminder of the depth of sibling issues. The final point made by this young man in relation to this issue indicated the impact the situation has had on the relationship between these siblings.

I don't think they should have split us up because even now, out of my 5 brothers, I'm closer to one more than the others because I stayed with him longer in my life. (Male, 16)

Conversely, the benefit for sibling groups sharing their care experience is illustrated by the comments of these two young people. The first states that remaining with her two sisters when they went into care made the whole experience easier to deal with.

[My older sister] looked after us, and she always knew what was happening – when we were younger and we didn't really know, we'd just go to her and she would sort it out or help us. She would put it into simple words. (Female, 15)

Similarly for this young person, the fact that she was with her older sister made her feel more secure and made the experience less 'scary', even although her older sister was only 6 years old.

I went into care with my big sister so we weren't separated which made things a lot easier on me because I could imagine how scary it would be to go out at 5 years old into somebody else's house and you're going to be staying with them and you don't even know who they are – that's a pretty scary thing. But I had my big sister [aged 6] there as well so that was a wee bit reassuring. (Female, 16)

Family Bereavement

The hardest thing with my family was when my dad passed away, that was really hard. (Female, 17)

A number of the young people interviewed had experienced family bereavement while in care, although some chose not to discuss it. The loss of a parent causes a great deal of stress which is intensified for these young people by being in care, away from their family. There appeared to be nothing in place to help these young people come to terms with the situation and/or the longer term impact it could have.

A boy my age, last year – he was in the home. When I was there he was there so I lived with him for about 2 years. All he had was his mum and his sister, nothing else, no other family. His mum died then…he used to talk about how he'd get a job and how he was looking forward to college but now he's just a bit of a waster, all because of that and maybe it was because he got kind of shipped out of the home. (Male, 16)

Two other young people indicated the life changing consequences of losing parents while in care. For these young people it meant that going home was no longer an option and their future remained an uncertainty.

I never got the opportunity to go home. When my mum and dad were alive I got to go home for a day and then I would stay there the night and go back the next day, then it would work up to weekends and I got out for the weekend and then I went back in. Then everything got messed up from there because my mum and dad died. (Male, 15)

I was going to be getting out of care before she died, I was going to be getting back out of care but then she died and I couldn't get back out. I wasn't allowed out to go to any of my other family. (Male, 15)

Support

Support, well you can get too much and you can't get enough – you've got to have that sort of balance because if you don't get enough you can't cope but if you get too much then you're sort of just being pushed and you're not going at your own pace. (Female, 16)

Support is a recurring theme in a number of issues raised by young people. The following points are those which are linked to family issues. Perhaps as a result of this some of the quotes from young people can be contradictory, as ultimately they would prefer the support from their family, making it difficult for them to accept it from other sources.

I don't like getting support. (Female, 15)

Some [young people] want the support from their parents, from their mum and dad or their brother and sister or someone like that but they're not able to give them it. So other people move in to give them it and they sort of stand back and say 'Hey look. You're not my parents, I don't want your support'. (Female, 16)

However a majority of the young people indicated disappointment at the level and nature of support provided. Perhaps the previous quote indicates that in terms of family they are not seeking a substitute, but support in resolving some of the issues they face while in care. For other young people, the support they receive regarding their family is insufficient.

I don't really get much support – when he's [social worker] at work I'm able to phone him and speak to him which does help quite a lot, when you're in [name of unit] and there's no-one to speak to about your [family] problems, but generally on seeing him and speaking about things there's not much support there. (Female, 15)

Another young person highlighted that a lack of support can directly affect family contact. This lack of support for family contact at weekends restricted the opportunity for contact, as the young person and her sister attended school during the week.

I see my mum maybe once every couple of months after my social worker decided she wasn't doing weekends, she was working Tuesday, Wednesday, Thursday, so if we wanted to go and see our mum we would have to go see her on our own – but that's really unlikely. (Female, 16)

Interestingly, the issue of transport, while considered a support issue in the context of family, was regarded as an issue around travel and distance when young people discussed friends. Young people clearly identified the need for more support in terms of family contact, but did not consider the provision of fares a sufficient support, as this young woman illustrates.

I wouldn't exactly say you get support from the workers in here, for example home leave – they just give you bus fares and say they'll see you in a couple of days time. I find that really difficult but I don't get any support in it. (Female, 15)

For many young people this lack of support from staff can be interpreted as a lack of interest. Sometimes they just want staff to listen, and realise there is not always a solution to the problem.

If I was to say that I didn't really feel comfortable going to my mum's if anyone else is there like my brother, because me and him didn't get on in the past, they wouldn't really do anything – it's either you go or you don't kind of thing. (Female, 15)

Another young man related a situation when his sister had been missing for a few hours and his mum phoned him to ask if he had seen her. He asked the residential staff if they could take him to where she usually played. He was distressed by their negative response.

But they wouldn't help me, so basically they don't care about families and I was really, really raging. I mean, I think when it comes to things like that and family situations, staff should have done something.

This young man believed there was a clear link between his family history and their reaction to issues concerning family.

I think sometimes as well that the staff will look at the way the family have treated the boy and everything else, and kind of dislike the parents for the way they go about things. (Male, 17)

Another young person cited two examples, where he found it difficult to comprehend the attitude of residential staff. These examples highlight situations where family contact is positive, but the attitude of staff is negative. This causes the young person to question their own self worth and family relations.

I went up a couple of days a week because he [my brother] never knew anybody at that time and the staff said that my big brother would get sick of seeing the sight of me, and that makes you feel like you had better not go up because maybe that's true. I don't think that's right saying things like that, they should support you.

Me and my aunt get on like a house on fire, we get on really well together and I want every weekend with her and so does she but the staff have got it into their heads that my aunt would get sick of seeing me every weekend, we'd get bored of each other and end up arguing. Without taking my opinion or my aunt's opinion they've said that and I don't think that's very supportive. (Male, 15)

Young people could also identify individuals and groups who provided them with support which helped them when it came to family.

My dad and my mum and my sister. (Male, 13)

I get support from my family. (Female, 15)

My Who Cares? worker and children's rights officer. (Male, 15)

Most young people have a mixed experience regarding the support they receive from those providing care services. They are also able to clearly identify the positive impact residential staff and other professionals could have when they provided them with the support they required. One young person went on to state that the right support made 'a big difference'.

I think in care you get a lot more support from the staff. They can try to get you out of drugs and people to help you but if you were in your parent's house it would be harder for your parents to do that so that's a wee bit less of an issue but it's still an issue. (Male, 15)

Yeh, the staff that help you – that does make a big difference. (Male, 13)

Communication

I wasn't getting told anything and neither was my mum. (Male, 13)

As demonstrated by previous quotes, young people suffer greatly as a result of being away from their family. This suffering can be intensified if there are problems with information and communication. A majority of the young people interviewed had experienced such difficulties.

I do understand that because my mum went into a hospital how I got put in care as I'm not old enough to look after myself, but I if I get told something then they shouldn't go back on their word. I should have got out when my mum got out. (Male, 13)

You've not got a phone to get contact [with family]. (Female, 15)

Young people also felt that they weren't always listened to, or taken seriously about issues related to their family. This leaves them feeling frustrated and helpless.

They've not really asked me. I don't like the fact that the kids aren't going back to my mum because they've got a right to go back to my mum but I can't say anything to my social worker because she won't listen to me. (Female, 17)

Yeh, I did get asked [about family contact] but I felt that with the people it just went in one ear and out the other. (Male, 13)

Furthermore, young people indicated that often their family were excluded from decisions, as illustrated by this young woman.

My mum has no say in any decisions which are made for me. (Female, 15)

While some young people felt they weren't informed about decisions which were made, one young man believed that young people were informed of decisions but felt that there was a good reason they didn't realise.

They [young people] do get told decisions but at that point they're not really listening I don't think, because you think 'Oh no, I'm away from my family, what am I going to do, what am I going to do?' and there's that stress, depression. (Male, 17)

Another young woman indicated that lack of contact between the various professionals and her family was a big part of the problem.

The only time that they [residential staff] speak to them is to get consent forms signed for me to go on trips or to confirm that I'm staying on home leave.

Honestly, I don't think my social worker has seen my parents or other members of staff in the past year and a half as a personal visit. He's seen my mother 2 or 3 times at meetings but that's about it. (Female, 15)

While contact between residential staff and family may be considered fundamental, this young man's quote illustrates this isn't necessarily the norm.

I think the parents should know what's going on in the home, I think maybe the staff should even phone the parents and talk to them. (Male, 17)

The importance of regular and effective communication between professionals and young people's families is demonstrated by the devastating outcome for this young woman.

They should have said when they knew he wasn't going to make it so that I could have maybe at least got down to him from where I am, so I could go and see him for one last time instead of having to be stuck in and not be able to go and see him before he died. (Female, 17)

Making it better

One – being able to see them. Two – enjoying their time when you're seeing them. Three - having support through transport, activities, anything like that. It's also important that if they do see them and there's a carry on, that it's resolved and not just left for the young person to work out themselves. (Female, 15)

This section reflects the statements made by young people indicating ways in which they feel changes could be made to improve their care experience regarding their family.

The importance of family contact, and the many problems associated with it, is once again illustrated by the number of statements young people make about possible improvements.

Proper contact and the more contact the better. (Male, 16)

They [young people in care] need to be given more contact. They need as much love and support they can get off their family. (Male, 16)

To keep on seeing them. Say somebody goes to their family one week and don't see them the next week – it's crucial to keep on going, because if you don't you're stuck. (Male, 15)

Another area for improvement identified by young people was the need for consistent and flexible family contact arrangements. They felt this would enable them to maintain contact and participate in family events.

I find it really hard because my mum works different hours every week so it's not a continuous thing. I find it really hard because there's occasions that go on through the week and I can only go home at weekends. (Female, 15)

While the issue of privacy in relation to telephone contact remains a problem for some young people as illustrated by this quote.

The unit I was in, we were allowed to use the phone but there was always a member of staff coming in and out the room telling you to hurry up, or there was members in talking. There should be that bit of extra privacy.

The same young man also stated that support with family contact should extend to transport when having family contact, an issue he felt was connected to the safety of the young person and improved communication between residential staff and the family.

The staff should be taking the young ones to whoever it is they're going to see on that access. (Male, 17)

This view was reflected by a young woman, whose 3 hour journey could be cut to 1 hour if she was taken by car. Her journey back to the unit also involved waiting in a bus station for 30 minutes, where she doesn't feel safe.

I think support is a big issue, like transport for example, because it's a bother having to travel and it affects your time there because you're exhausted from the journey and you're worrying about the journey back. It affects your mood which affects your whole family and atmosphere. (Female, 15)

One young man expressed the need for more work to be carried out in resolving family issues while the young person is still in care. He experienced good support while living in a residential school, but this could have been used more effectively.

If you think about it, someone hasn't got a very good relationship with their mother and they leave care, they still don't have a very good relationship with their mother. They try and fix that by themselves and end up becoming so shockingly depressed that they can't do anything. If they were to do it while they were still in care and fix the relationship between this person and their mother, then they've got all the support and wouldn't end up so depressed and so sad. (Male, 16)

Another young man suggested that support from residential staff and social work should extend to family members in order to enable basic difficulties to be overcome.

If I don't know the bus route, the staff should send information because my mum doesn't know how to get here and the staff haven't done anything about it. (Male, 15)

In terms of communication, young people clearly identified an overall need for improvement. Within this theme they identified a number of ways in which they believed the situation could be improved.

Improved contact between families and care professionals was considered to be one way to improve communication and resolve issues.

Having more contact with my family, social workers and carers because that would also help communication and it would sometimes help to resolve things. (Female, 15)

Increased involvement by families and carers in all aspects of a young person's life was considered to be beneficial for everyone involved.

Changes that I think could be made are more involvement from your carers, even just informing your family of what you've been up to. I think my parents being more involved in things that I do or even just informed in things that I do. (Female, 15)

Another young person identified a clear mediation role for care professionals. He felt this type of support would help young people to put their point across.

After they [staff and social work] has had a conversation [with my family] they should bring the young one in to let him or her get their point of view across and say what they want to say. (Male, 17)

As previously stated, young people and their families often felt left out when it came to decisions. Their consultation and participation was identified as another potential improvement.

Ask us before the decisions get made, because I mean I have a right in it, it's about us basically, me and my mum, so we should have a right to say. (Male, 13)

A majority of the young people interviewed expressed the need for more information regarding their family. This ranged from the most basic information, for example where they lived, to more detailed information such as may be collated in life story work.

Just be given more information about family. (Female, 17)

This final quote identifies a fundamental approach which should be taken by all care professionals when working with young people.

I would just say treat every young person as an individual and cater for their needs, and don't assume that they know what they want – sit down with the young person, ask them what they feel and what would make things better and seriously think about it … no matter what age they are, don't just assume that because they're 5 years old they don't have an opinion. At the same time you would have to seriously think about the circumstances and what would be best. (Female, 16)

(The recommendations regarding family are listed at the end of this chapter on family and friends)

Friends

The prominence of this issue is reflected by the proportion of young people who identified it as one of the three most important issues for them (almost 75%) at the Kilgraston consultation.

In subsequent consultations, young people have related the importance and value friendship has for them. At Inverclyde, young people identified what they considered to be key qualities of friends, these included; respectful; trustful; reliable; honest; supportive; non judgemental; easy to talk to; listen to them; available and helpful. A number of which they felt were not often provided by others in their lives.

The impact of moving into care, and living there, had an intrinsic affect on friendship for all of the young people who discussed this issue.

When you go into care it does affect friendship, it's a simple fact. You've got all that stuff at home, all the baggage you come out with and your pals are having a good time and sometimes you're just thinking 'Oh God, I've not to go back there' [residential unit].

The same young man went on to illustrate how the reality of being in care and perception of the lives of friends' added to the overall stress of the situation.

You're in a different situation from your pals and that sometimes can make you more stressed. You're stuck in a home, you're in there with so many other people...and you think you see that your pals have the perfect family which makes most people in care get stressed out. (Male, 17)

However, one young woman suggested that the problems around friendship were also a result of the young persons experience before they went into care.

I would say that because of their background it would be hard for them [young people in care] to make friends. (Female, 16)

While young people understood the need for rules and structure where they lived, this could also directly affect their friendships. For this young woman the issue was finding time to spend with friends as weekends were the only time she could spend with her family.

You've got different rules on everything compared to what you used to have. A lot of my friends work at night so we go out for a while later on but because of the rules I wouldn't actually be able to do that as I've got to be in by 10 and most of my friends work till 10. (Female, 15)

Another young woman cited how having friends come to visit her was restricted and reinforced the lack of normality in her life.

You can't have time on your own [in the unit] with your friends because you're only allowed to sit in the smoking room, like if you go to a friends house you'll sit up in their room listening to music or you'll sit in the living room watching TV but you're not able to do that. It's hard because it's not a normal environment. (Female, 15)

This view is reiterated by this young woman who finds it difficult to have friends at the unit.

But they [friends] will always think 'I can't come to yours, you always come to mine,' which isn't fair on them. (Female, 16)

All of the young people interviewed experienced loss of friendships directly related to being looked after and accommodated. Many of the themes identified in relation to friendship converged to compromise and terminate friendships.

Personally, after losing contact with a few pals and not talking to a few of them, there was a lot who didn't speak to you for at least 2 years. There is a good few of them that I lost contact with. (Male, 17)

I lost contact the first time I went into care – my close friends I kept in contact with but eventually that deteriorated. (Female, 15)

For some young people, maintaining friendships proved a difficult balancing act. The desire to be accepted by peers, whilst trying to cope with being in care and away from their family, could have a negative impact on the 'everyday' aspects of their lives, as demonstrated by this young woman.

As I said, my friends help me – although the hard outcome in that is that my school work fell behind because I was more interested in my friends. At the end of the day, kids will be kids. (Female, 16)

Regardless of the difficulties associated with making and maintaining friendships in care, they are outweighed by the potential benefits for young people. Friendship is something else which they say helps them to feel 'normal', supported, and is an opportunity to escape from the reality of their lives.

You get a good support from your friends, help you see the bright side – they'll talk to you and listen to you. (Male, 17)

I do get a lot of support from my friends – they'll sit and listen when I've got a problem. (Female, 15)

You need people like that [friends] when you come from a hard background. It's one of the most important things. (Female, 16)

Other Young People in Care

Most of the time I kept myself to myself. You sit and talk to them [other young people in the unit] and have a laugh but I didn't get close to any of them. (Male, 17)

A significant theme developed in the interviews was the lack of friendship between young people sharing the same accommodation. Some may consider this to be a potential source of friends for young people, but the reality is different. Almost all of the young people

interviewed, who had experienced care in a group living environment, stated this was not a viable option.

The following quote illustrates the general feeling of young people.

There's no such thing as friendship in care. All you get is acquaintances, but young people, no there's no such thing as friendship.

The same young man went on to explain one factor he believed prevented friendships developing for young people living together.

I think that one important issue is that young people in care with other young people in care from the same place don't become friends because of the environment. They may talk to each other and act friendly toward each other but they don't become friends. (Male, 16)

While another young man stated that when you do make friends and then things don't work out, it is worse than in a 'normal' friendship. There is no space from the other person and it can lead to young people feeling more restricted in their movements within, what is after all, their home.

You can't avoid them because you're in the same house as them. Then you don't go to the same facilities as them like the pool room, you use the same places they go to so you're confined to a unit because you want to avoid them. That's a hard thing to do if you fell out with somebody. (Male, 15)

The individual experiences and backgrounds of young people in care can also introduce a fear of the unknown. While young people are aware of why they are in residential care, the only knowledge they have of others is what they hear. Their willingness to develop friendships with other young people in care therefore is never acted upon.

Then being around other young people can be quite hard as well because there are some of them that are abused or violent and you don't want to say anything to them. There's a bunch of you are all wanting to talk to each other but you're too afraid to do that. It's a hard time to sit down and get a chance to talk to other people. (Male, 17)

Young people also recognised a difference which related to their care status. The following statement highlights how, for this young man, there was a difference when he was attending a residential school as a day pupil and when he subsequently became resident.

I don't really have many friends in my [residential] school. I don't really talk to anybody. Whereas if you're a day boy you can make pals as you're only there in the day. (Male, 13)

While some young people did manage to make friendships with others they lived with, for others it was just about trying to 'get on with them'.

I tried my best to get on with them [other young people in care] and sometimes I did get on really well with them and sometimes I didn't. (Female, 17)

I don't like everybody in the home but most people I get on well with and they get on well with me. It's hard to see them as your friends because you live with them everyday, they're more like just some people you live with, but you can talk to them and build a wee relationship with them. It's like Big Brother. (Male, 15)

Many may believe that friendship can be found for young people in care as a result of the common identity achieved through their shared experience. This is considered by many to be a significant benefit to young people in relation to friendships in care. This young man highlights how the knowledge of shared experiences can lead to the building of trust and development of friendships.

You find out they have got their own problems as well so that meant if you got a bit friendly that sometimes you'd find out what they said to you they wouldn't say to anybody else because you're not judging them. (Male, 16)

While for this young woman shared, experiences provides the opportunity for support and advice.

With friendship you're able to get new views from somebody who's actually not involved in it and see what they think of what you're doing whether it's right or wrong and you can get really good advice. If I'm not happy at a placement, instead of running away they'll say to you to complain about it, and things that they would do. (Female, 15)

As can be seen from the previous two quotes, there are potential benefits when young people in care become friends as it can offer a degree of support and empathy. However, any friendship requires effort and co-operation for it to work. Most individuals choose their friends and when they see them. It shouldn't be taken for granted, that just because a group of young people are living together, that friendships will follow.

The good thing is that they're always there for you and you can go out together and talk to each other. Bad things are when you fall out with them and they start telling your personal things. (Male, 15)

Police Checks

It's good having friends but the down side is that you need to get police checks to have sleepovers and it's so annoying... it makes you feel abnormal. (Male, 15)

The issue of police checks was initially raised at Inverclyde by all of the young people who participated in the two workshops. This theme was further developed in the interviews and was considered by young people as a further hurdle to 'normal' friendships.

The principle issue for young people is the length of time it takes for a police check to take place. All of the young people interviewed considered this to be a major problem. The following quote reflects those of a number of other young people.

My friends know that I have to get a police check to stay with them but it just takes too long. (Male, 13)

The nature of teenage friendships can lead to disagreement, the time delay can compound this and cause young people to question whether a police check is worth the trouble.

It takes a very long time, and if you fall out with one of your pals they say that you can't stay over and then it's all back to square one again. (Male, 15)

While for some young people the time scale is not the only problem, they decide not to have a police check carried out. This relates directly once more to the issue of normality.

I knew that if I wanted to go and stay overnight with my friends I'd have to get them police checked and I know my friends wouldn't bother about being police checked but I didn't want my friends police checked because that's not normal. I just didn't bother staying overnight. (Male, 16)

This young woman had an issue as she didn't want her friend's mum finding out she was in care. This could relate to the concern young people in care have about how they are perceived.

I find it hard because you can't do normal things like stay over at your friends without a police check, and I don't like my friend's mums' finding out that I'm in care and things like that. (Female, 15)

Another young woman could identify the potential link, which she herself related.

Your friend's parents are going to get a bit of a shock, and immediately when you think of the police you think criminal. (Female, 16)

While for this young man it is the impression his friends would have if he asked them to have a police check, and the difficulty they would have understanding.

Your mates would probably think you were a bit of a twat saying that they had to get police checks, and say 'what's he on about?'

He went on to discuss the embarrassment he associated with having a police check carried out.

It's embarrassing when the staff say that they have to get their address, phone numbers, date of birth, how many sugars they take in their tea. Not that bad but they ask for all this information and it's embarrassing when you have to say 'By the way, I need to know your address and what your mum's name is if you want to come visit.' They need to do a police check as well. (Male, 15)

A further issue regarding police checks was the fact that a young person may have more than one friend they want to stay over with. This is illustrated by this young woman.

One of my pals is going to get it done but you don't want to spend a sleepover at this one pal's, you want to go to different friends houses and maybe want to have a girls night out. (Female, 15)

There appeared to be some discrepancy in police checks for young people in residential and foster care. All young people in residential care knew that they had to have police checks to stay with friends while those in foster care had a more mixed experience.

You have to get a police check if you're in residential care to go and stay with your pals. (Male, 13)

So it's really up to the discretion of my foster parents. In that sense it is good because in my eyes I lead a normal everyday life. I don't need police checks to go and stay with people. (Female, 16)

The previous quote once again refers to the issue of normality. While another young woman explained that while her foster dad was sympathetic, the decision was not his.

My foster dad understands big time. He says he would let me [stay over at my friends house] but he can't because of social work. He said if it was up to him he would have let me but it's not up to him so I can't do it, unless they get a police check. (Female, 16)

Another young woman, who had been in care for 4 years, had never had a police check explained to her. Her understanding of what it entailed had prevented her from having a friend police checked.

The police go round, they speak to the parents and discuss what's going to be done and stuff like that, well I presume it is. (Female, 15)

For this young man, he couldn't comprehend why police checks had to take place in his circumstances.

People like me who went into a home voluntarily should not have to wait 6 weeks for a home check to stay with a pal who stayed above you for 15 years. (Male, 17)

Trust

I think if they [friends] knew the hardship of being in care that they would be able to support you better than what they do, but they don't. (Female, 15)

Young people recognised that if friends were fully aware of their situation, they may have been able to provide them with more support. However, they clearly recognised that it was their personal choice not to give them that information. This is clearly linked with an inability to trust even those they consider to be friends.

Friendship, even outside the unit, they didn't really know what was happening because I didn't tell them. I found that so hard - they didn't really know. (Female, 17)

Another young person expressed difficulty in friends visiting the unit and the questions which follow. Once again, this young person has concerns about the impression friends will get.

It's hard - I have friends outside but I don't like to bring them here. I brought one here once but I don't like it because they just ask questions and I don't like my mates to know I'm in a big home because they don't get the right impression of it. (Male, 15)

Young people, perhaps especially those in care, can find it difficult to develop trust. This can be intensified by the betrayal of trust by their friends. Another young man went on to relate

how, having given someone personal information, it was passed onto other pupils at his school by a friend.

If they [friends] tell that you've done something, then you go to school the next morning and you have to face it all. (Male, 15)

A further problem faced by young people (to differing degrees), is their experience with other young people they live with. This young person found friendships outwith the unit difficult to develop as a result of his experience with young people he lived with.

I think friendships outwith the unit are also hard because you're in a unit with 8 other people and they're all trying to stab you in the back.

The result of his experiences has led this young man to come to the following conclusion.

It's quite hard to trust people. Especially other young people your own age. (Male, 16)

Travel & Distance

One day you can be in Glasgow and the next you can be in Fife. I suppose it does affect your friendships because you can't take them with you. (Male, 16)

Interestingly, young people identified travel and distance as a support issue when discussing family. However, in relation to friendship they considered it to be an issue of its own. All of the young people interviewed (with the exception of one) had experienced being placed away from where they originally lived. This presented a further difficulty in attempting to maintain friendships.

Well, the bad thing is that I've not been able to see my friends [because of] where I live. I only get to see them at weekends. (Male, 13)

The distance this young woman lived away from her friends, combined with family contact arrangements, made it difficult for her to continue seeing her friends.

My friendship – it's really hard because all my friends are up in [name of town] and I only really see them at weekends so it's hard to make time for them and sometimes I'm not able to see them because I've got things going on with my family. (Female, 15)

A further factor for young people is their age. Half of the young people interviewed had gone into care when they were under the age of ten. This meant that even being moved somewhere else in the city meant that they were unable to continue childhood friendships.

You could be living on the other side of [city] and you're only 5 years old and not allowed to go out. Or 7 year old and you're not allowed to travel in town, and go from one end of the city to the other. (Male, 16)

The travelling was difficult because they're still in high school and then they come back from high school and come home and they want me to stay for my dinner and by the time

I got my train down to my bit and walked from my pal's house and hung about there it was about an hour before I had to get away again. (Male, 17)

I had to get 3 buses, 6 buses a night – 3 buses to get to school and 3 buses to get back, and then if I was going out after dinner it would be 3 buses to get out and 3 buses to get back. I liked going to school because that's where I got to see my mates. (Male, 16)

Some of the bad things are leaving your friends behind and not being able to get in touch with them for ages until you can get in touch with another friend who's got their number or their address, so it's quite hard when you have to leave your friends behind, especially when you don't know you'll be leaving and it's all of a sudden. (Female, 17)

When I was in care, because I was a distance away from my friends, there was quite a lot of lost contact with them. (Male, 17)

Support

There's nothing to do at night time, apart from walking about. Get bored. (Male, 13)

Young people associated lack of friends with the restricted opportunities to undertake activities. This was related to their experience of making friends prior to coming into care. They identified a clear role for residential staff to support them in remedying this situation.

Young people identified a number of problems associated with boredom. This affects their lives both in and out of the unit. This young woman discusses how being identified as a 'misfit' can compound the issue of peer pressure.

To me they [young people in care] are already classed as a misfit because they don't have anybody at home so they try and fit in and that can lead to peer pressure.

The same young woman went on to discuss the potential outcomes of this peer pressure.

If you've got any mates that can drive you can go flying about but if you can't do that then there's generally going out on the street drinking or getting up to mischief, trying to keep yourself amused by doing the wrong things. (Female, 15)

While this young man highlighted the disruptive influence this could have on life in the unit and relationships with staff.

Then what happens is that I spend most of my time in the home, used to get at staff a bit because I was always about and was bored, hanging about and hyperactive and annoying. That got at the staff and the staff would get on at me. (Male, 17)

While young people recognised there were times that the staff were busy, they also felt that there were times that they could do more with young people. This young person indicates this could also have a benefit for the relationships between young people in care (as previously discussed).

I think the staff should encourage people to interact more because most of the time we're sitting around getting bored with each other and the staff don't do anything except sit in their office and have a wee chit chat with a cup of coffee, as if they don't know we're there at all. They should do quizzes to try to get people together, have karaoke's and unit things so they can mix instead of sitting in your own wee unit, getting bored. (Male, 15)

Young people also felt that staff could support young people to participate in activities outwith the unit. This young woman illustrates a number of benefits including better relationships with staff, happier young people and the chance to make new friends.

I also think that staff should try and encourage residents to pick up activities, try and spend more time with them to stop them getting into bother and it will keep them preoccupied and make them a lot happier in their placement. It would be a chance to meet other people. (Female, 15)

Making it better

Most important thing is getting to see your pals, if you've got a lot of friends you want to see them. When you are in a home you're thinking about what is what and why you ended up in there so sometimes you get stressed, but when you go out with your pals you have a laugh and it goes away for 2 or 3 hours. When you're in a home, a couple of hours can seem like a couple of days, so most people think it's a good thing when they actually get to see their pals. (Male, 17)

Young people identified a number of ways in which things could be improved in relation to friendships. They suggested the first step is being able to maintain friendships they had prior to moving into care. This young woman illustrates one positive aspect of her life in care.

I was still able to keep the friends I had when I was adopted or when I was living with my parents, and I could still go and visit them then. (Female, 17)

While this young woman believed the stability of her placement not only helped to maintain friendships, but also made it easier to make new ones.

Because I went into a stable home it made things a lot easier to cope with and make friends, whereas if you're sort of going from house to house and you're not getting on with anyone then you're not exactly going to make friends because your attitude is going to be totally different. (Female, 16)

Another young person identified the basic improvement which would make things better for him. A factor which he also related to the issue of friendships with other young people in care.

Get out more to see my friends as I've not really got any friends in residential. (Male, 13)

A further issue identified by this young person was the immediacy with which a move of placement could occur. This made it difficult for her to have the chance to say goodbye to friends and let them know where she was going.

To know that I'm going to be moved and not for it to be done all of a sudden so that I leave my friends behind and I've not had a chance to talk to them and say goodbye properly. (Female, 17)

This young man believed that more consideration could be given to the young people placed in accommodation together, which he believed would promote friendships with other young people in care.

I'd probably put people from the same sort of area in one unit because they would probably know each other and be friends, then there's not going to be any big issues in the unit. (Male, 16)

While young people experienced difficulty in developing friendships with other young people in care, they also identified the importance and benefits. Generally, young people felt that staff had a crucial role to play in promoting better relationships between young people in care. They accepted that not everyone that lived together would become friends, but some would and others might get on better together.

This young man illustrated the importance of getting on with others in the unit.

It's good to get on with each other. If everybody hated each other in this place there would be hundreds of arguments, people just fighting.

However he went on to discuss the suspicion and resistance from staff when it came to spending time with a friend from the unit and his friends. He found this difficult to understand as there was an opportunity to develop more friendships.

I think there should be more freedom with your mates, because say I want to go to my mates and [friend from unit] wants to come with me, the staff would say that you're not allowed to mix pals at all. (Male, 15)

Another young man related one of the benefits he experienced from friendships with other young people in care.

The good things are as well, when you're in there [residential unit] and you're talking to other young people, and talking to other young people for advice, because they're going through the same things as you. Sometimes they'll come to you for advice and you'll give them that advice. So when you're telling them, you think to yourself, 'now wait a minute, I should be thinking the same thing'. (Male, 17)

Young people felt relationships with friends were restricted by the need for a police check to be carried out in order for them to stay overnight. This was an area which they felt stigmatised them as 'abnormal'. Their principle recommendation, as illustrated by these two young people, was that they should be abolished.

I'd stop the police checks on friends. (Male, 16)

I think they should at least let young people spend nights at their friends without a police check. (Female, 15)

While another young person felt that the length of time they took was a particular problem. He felt if the process was quicker then it would improve things.

If police checks were a lot shorter, not really quick but reasonably quick, it would be a lot easier and better for people. (Male, 15)

In relation to the issue of travel and distance, there were two main improvements directly proposed by young people. Firstly, the opportunity to maintain contact with friends who lived a distance away, as illustrated by this young woman.

Be able to see my friends that don't live near me a lot more. (Female, 17)

Secondly, by giving more consideration to where a young person was placed. She believed this would not only have offered her more opportunities to visit her friends, but also for her friends to visit her.

For friendship – being closer to my home town would have helped a lot, and spend more time at my home town. Maybe even my friends visiting me where I am now and be able to go on an outing without them having to ask plenty of questions as it's not really normal. (Female, 15)

Young people clearly identified being supported by staff to undertake more activities as an opportunity for better relationships with staff and to make new friends.

Don't let you be stuck here 24-7 but help you get into clubs. (Male, 15)

Furthermore, young people felt that they should have support from staff to maintain activities they were involved in prior to moving into care. They felt this would provide them with the opportunity to maintain friendships and an element of normality.

Friendship I would say, helping you to do activities you used to do and trying helping them to have the same kind of lifestyle that they had before, like if they went to clubs like badminton or anything, try to help them carry that on as they see friends that are and to them it's normal. (Female, 15)

Young people also stated that those who worked with them should try to understand how they felt and be supportive of their friendships.

Social workers to be more understanding of your feelings, and workers to be understanding of how you feel and realise when you really want to go and see someone. (Female, 17)

While this young man discussed how basic support from staff with transport allowed more time with his friends and provided him with some relief from the reality of his situation.

The home I was in, we had a mini-bus where they had the staff take my pals and give them a run to take get the train back up the road so we had more time with our pals. With your pals it's lifted, it's all gone and your pals are there to talk to about it. (Male, 17)

Recommendations

The recommendations set out below are drawn from all of the young people's views on this subject. Ultimately, their desire for a positive care experience is the driving force behind these recommendations. It is hoped that policy makers and practitioners will receive them not as criticisms, but as the young people intended, an opportunity to further develop and improve care services.

In the course of the consultations, it became apparent that many fundamental rights are still denied to some young people. Whilst many of the young people did not refer to them as such, rights are intrinsically linked to the issues and themes contained in this report. The basic principles of the United Nations Convention on the Rights of the Child (UNCRC); Non-discrimination; Best interests of the child; Survival and development; and Participation, underpin the recommendations listed below and therefore should be given full consideration.

Family

- Demonstrate a fundamental commitment to contact and the value of family – irrespective of dysfunctional background, inline with article 8 of the UNCRC – preservation of identity
- Develop and implement clear and flexible arrangements regarding family contact
- Maximise family contact – appropriate to each individual, as stated in article 9 of the UNCRC – separation from parents
- Support young people and their families with contact (including, but not only, transport)
- Demonstrate a commitment to the maintenance of sibling groups
- Ensure regular contact with other siblings – including those who may be adopted
- Enable access to bereavement counselling
- Provide support to young people and their families to resolve family issues/ problems with regard to, where appropriate, article 18 of the UNCRC – parental responsibilities
- Facilitate access to, and private use of, a telephone with due attention to article 16 of the UNCRC – protection of privacy
- Organise regular, and improved, communication between professionals, families and young people
- Foster greater participation of young people and their families in decisions regarding family contact

- Demonstrate a commitment to articles 3 and 12 of the UNCRC by consulting with young people in all aspects relating to their family
- Ensure access to up to date information about their family
- Acknowledge and record the young persons identity and family, by means such as life story work

Friends

- Respect for and support with, the young person's right in relation to article 15 of the UNCRC – freedom of association
- Provide support with, and the opportunity to maintain friendships
- Promote positive relationships between young people in care
- Provide young people with clear information regarding the purpose and process of police checks
- Explore and develop means of reducing the stigmatising effects of police checks
- Operate an efficient process for police checks which reduces time scales
- Implement pro-active and therapeutic approach to dealing with trust issues for young people
- Give due consideration to the geography of a young person's placement in relation to their origin
- Have due regard for the placement of an individual in a group setting – taking into account the other young people living there
- Promote the participation of young people in community groups and/or activities
- Provide support for young people from staff/carers in participating in groups/ activities
- Allow the opportunity for time with friends which doesn't impinge on family contact
- Organise and implement planned placement moves, over reasonable time scales

Section 3

Reports & Recommendations

• A Retrospective

Section 3

Reports & Recommendations

A Retrospective

From 'Another Kind of Home' and 'the Children's Safeguard Review' to 'Edinburgh's Children', from 'Not Just a Name' to 'Remember My Messages'- in recent years many publications and examples of research have commented or made recommendations in relation to improving the experience of residential child care for young people. Have we succeeded? This short review will look at some of the reports and recommendations which have contributed to the debate and progress.

This is intended to be an examination of a few of the key contributors to progress since the 1990's with particular emphasis on the views and recommendations of young people. In reality there are very few major reports which reflect "the collective voices of children and young people" and give "a sense of the communality of experience of being looked after". This point was made by the Who Cares? Trust in 1998 and is still relevant.

In this review topics have been selected for comment because they are subjects frequently commented upon by young people themselves, or because they are of current interest to practitioners. In addition, this brief reprise and review of progress will hopefully help to identify how pro-active we have been in listening to children and young people and taking their messages and recommendations forward. A few of the areas highlighted are safety, including sanctions and controls, staffing, including the pursuit of best practice in recruitment and retention also health, with reference to mental health and emotional well-being.

Although it is acknowledged that far more children and young people are currently living in foster care than are residing in other residential placements, this review and our full report concentrates more, although not exclusively, on the latter given that this is currently Who Cares? Scotland predominant area of experience and practice.

This short examination of some of the key reports, research and other relevant literature uses as its baseline comment and recommendations from 6 pivotal reports published since the early nineties. These are:

1. Skinner, A (1992) *Another Kind of Home, a review of residential child care,*
The Scottish Office.
Angus Skinner, Chief Inspector of Social Work Services for Scotland was asked to conduct a review of residential child care in Scotland with a specific remit to: examine the current provision of residential child care and the quality of service provided. To examine in particular questions of training, control and sanctions, children's rights and inspections and to make recommendations for maintaining a service of high quality. From this remit, the Skinner principles, which remain the bedrock of residential care in Scotland, were born.

2. The Who Cares? Trust and the National Consumer Council, (1993) *Not Just A Name - The views of young people in foster care and residential care.*
Over 600 children and young people from all over the United Kingdom responded to a questionnaire distributed nationally asking them about their day to day life in care. They were asked what was good or bad about being looked after and what would make life in care better? This report does not claim to be representative given the random nature of the responses but

what it is in its own words, is a path-finding survey with some very important messages for policy planners and makers as well as for those who care for young people.

3. Kent, R (1997) *Children's Safeguards Review,* The Scottish Office.
This volume follows on from major and widely reported episodes of abuse highlighted over a number of years. The Scottish Office commissioned Roger Kent, a former Director of Social Work, to undertake a review assessing whether the safeguards that were in place were the most effective that could be designed to protect young people in care from abuse and other harm. The report relates chiefly to physical and sexual abuse of children and young people who are not with their families.

4. Who Cares? Scotland (1997) *Feeling Safe? Report, The views of young people.*
The report was written by Who Cares? Scotland workers recording the comments and experiences related to them by young people in relation to feeling safe. Three national meetings were held and young people identified issues that were of most concern to them.

5. Shaw, C (1998) *Remember My Messages - The experiences and views of 2000 children in public care in the UK,* The Who Cares? Trust.
In 1997 The Who Cares? Trust commissioned a follow up study to Not Just A Name. The aim of the survey was to draw upon the views and experiences of as large a number of looked after children and young people as possible, in order to; assess the impact of recent children's legislation, present a rounded picture of everyday life for those in care, make comparisons between the lives of children in care in 1992 and 1997 and to highlight particular successes and failures of the care system. The report included the experiences and views of 2000 children and young people in public care.

6. Friday, E. (1998) *Mental Health Project Report*, Listen up: *Young people talk about Mental Health Issues in Residential Care,* Who Cares? Scotland.
This consultation report was the result of the Who Cares? Scotland Mental Health Project. The project had as its main aim to give a direct voice to looked after young people about the ways they find to support their own mental health and well-being and what hinders them in doing so. The consultation involved a relatively small number of young people, 38 from all over Scotland but these young people described their experiences and feelings in their own words which are recorded in the report.

This review will also touch upon Edinburgh's Children, *The Edinburgh Inquiry into Abuse and Protection of Children in Care*, Kathleen Marshall, Cathy Jamieson and Alan Finlayson (1999). Following a high profile legal case concerning historical abuse in residential care Edinburgh City commissioned an inquiry report from three experienced child care professionals. Their report looked at a range of issues and produced 138 recommendations. Many of these overlap with the messages from the national reports.

Four of these reports are produced by voluntary organisations and their main content is information obtained from young people about their care experience, informing recommendations. The other two are mostly informed by experienced professionals and also make a number of important comments and recommendations. These are national Government commissioned publications. Let us begin by briefly examining the principles which govern and inform Scottish legislation, guidance and practice.

The Children (Scotland) Act 1995 reflects a number of the key articles and principles from the United Nations Convention on the Rights of the Child 1989 ratified by the UK in 1991. The Convention, and consequently the Act itself and related secondary legislation regulations and guidance, emphasise the need to provide opportunities for young people's views to be heard, included in planning and acted upon. The Convention and the Act etc all contain specific provision in relation to matters such as safety, health, family contact, and the responsibilities of adults who have care of children and young people towards positively promoting their welfare.

The National Care Standards - where did they come from?
"The Social Work Services Inspectorate, in consultation with local authorities and other agencies, should further develop standards and guidance for evaluating residential child care within the framework of the eight principles outlined in this report and, as appropriate, other identified areas. The development of these standards should draw on analysis of the experiences of young people, children and their parents. The standards should be applied by managers and local inspection units to ensure a consistently good quality of residential child care provision." Skinner (1992).
"Local authority inspection procedures should always include some interviews with some young people and children and their parents." Skinner (1992).
"Registration, and therefore the possibility of deregistration should be required for a Local Authorities' own units." Kent (1997).
"There should be more standardised formats for Inspection Reports that allow easier monitoring and there should be national standards for inspection together with associated Guidance for Inspectors. Training should be provided about their role." Kent (1997).

What has happened in response to these recommendations?
The Regulation of Care (Scotland) Act 2001 was responsible for setting up the Scottish Commission for the Regulation of Care and the Scottish Social Services Council. The former registers and inspects all the services to be regulated against the newly created National Care Standards and makes sure that anyone providing a service or seeking to do so is meeting the relevant standards and regulations. The principles of the National Care Standards include dignity, privacy, choice, safety, realising potential, equality and diversity. The Scottish Social Services Council has the duty to promote high standards of behaviour and practice among social service workers and in their education and training. It has been given 4 main tasks which are:

- To establish registers of key groups of social services staff and their employers;
- To publish codes of practice for all social services staff and their employees;
- To regulate the training and education of the workforce;
- To carry out the functions of the National Training Organisation for the Personal Social Services.

The standards are very simply expressed but broadly cover the range of issues identified at the consultation stage. Children and young people's views were taken on board in their preparation and there are on-going discussions with the Commission, as at September 2003, to include young people in inspection processes, nationwide.

The National Care Standards have promoted much discussion, reflected by an interesting article in the Scottish Journal of Residential Child Care, produced by the Scottish Institute for Residential Child Care (SIRCC).*'Two and a Half Cheers for the National Care Standards'*

Kirstie MacLean, (Aug/Sept 2002) The article looks at the standards which relate specifically to residential child care, which are *'Care Homes for Children and Young People'*, Scottish Executive 2002a, (green volume) and *'School Care Accommodation Services'*, Scottish Executive 2002b (blue volume).

MacLean observes:
"It is extremely important that units and schools familiarise themselves with the standards and audit their services against them; they are the tool that will be used by the Scottish Commission for the Regulation of Care when it registers and inspects services– we should be celebrating a step forward and children and young people and parents need to be encouraged to use them."

She further suggests that these standards are much superior to those produced simultaneously in England and Wales in relation to their "principles, ethos and content and in their language layout and user-friendliness." This perhaps makes sense given the degree of involvement by service users in the preparation of the standards.

MacLean although generally praising the standards, goes on to detail three serious concerns she has about them. She worries that costs in meeting both physical standards and training requirements may lead in some cases to closures or reductions in beds. Secondly, MacLean is concerned that standards could perhaps be interpreted in a rigid and uniform way. "This could reduce choice and diversity in the sector and lead to children being fitted to care regimes rather than the other way around." Thirdly, MacLean queries, as omissions inevitably appear will there be sufficient resources to allow for any necessary monitoring, reviewing and revision? She concludes by saying that, "The Scottish Institute for Residential Child Care will have a considerable part to play in helping units and schools to raise their standards through education, training, consultancy, advice and research."

It may be an appropriate stage to turn to some information about SIRCC and it's contribution to literature and progress. One of the most significant developments of the recent years has undoubtedly been the creation of SIRCC which was formed 4 years ago in 1999 and has received an extension of its funding until 2009. It is funded by the Scottish Executive. There are 5 partners of SIRCC, they are the University of Strathclyde, Robert Gordon University, Langside College, Save the Children and Who Cares? Scotland.

The raison d'être of SIRCC is to provide training and education to the residential care sector and to promote best practice in the sector with the ultimate global aim of improving the quality of the care experience for all young people who are looked after and accommodated away from home. SIRCC has a responsibility for ground breaking research and informative progressive articles and the production of other relevant publications in relation to residential child care. Their full publications list is contained in their annual report 2002 – 2003. SIRCC has a stated commitment to the promotion of children's rights and to ensure the participation of young people in its work.

At this stage in the review let us do a little scene setting by reviewing an important piece of research published in 1998. The research takes an in-depth look at life in 48 children's homes, in 5 different local authorities in England. This study provides a useful backdrop to the rest of the information contained in this paper. The study by Sinclair and Gibbs, contains a number of very significant observations the majority of which are not very positive but sadly familiar to

many and are a recurring theme throughout this review. *'Children's Homes:A Study in Diversity'* Ian Sinclair and Ian Gibbs (1998). (For those who do not have time to read the full report there is a very useful Short Report and Issues Paper *'Quality of Care in Children's Homes'* Sinclair and Gibbs. Details in Appendix 3)

As stated, the research focussed on 48 children's homes in 5 authorities with a sample of 223 residents who were studied at two points in time. The young people, their parents and heads of homes were interviewed and information was also collated from staff and social workers. The authors say,
"The findings form a unique body of data from different perspectives, illuminating the role and operation of these small, potentially volatile establishments, and their often benign but sometimes destructive impact on their users."

The Role of the Children's Home

The study looked at the role of the children's home. It asked who is placed there? Why are they placed there? What kinds of homes are they? And how are they run? It examined various stakeholder's experience of care, asking what criteria they used to evaluate their experiences? The researchers wanted to know how the behaviour and morale of young people and staff varied, and what contributed to any variations? They also posed the question can children's homes enable long-term change in young people and if so, how followed by what principles do the findings suggest should govern the provision of residential care for young people?

On the use of residential care homes as an option the study noted that child care policy appeared to be driven by a common desire to lower the numbers in care. It was acknowledged that a decrease in the use of expensive residential home provision would allow resources to be channeled into community solutions like foster care or preventative schemes. However, they observed that the costs to go towards diversion were being spent on the increasingly high costs of residential care albeit with a reduction in numbers.

They found that the emphasis on small locally based residential care conflicted with their desire to give each unit a specialised role and purpose. Also, as numbers of homes fell the likelihood increased that homes would have to accommodate a more diverse set of young people.

However much local authorities wanted to return young people to their communities as quickly as possible there were complicating factors. The study found that families were under increasing pressure, schools found it difficult to cope with problematic young people and financial supports in the community for young people had diminished.

In relation to purpose the researchers stated,
"Our conclusion was that a majority of the homes were general purpose either by design or because of the pressures from emergency admissions."

The study found that young people were generally seen as having low self-esteem, poor educational attainments and as lacking friends. One third were in the home for a short term breathing space, nearly half to treat behaviour or prepare for another long-term placement or for independence, and a sizeable minority were there to live until such time as they ceased to

be looked after. The authors conclude,
"A key issue concerns the degree to which these purposes can be handled successfully in the same home"

The study looked at some basic characteristics of the care homes. Most were in respectable areas and were not in disrepair inside or out but nearly half looked institutional.

"There were large variations between authorities in the proportion of staff with some kind of social work or relevant qualification but in no authority did more than a quarter of the staff have any relevant qualification." The authors stress that this information should be balanced with the experience of staff, around two-thirds of whom had been in post for three years or more.

It is a matter of concern that the researchers found,
"About half the male and a quarter of the female residents were reported as having had a conviction before entering the home. Among those who stayed six months or more roughly three quarters of those with a previous conviction or caution, and four in ten of those without one, had received a conviction or caution for an offence while they were in the home"

Heads of homes were asked for their views and one of the matters they stressed was the importance of the home's culture in playing a part in effecting change in the lives of its residents. The study observed there must be an acceptable culture, staff must be working sensitively with individual young people and dealing with their lives outside the homes if successful results are to follow.

The Experience of Care

In relation to care staff, "High morale was more likely if the member of staff received regular supervision, had a role which involved care planning, after-care, contact with families and counselling and was relatively new to residential work. Some homes seemed to have more staff who met these criteria than others but even taking this into account there were very large differences in the morale of staff in different homes."

Parents reported mostly positive effects of care highlighting two drawbacks. These were the sadness of separation, and the corrupting influence of delinquent peers.

How did the Young People View The Placement?

In general the young people felt that they would not have gone into a residential home if the choice had been theirs. Another most worrying finding from the study was in relation to communication between young people and professionals. The study reveals,
"In terms of the future it was startling to find how many residents did not know when they were expected to leave their current placement or where the social worker thought they were going. Where on our evidence the social worker had plans, the young people were mistaken about them in over half the cases and most commonly when the social worker's plans did not match the young person's wishes."

Family Contact

"As others have repeatedly found contacts with families were also important and frequent although a third of the residents would have liked them to be more frequent still. The study again illustrated the complexity of the families from which the young people came, and the variety of relatives and friends with whom they would have liked contact. In keeping with American research siblings topped the list of those of whom they would liked to have seen more but parents, grandparents, other relatives and friends were also prominent. By contrast, however, a quarter of the sample mentioned someone they would have liked to have seen less."

Young people evaluated the homes thus:
"They wanted a reasonable physical environment which allowed for privacy and was not run down, friendly staff who were prepared to listen, and residents who were friendly and who did not bully them or lead them astray."

Sadly their experiences within residential care settings were not always positive and the researchers unearthed some very depressing information in the course of the study,
"More serious was the evidence on attempted bullying and unwelcome sexual advances, pressures within the home which singly or together were reported by around half the sample. The young people were frequently miserable. Nearly four out of ten said they had considered killing themselves in the previous month, and the majority said that they had easily become upset or got angry."

Regrettably the researchers also concluded,
"We could find no evidence that counseling by social workers or key workers or good relationships with staff within the home had much impact on misery or happiness as we measured it."

In Retrospect

The Authors observed that young people and social workers, 6 months on, wanted the same things from residential provision. They wanted a secure, caring, and comfortable environment with no bullying and no delinquent culture. The researchers maintained,
"The problem is to get agreement among the residents on what is acceptable behaviour. The solution is to have small homes where staff and management are agreed on what the home is about"

This study highlights issues around inappropriate placements, the importance of a positive living culture, young people being drawn into offending, poor communication with young people from professionals and the profound effects of the continuing bullying in residential units.

Section 3

Safety in Care

Young people often tell us why they feel unsafe in care and what could be done to make them feel more secure. This review will look at a few relevant reports which are directly informed by young people.

In 1997 Who Cares? Scotland produced the Feeling Safe? Report the views of young people. It is fitting that this section on safety should commence with this set of messages on the subject provided by young people. Some of these messages have already been aired in the look at the Sinclair & Gibbs research. In particular the first one, bullying.

Bullying

The young people who informed this section of the report showed considerable insight into the topic of bullying which sadly has come from direct experience in many cases. The report observes,
"Bullying is a very real and increasing concern for young people, and agencies need to take it more seriously. It has been growing as an issue within residential child-care settings. While some attempts are being made to address it through local initiatives, it is a difficult issue to tackle."
Young people who contributed to the report felt that staff didn't always appreciate the amount of bullying that goes on. They listed some of the reasons as to why they bully and why they get bullied. These are; no one believes them if they tell; they don't recognise it as bullying; they will be called a grass; it's how they cope with problems; to be part of the peer group; younger ones wind you up; it's something you live with in care; if you can't beat them join them.

The report highlighted that bullying can have profoundly upsetting consequences for young people leading sometimes to self-harm or in worst case scenarios, to attempted suicide. One young person explains,
"If you're not part of the group, or a bit different, you get picked on."

Feeling Safe? says that some units do provide a safe environment for young people to talk about bullying without fear of repercussions or dismissal. However, it also says that other staff allow or even encourage the bullying as a way of controlling the unit. In concluding this section the report said that young people identified that a consistent approach by staff and a strong anti-bullying policy were helpful to them.

Some of the comments the young people made in this section can clearly be identified in other pieces of literature. For example, the possiblity of some staff allowing or encouraging bullying as a way of controlling behaviour is mentioned in the article by Matthew Colton, (2002) examined further in this report.

Living with Perpetrators

"The Social Work Services Inspectorate after consultation should issue practice guidance on providing residential care for young people and children who have been abused and those who

abuse others." Skinner (1992).
Feeling Safe? highlights the complexities of the issue when it states,
"Perpetrators are vulnerable people with needs as well. Abuse is a highly complex matter for both survivors and perpetrators. It has a huge impact on the physical, emotional and mental well being of all."

The report suggests to us that managers and policy makers largely avoid the issue. The Children's Safeguards Review, Kent (1997) includes just two paragraphs on it. Young people had some clear opinions on this issue. They believed that perpetrators should not live alongside other vulnerable people but neither did they want to set up 'bad homes for bad children'. They felt that vulnerable young people require protection and also that perpetrators require help and therapeutic care. In relation to staff young people felt that staff needed the skills to deal with and support young people who had been abused and those who were perpetrators and that specialist workers should be made available to children and young people.

Staffing

The report informs us that the quality of staff who look after young people in the care system is a central feature of ensuring that young people feel safe. They identified some of the qualities which were essential to allow staff to do their job and create a safe environment. In the young people's view staff should be genuinely interested in young people, prepared to make an emotional commitment to them and willing to believe young people being open to the possibility that adults do not always tell the truth. Young people were clear that workers shouldn't be brought in off the streets but also that they didn't rate academic qualifications on their own giving examples of social workers who can't talk to young people. Young people were clear about what should be done with staff who abuse young people in their care, "They should be sacked on the spot." The report comments that abuse in this context would include improper use of physical restraint and emotional abuse.

The Buildings We Live In

Feeling Safe? observes,
"…A badly maintained home does not respect young people and therefore makes it more difficult for young people to show respect in turn. The effect on the self-esteem of a young person can also have a bearing on their safety. We fail to reassure them of the care we provide, the value we have for them and the value they should have for themselves."

The report made some constructive suggestions around the integration of units within their local community. Buildings should not be institutional and alienating and should be small units to provide more personalised care. Where possible young people should be involved in the planning and/or decision making regarding the design and decoration of the house.

Being Equal

The report tells us that,
"Young people in care do not believe they are treated fairly. Their experiences show that they are discriminated against in many ways." It continues,

"I feel that being in care causes people to make a judgement about you before they even know you. You are labelled for life. For example, people say that you must be in care because of your own bad behaviour. They don't think of it being your parents. People should be told about kids in care and what they have achieved…such discrimination can be reinforced if the young person is female or from an ethnic minority. The social work system can reinforce sexist stereotypes. Care settings can be difficult environments for young people from ethnic minority groups. They live in a culturally white environment, and can experience racism from the system, workers and other young people."

An interesting publication on this topic is *'Valuing Diversity'* Scottish Office (1998) which gives regard to the racial, religious, cultural and linguistic needs of Scotland's children. The Feeling Safe? report suggests that young people should be treated as individuals who have their own unique relationships, experiences, strengths, needs and futures. All residential staff and managers should have ongoing training in anti-discriminatory practice and that residential establishments should create open cultures, in which children and young people feel safe, are valued as individuals and are treated as equals.

Who Can We Talk To?

The report tells us how important it is for young people in care to have people to speak with whom they trust. It emphasises the importance of family and friends and says,
"The role of family and friends is underestimated. Residential and social workers are still often said to discourage effective contact, although family and friends will often be the only constants in young people's lives."
The importance of contact with family and friends is a constant theme and many young people experience problems in maintaining contact. Other reports describe similar problems and talk more particularly about the types of obstacles put in front of young people when it comes to contact. In particular, Not Just A Name (1993) describes some of the more obvious obstacles.

Feeling Safe? reinforces how important it is for young people in care to have access to a "phone whether you have money or not, where you can speak to someone in private, whenever you need to". This too is a recurring theme in reports in particular Another Kind of Home (1992) and Edinburgh's Children (1999). Feeling Safe? recommends that young people should have easy access to children's rights officers, Who Cares? Scotland and senior managers.

Managing Challenging Behaviour

The report informs us that,
"Young people are especially concerned about restraint. They say it is used too often, and too soon. Young people often end up with bruises, sore (sometimes broken) limbs and carpet

burns. Restraint should be a last resort, and done safely. Some young people say they have experienced restraint that has been little more than physical abuse.
They also tell us,
"Sometimes staff lose control…they get angry and go too far…they should know how to deal with their own anger."
The report makes a number of suggestions. Young people feel that restraint should be the last option. If it is used young people should have the chance to be involved in debriefing after the incident. It says that residential units who use TCI or CALM should have regular refresher training and a policy should exist regarding the use of restraint.

Physical Contact

Feeling Safe? observes,
"Not surprisingly, in our experience of discussions with workers, carers and young people, this is an area that has presented real difficulties for all parties. There are obvious inconsistencies and disparities in how physical interaction between workers and young people is managed."

Young people are clear that they should be able to say whether or not they receive physical contact. Young people told the authors;
"Being given a cuddle makes me feel that they care."
"After a contact meeting with my family, I was left feeling very upset and wanted a cuddle from my key worker. He didn't feel able to give me one. I felt terrible."

The report also highlighted two further areas of concern. For some young people physical restraint is the only form of physical contact that they get from their carers. The situation can apparently be even more difficult in foster care where some young people find it hard to get appropriate physical contact from their carers. Whilst this is undoubtedly a sensitive issue the report felt that the creation of an open culture in the unit and foster homes and more training for workers and carers would be helpful.

Self Harm

Feeling Safe? claims that the issue of self harm is a neglected one in policy, practice, research and training. Sadly, it is too often dismissed by 'professionals' as simply attention seeking. The report stresses that for some young people it is difficult to ask for help and poignantly quotes one young person,
"I was sexually abused by my step dad when I was 8 and my mum also put me in hospital- that's why I'm in care. I'm going to counselling but I'm scared to talk about it all because I don't trust that it won't go back to the home – I'm having nightmares. It would be too embarrassing if they knew. I've taken overdoses and slashed my wrists."
It goes on to suggest some strategies to help including the provision of specialist services accessible to young people. The need to develop training for workers and carers and the creation of an environment where young people can be themselves and talk about difficulties would also help.

Police

Young people felt that the police had a negative image of them and they had concerns that the police do not understand the many and varied reasons that bring young people into care. Some young people also told Who Cares? Scotland that they felt residential care staff help promote the negative image of young people in care. They felt that those caring for them didn't do enough to contest the negative image and that they involved the police in situations which they didn't need to. Young people asked for more training for police to help them to understand the range of reasons young people come into care. They also made a plea for residential staff to stop calling police inappropriately.

Alcohol & Drugs

The report acknowledges that,
"….because of the circumstances in which young people come into care, they are more likely to experiment or become dependant on alcohol and drugs."

It suggests that there has been little done in terms of the recommendations of Another Kind of Home with regard to drug and alcohol use. Young people felt that what was needed was a clear and pro-active policy to be in place. More information for young people would be useful and workers and carers should have responsibility for promoting positive healthy lifestyles for young people. Other reports such as the Who Cares? Trust report Remember My Messages tell us that young people often do not recognise drinking and smoking as risky activities. In the last few years the Government has been pro-active in developing strategies to help combat the negative effects of drug misuse amongst the young. An example of this work is The Lloyds TSB Foundation Partnership Drugs Initiative.

Running Away

The report highlights a number of concerns around running away. A few of these are encapsulated in this comment,
"Who Cares? Scotland is critical of the usual response to young people who are missing. Residential care still too often limits itself only to the care of children and young people within the residential establishment. When they step outside the four walls, responsibility appears to cease. Safety then becomes a police matter, and when young people return, the response can be critical rather than caring."
The report suggests that the provision of refuges for young people is a good idea.

Safety in Foster Care

The report discusses the isolation that some young people living in foster care can feel. Young people have told Who Cares? Scotland that they would prefer foster care to be monitored. The report maintains that whilst anti-bullying strategies are becoming more widespread in residential care, there is an absence of this in foster care. It also raises concerns that the number of changes of placements in foster care undermines young people's security, self

esteem and confidence. It stresses the importance of independent advocacy to young people in foster care.

Uncovering Abuse

The report recommends that complaints procedures should be young person friendly. It maintains that whistle-blowing can only be effective if it is accessible and confidential. "All establishments caring for children living away from home should have a procedure which enables staff to blow the whistle" Kent (1997).

The National Care Standards document *'Care Homes For Children and Young People'* defines whistle-blowing as, "the disclosure by a member of staff of confidential information that relates to some danger, fraud or other illegal or unethical conduct connected with the workplace." Some protection is afforded to the whistle-blower by legislation.

The Feeling Safe? report shows us that young people have great insight into their own problems and the problems inherent within the care system. Their experience and this insight allows them to make some very practical suggestions which are not influenced by resource restrictions or other adult prejudices. How carefully are we listening to them?

Complaints & Concerns

"Complaints procedures should be more child and parent friendly…all establishments must maintain complaints logs which are reviewed by external managers. Complaints should be summarised and monitored statistically in terms of the types, source and outcomes. Trends should be noted and investigated. Records of complaints, including those in secure units, must be provided to Inspectors for monitoring." Kent (1997).
"All young people and children in residential care should be able to make a confidential complaint without the knowledge of the staff of the home. Parents of young people and children in residential care should similarly be able to make a complaint in confidence." Skinner (1992).

Kendrick and Smith (2002) tell us that there is a need to tighten up complaints procedures and almost without exception this has been highlighted in recent major inquiries. Care Standard 18 in 'Care Homes for Children and Young People' deals with complaints but Kendrick and Smith state research e.g. Frost and Wallis, (2000) has shown us that young people do not have great faith in existing procedures and that more must be done. In England and Wales there is a proposal to give a legal right to advocacy to children who wish to make a complaint.

Restraint

One area which generates many complaints from young people is physical intervention – Another Kind of Home gave practitioners a step for a hint in relation to care and control and the use of sanctions when it included *'Care Sanctions and Constraints: Draft Guidance For Consultation'* Skinner (1992)

The draft detailed permitted sanctions and controls which are not permitted it also made suggestions around when and how to use physical restraint, stressing the importance of consistency and training. Although care and control is referred to in the guidance which accompanies The Children (Scotland) Act 1995, *'Scotland's Children Volume 2 Children Looked After by Local Authorities'*, there is a specific gap in existing guidance.

Meg Lindsay, former director of the Centre for Residential Child Care (CRCC), discusses this gap in her article, *'Physical Intervention – The History & The Issues Involved'* (2000). This provides a very useful examination of a complex and contentious area of residential child care practice. Lindsay starts off by acknowledging that the debate over the use of physical intervention techniques in residential settings has been raging and rising during the 80's and 90's. She maintains that, "…as the average age of young people in residential homes and schools has risen, and the degree of damage they bring with them has grown, ….. the resultant level of violence in units in residential care has increased". She usefully defines the terms 'physical intervention' and 'restraint' before going on to explain that before the mid 1990's, agencies did not tend to adopt formal systems of physical intervention and restraint. She explains,
"There was considerable resistance to the concept of formalising policy on and training staff in methods of physical intervention, the view being that this might encourage its use in preference to non-physical interventions. Legal considerations were prominent, and there was anxiety that laying hands on children might lead to charges of assault against staff."

Lindsay maintains that between 1995 and the late 90's most local authorities and some relevant voluntary agencies had selected one of the available range of formalised methods of physical intervention on which to base their policy and train their staff. She says "Part of this may have arisen from the recognition by agencies that the legal backdrop was a good deal more complicated than had previously been recognised."

She goes on to give a short synopsis of the legal issues involved as fully set out in a position paper *'Physical Restraint – Practice Legal, Medical and Technical Considerations'* CRCC (1995). She alludes to the history of the development of TCI, Moran and Calm in her short paper. She concludes that there are three relevant areas of law to be considered in relation to physical intervention. These are, criminal law, civil law and employment law. She maintains that as few cases come to court there remains a degree of uncertainty in this area. She says: "……. the legal risks faced by agencies are many and can equally threaten them whether or not a physical intervention has been used."

The Department of Health, *'Guidance on Permissible Forms of Control in Children's Residential Care'* (1993) was for a long time the main response. Lindsay tells us that it contained no list of criteria for the choice of acceptable techniques of physical intervention. The position was apparently made a little clearer in 1997 with the publication of, *'Clear Expectations, Consistent Limits'* (CRCC) This work was commissioned by and recommended for use by the Social Work Services Inspectorate. It was aimed at residential staff, and does contain a listing of aspects of acceptable methods of physical intervention, whilst still not specifically advising any particular individual model.

In 1998 The Department of Health and the Scottish, Welsh & Northern Ireland Offices, produced *'Taking Care, Taking Control'* a training pack aimed at residential staff and containing a listing of criteria for acceptable restraint methods.

Lindsay says of the 1997 and 1998 publications, "The two listings in these respective documents are not identical. This apparent reluctance by government formally to state the criteria by which methods of physical intervention can be assessed and selected by agencies in the social care sector has been less than helpful."

The British Institute for Learning Disability published *'Physical Interventions – A Policy Framework'* Harris, Allen, Cornick, Jefferson and Mills (1999). Lindsay says "This document is a very valuable summary of the issues in the choice and management of systems of physical intervention – hence renewed government interest in the possibility of adopting some of the criteria advocated by BLD for more general use across client groups."
She concludes "… no government guidance has been issued which specifies the actual method of physical intervention which should be used….. However the choice of a method, or even the criteria which should guide the choice of a method, is difficult, to push this matter forward, much more emphasis must be placed on gathering accurate information about the impact of the various techniques, and much more open and rigorous debate is needed about the why, how and when of physical intervention in residential settings for young people."

As at October 2003 SIRCC have commenced work on a piece of research which it is understood will be completed by summer 2004. The research is being conducted by Andrew Kendrick and Kirstie MacLean and is provisionally entitled, *'Young people's and residential workers experiences of physical restraint in residential child care'.*

It is always a source of great sadness when yet another report follows a tragedy in care particularly when mistakes seem to be repeated year upon year. The following article seeks to take a somewhat fresh perspective on things by avoiding concentration on processes.
'Factors Associated With Abuse in Residential Child Care Institutions' Matthew Colton, Children & Society Volume 16 (2002) examines failings in relation to staff recruitment training and supervision; ineffective management and systems of accountability; the development of inappropriate institutional cultures; public ambivalence towards children in care; slow footed response to the threat posed to children and young people by dangerous men and other young people in care; and long-term policy failure to develop coherent and integrated systems of child welfare in the United Kingdom.

The author considers each factor and in conclusion discusses how if you put them altogether we fail to protect young people. Although the references to inquiries, reports and legislation within this article are mostly English the author addresses problems within the care system which are common to Scotland also. Whilst provocative in places and quite condemnatory in a general sense, anyone involved with residential child care reading this article in full cannot fail to be aware of a familiar resonance.

The author cites in his introduction a disturbing catalogue of abuse from the *'Pindown Report'* (1991) on how young people in Staffordshire were subjected to cruel regimes of social isolation to *'Lost in Care'* (the Waterhouse Report 2000) following the tribunal set up to look into child abuse in residential establishments and foster homes in North Wales since 1974.

Colton states,
"Despite the profusion of official inquiries the author maintains remarkably little serious attention has been paid to the possible factors associated with the abuse of children and young people in residential institutions."

He considers that abuse in residential care settings cannot be accounted for by any single factor but that it is an interplay of a number of things as detailed above. He questions the lack of adequate preventative work to save young people from coming into care in the first place and questions how positive the experience of care is for young people. The author claims that, "The last three decades have seen the progressive decline of residential care in all European countries, with a corresponding growth in foster family care. Despite attempts to make residential care a positive choice in the UK (See National Institute for Social Work, 1988), this trend is much further advanced here than in most other European Union countries."

Colton quotes statistics from Holland and Belgium in support of his contention.
"In Belgium, 60 per cent of youngsters placed away from home live in residential care (Colton and Hellinckx, 1994). By contrast in the UK residential care has long been undervalued and seen as a "last resort" for troubled and troublesome children and young people. Not surprisingly, innovation has been limited and the UK is some distance from the leading edge of developments in group care."

He feels,
"It is vital that we rise to the challenge and provide skilled, imaginative, child-centred care and after care for all children placed away from home."

The author acknowledges that there have been moves forward in the UK in the last few years and talks particularly about William Utting's, *'Safeguards for Children Living Away From Home'* (1997) and *'Quality Protects'* (1998), the three year programme designed to transform the management and delivery of social services for children in England. In addition there has been the creation of the General Social Services Council. In Scotland we have similar advances stemming from Kent and also from the creation of the Council and Commission mentioned earlier in this review. Our nearest equivalent to the Quality Protects initiative include the *'Strategic Framework for Children's Services and For Scotland's Children'* (2001). A report on better integrated services for children and young people. A six point action plan was produced which has been developed to improve the integration of children's services.

Colton is of the opinion that residential child care, even with some improvements, is still the poor relation of a developing social work profession. He pays tribute to residential childcare staff and praises their efforts despite having been undermined by a catalogue of instances of abuse in residential child care establishments.

Warner (cited by Colton) argued that,
"there is….no strong ethos around children's homes, as there would be with medicine or nursing, to act as a partial safeguard against abuse and exploitation of vulnerable young people."

According to Colton, Waterhouse reveals a complete failure of management and accountability at every level. Colton goes on to look at institutional cultures. He examines the relationship between bullying and the abuse of power and how the existence of that abuse of power can facilitate a corresponding abuse of power by the child sexual abuser. He highlights how some residential institutions for young men typically had macho cultures. In these cultures one could see examples of callousness, cruelty, unconcern and a lack of interest and affection towards boys. This description fits one of the establishments discussed in the Waterhouse Report, a place where sexual abuse had occurred. Other features of the macho culture were physical

assaults by staff. Bullying of residents by other boys was tolerated and indeed it may even have been encouraged by some staff as an integral part of the system of institutional control and containment. The author explains that this macho culture made the boys feel isolated, unsupported, unloved and generally uncared for. The Waterhouse report tells us how an abuser cunningly exploited this vulnerability.

Colton also looks at the status of children in public care as a contributory factor and tells us, "The poor law legacy persists in attitudes towards dependent and powerless groups. In relation to children and young people placed away from home, the public attitude is largely one of indifference or, at best, ambivalence. Although generally sympathetic towards child victims of abuse, there is long-standing anxiety about the threat to social order presented by troubled and troublesome youth. Ambivalence is further fuelled by the social class background of these young people and, bearing in mind the disproportionately large numbers of black children and children with disabilities placed away from home, by factors such as racism and negative attitudes towards disability."
The article makes the point that although there have been numerous recommendations from inquiries and reports which Governments have accepted in full or in part at different times, they have not given the resources to achieve change nor have they systematically followed up on how many recommendations were actually implemented. Whilst the present Government has taken steps to improve pre-employment screening of child care workers, there have been serious questions raised as to the ethics and effectiveness of the screening measures. Colton says,
"Although initiatives such as Quality Protects can contribute to raising overall standards they are not designed to address the fundamental causes of child sexual abuse."

In conclusion Colton states,
"The shortcomings highlighted in the Waterhouse report are by no means restricted to North Wales and are still prevalent across the UK……..In truth, services for our most vulnerable children are beset by problems of quite awesome magnitude; they are a national disgrace, and do not even approximate the standards to which any civilised nation should aspire and which exist in other European countries. Political consensus and long-term commitment are required to bring about fundamental improvements."

This is a fascinating article with a great deal of food for thought only some of which has been touched upon in this short glimpse.

Staffing Matters

As can be seen from reports which have gone before, young people have consistently told us that they want to be involved in staff recruitment. They have clear ideas as to what makes a good member of residential care staff and are aware that the quality of staff recruited to care for them can have a profound effect on their welfare. Whilst, it is acknowledged that this is a time of great transition for staffing within the residential child care setting, for a long time there has been anxiety and uncertainty around the adequacy of safety checks and the necessary qualifications for residential care staff.

In 1992 Skinner made the following recommendations in respect of these areas:
"In general, salaries and conditions of service of residential child care staff should be improved in order to attract and retain staff with sufficient ability and qualifications…the Scottish Office should fund the establishment of a centre for consultancy and development in residential child care. The specification for the centre should be drawn up after consideration with relevant bodies."

These were followed in 1997 by another set of equally important recommendations with regard to staffing issues from Kent. Some of these were:
"The Scottish Criminal Records Office should maintain a list of people who have already been vetted. This list will enable the police to inform employers, or a new register, of people employed in residential child care who have committed an offence…there should be a new Consultancy Index created for those with access to children."

Under the forthcoming Protection of Children (Scotland) Act 2003 legislation will establish an index of adults unsuitable to work with children. It will be a criminal offence for those on the index to seek work with children and young people and agencies will be under an obligation to inform the index if they have let someone go because of such concerns.

"A National College should be developed providing induction training, learning support for SVQs, post qualifying training and 'conversion' training for SVQ holders to obtain the Diploma in Social Work, and for those who have other qualifications to obtain a Diploma in Therapeutic Child Care."

Overall Kent's view was that we were not tight enough in our recruitment of carers or residential staff and that we required to be "more thorough in our assessments and more organised in our processes."

This view was echoed in an article which appeared recently in the Scottish Journal of Residential Child Care *'Searching for the Holy Grail – Excellent Staff and Carers who Work with Children'* Kate Skinner (Feb/March 2003)
In this short article Kate Skinner provides a useful history of the search for excellence in residential child care. She starts by referring to Utting's report, *'Children in Public Care'* (1991) and moves on to Warner '*Choosing With Care'* (1992), before mentioning Scotland's 'Another Kind of Home' Skinner (1992). She concludes at the beginning of her commentary that-
"…a quick glance around Scotland today would show that since the early nineties not much has changed."

In 1998 the Scottish Office made funding available to a consortium of 4 local authorities to work on the development of a Toolkit for the recruitment and selection of social work staff and carers who work with children. The Scottish Recruitment and Selection Consortium undertook a comprehensive programme of research, testing, piloting and consultation on recruitment and selection methods. The Scottish Executive published the Toolkit in March 2001.

The Consortium looked in great detail at a number of examples of recruitment and spent a considerable amount of time developing lists of capabilities for posts relevant to different social care and social work positions then they studied a range of selection methods. Kate Skinner, tells us that research evidence has identified the "many and significant weaknesses" of this method but that the move away from a panel interview as the main or only method

towards the more extensive process seems to have been hard to achieve in social care.

"Good practice demands that we should find ways of involving young people in the selection of the staff and carers who work with them. (Kent, 1997; Kiraly, 1999)." It is essential that young people are involved but that the nature and extent of that involvement is made very clear to them and that they are comfortable with it.

In this article Kate Skinner describes what an ideal process would look like. Spread over three days, day one applicants would produce certificates, evidence of identity etc and have a screening interview and a personal interview. She says that a personal interview is designed to "ensure that applicant's boundaries are not likely to be problematic by exploring attitudes to issues such as sexualised behaviour and child abuse." Day two applicants would attend a range of relevant group and individual exercises and day three the selectors would get together for their decision making.

The author concludes,
"Service users, children and their families will be able to have confidence in a process that is as good as we know how to make it. Given the very high profile accorded to some of the past institutional and foster care abuse, it must be a source of some anxiety to children and their families that something similar might happen to them. This fear will compound the complex and painful feelings experienced by children and their birth families at the separation they must endure."

The future use of the Toolkit will be a matter for discussion with the Scottish Social Services Council and the Care Commission.

The two reports which follow *'Not Just A Name'* (1993) and *'Remember My Messages'* (1998) were compiled by the Who Cares? Trust. It is interesting to examine their findings and to ascertain whether the young people felt there had been any changes in the interim period. Like many other reports which contain the views of young people the recommendations which come from Not Just A Name are a hybrid. The authors explain,
"Proposals for action arise from every section of this report. Many are suggestions from the young people themselves. Others are our response to the concerns they have expressed."

The main points of note from the report are that 1 in 8 of the young people felt they had absolutely no say in decisions about their daily lives. The young people were very concerned about pocket money, bedtimes and police checks. They wanted freedom to see who they wish, more choice of clothes and food, more contact with family and their privacy to be respected. The great majority said positive things about their social workers but more than a third of those in residential care felt that their schooling was worse as a result of being looked after. Regrettably, many of the young people's comments revealed an intolerable lack of involvement in decisions crucial to their lives. One quarter of young people in foster care did not know how to make a complaint. The figure was 1 in 7 in residential care. The report examined a number of broad headings from daily life in care, contact with family and friends, to discrimination and complaints.

Daily Life In Care

The report recommended that local authorities make sure that young people are fully involved in meetings where decisions are being taken concerning their daily living. It entreats the local authorities to develop and sustain groups for young people in foster care and residential care. These groups would meet regularly and discuss issues that concern them. The practical problems which surround police checks have been a recurring theme in reports over the past 10 years.

Relationships With Staff And Carers

More than one quarter of those in foster care and 2 in 5 in residential care said they didn't see their social worker enough. The report suggests that local authorities should ask young people about the service they are receiving from their social workers and recommends that social workers should treat young people with respect as service users.
"They should return calls and keep appointments, or give reasons promptly for failing to return calls and keep appointments."
"Local authorities should review whether social services staff are meeting their commitments to young people, as distinct from commitments to the young people's families and carers."
These very points, in relation to respect for service users and the problems around police checks, were re-iterated in Edinburgh's Children (1999).

Contact With family And friends

Obstacles to contact included family not being allowed to visit, costs, supervision of contact and complicated family relationships. One quarter of young people in residential care and one third in foster care said they weren't able to visit friends and neighbours where they used to live. Problems included distance, feeling unsafe or unwelcome, court ordered restrictions and intrusive police checks. The report comments that,
"It seems that the amount of contact with family and others may often be determined by the availability of resources, and that policies do not take account of young people's changing feelings and wishes about contact."
The report's recommendations on this matter include the suggestion that local authorities should enable young people to be visited in residential homes by both family and friends. Where young people are placed a long way from home local authorities should make sure that there is an adequate budget for regular visits from families and friends. It is important that local authorities facilitate contact between the young people they look after and their siblings. Telephone access was important to the young people and they stressed that local authorities should give all young people a phone call allowance, whether they are in residential or foster care. They should make sure that young people in care can use the telephone in private and that they have access to one that works. Again it is interesting to note that the recommendations in relation to contact and in particular in relation to the use of telephones and privacy are still being recommended some 6 years on in Edinburgh's Children (1999)

Care Planning

About 1 in 6 young people in both residential and foster care said they were not asked before plans were made to move them. The report recommended that steps need to be taken by local authorities to ensure that young people in foster care are not inhibited by the presence of their carers from participating fully in meetings. Young people should always be asked for their views in relation to their future. The report observes that the respondents want to be listened to, respected and taken seriously.

Discrimination

1 in 4 young people in both residential care and foster care felt that they were picked on or treated unfairly. The main complaint from those in foster care in this respect was that they felt their status in foster families was not the same as other young people in that they were not treated as real members of the family.

Complaints and Concerns

Over half of the complaints of those in residential care were about bullying by other residents. One third were about unfair treatment or favouritism by staff. About 1 in 6 in both residential and foster care felt that there was no-one they could talk to when things went wrong. In detailing its conclusions and recommendations the report stated,
"Too many of the young people suffered threats, bullying and being picked on by other residents in residential care. Those who felt they were treated unfairly in foster care felt that there was little they could do to make things better."
Some young people felt that complaints procedures were ineffective, or they were too scared to use them.
"Those in residential care feared punishment or sanctions for complaining and those in foster care feared either moving back to a children's home or reduced choice about future placements." The report goes on to suggest that local authorities should make sure that there are clear codes of conduct in existence and they must act quickly when complaints are received from young people. In particular,
"Local authorities should urgently review the effectiveness of the complaints system they have set up under the Children Act. They should find out from young people what would improve these procedures."
"The Department of Health should seek out the views of young people when monitoring the effectiveness of procedures set up by local authorities under the Act."

The report concludes with some further direct comments from young people in relation to matters of general interest and importance, such as care, privacy, stigma and discrimination.
"Many young people feel safer and protected from earlier experiences, but having been removed from those experiences they feel dumped and punished by a care system, which also stigmatises them. They have problems to resolve and feel uncertain about their futures. They do not have the skilled help they need to enable them to deal with earlier painful experiences and their sense of loss."
"One third of all of the young people were not able to use a phone in private when they needed help."

"In attempting to cope with constant stigma, especially at school, many are forced into leading a double life-keeping quiet about their care status…….They are subject to much professional probing, and experience bullying and rejection by their peers. Strategies must be devised for reducing the stress they experience, not increasing it."
The report concludes with the words,
"They should be asked what they feel, what they think, what they want. Unless they are asked, no one will know. Many of them will remain-just a name."

Remember My Messages (1998) subsequently takes an interesting and thorough look at the care experience of a large number of young people throughout the United Kingdom. It ranges over all of the important aspects of their lives from pocket money rates to safety, bullying, contact and education. The report provides us with some idea of the types of changes looked after children and young people would like to see. This follows on from sections in the report which identify the best and worst things about care in the opinion of the respondents. There are 9 main themes. The report presents these themes in list form as follows:

Allowances – more pocket money; more clothing allowance; transport allowance.

Care system, practicalities - more/less visits from social worker; less waiting for decisions; more support for carers; choose own accommodation; meet carers before moving on; better checks on foster parents; less moving; less staff changes.

More freedom/independence - more freedom to be out; more privacy; more say.

Particular rules/restrictions - bedtimes; sleeping out; permit smoking; no restraints.

Care system-policy issues - better social workers; less budget cuts; more foster homes; no reviews; better staff; no police checks on friends; less children in care; social services try not to split families; ban children's homes; change public view of care.

Quality of life - better food; more activities/outings; better accommodation; more holidays.

Emotional /support issues - make sure people are happy; more support for care leavers; support groups; counselling/advice service.

Contact with family/friends - see family more often; having to see family; let friends stay; more time with friends.

Quality of social environment - more discipline; less bullying; treat everyone equally; more family atmosphere.

Within the report, young people said that the best thing about being in care is having someone who cares. They also said that the worst thing about being in care is separation from your family. Large numbers of young people (particularly those in children's homes) reported grievances about pocket money, bedtimes, and freedom to be out. The report states that only 57% of respondents were able to state with any certainty that they had a care plan and research findings suggest that 1 in 3 children in public care do not know how to make an official

complaint about the way in which they are looked after. The authors go on to tell us that many young people were unhappy about the level of family contact yet it is acknowledged that recent legislation recognises the importance of maintaining family links wherever possible. The importance of taking the child's views into account is also enshrined within legislation. Given that this is the case the report poses the question why, then, are so many children expressing dissatisfaction with the amount of family contact they have? A supplementary question that comes to mind but that wasn't in the report is why do so many young people not know with any certainty that they have or don't have a care plan?

The report itself recognises the apparent contradiction in the findings relating to health, the authors explain,
"Whilst a vast majority of respondents reported receiving helpful advice and information on a wide range of health issues, many nevertheless admitted to putting their health at risk in various ways."
They reinforce this by going on to say,
"This suggests that, for whatever reason, health education messages are failing to engage many looked after children in a way which is perceived as meaningful and relevant to their lives."
It was noted that in some health matters younger children (those under 11) did not feel as well informed as their older peers. The report poses a number of relevant questions in this section. To what extent are innovative and imaginative ways of communicating health and safety information to vulnerable children being explored? Is it possible to ensure that every child in care, or young person leaving care, has easy access to at least one person, someone to 'be there' for the child?

In addressing types of placement, the report firstly examines foster care.
"In some reports, foster placements appear to be more successful. Children in foster care feel more positive than in other sorts of placements, their attendance and enjoyment of school are enhanced and they receive more advice on health matters."
However it must be noted that,
"Children in foster care were considerably less likely to be aware of having a care plan or of the complaints procedure."
Residential placements engendered another scenario. There appears to be more awareness of being part of the system and of the existence of protective formalities. However, certain more negative aspects of life in residential care previously highlighted are reinforced in the survey. For example there is a higher incidence of risk taking involving smoking, drinking and abuse of drugs and solvents plus poor educational indicators within the residential sector.

The report states that evidence suggests that numerous moves and changes are associated with a wide range of negative indicators. This being so it goes on to pose a number of questions. Why are young people in care subject to so much disruption? How could this be avoided? Does enough planning go into selecting an initial placement? Is enough support provided to support and sustain existing placements?

One of the findings of the survey was that, in some respects, the care experiences of black children were very similar to those of white children. The report recommends that where differences do exist, their significance should be explored, taking all the findings into account.

The conclusions section in this report has a slightly different approach to other reports in that it doesn't simply present a number of suggestions – rather it draws together the findings of the

whole report to highlight a number of underlying themes and emphasise fundamental messages. At the same time it forms questions for elected members, policy makers, local authorities, social workers and carers, such as "Do we know enough about young people in care?"
In answer to this question the report posed a few of its own, are local authorities themselves doing enough to monitor the experiences of the young people they look after? Are they aware of particular local issues and needs? Is it assumed for example that every young person is aware of their care plan and how to make a complaint? How is information gathered and used? To what extent are young people themselves involved in the process?

The report states finally,
"It was rather disheartening to find that the things that respondents most wanted to change about being in care had not altered at all in the five years since the Not Just a Name survey. Specific issues such as bedtimes, pocket money and freedom to go out were widely mentioned, particularly by these in children's homes."
To finish on a positive the report re-iterated that a substantial number of looked after and accommodated children clearly felt that they are really being cared for within the care system, as expressed in their response to the question. 'What is the best thing about being in care?' The young people replied, "Having someone who cares."

Health

The health needs of looked after and accommodated young people are coming to the fore as an area for much needed policy and practice development.
"Local authorities and health boards should review whether they have adequate liaison arrangements in place for overseeing the effectiveness with which the health needs of children in care are identified and met." Skinner (1992).

Achieving the necessary level of integrated working to best promote young people's health needs has not always been a priority for those responsible for residential child care service planning. Throughout this review there is evidence of how the emotional well-being and ultimate mental health of young people can be adversely affected, sometimes by the care experience itself and sometimes by the factors which led the young person into care. Often they can be affected by both. With apologies to the wider health field in which there is currently much activity around looked after and accommodated young people, let us concentrate briefly on mental health and well-being.

Who Cares? Scotland - Mental Health Report (1997) is the last of the four reports referred to previously as directly informed by young people. The report informs us that there is a need for a national policy so that looked after young people receive the same level of support and care of their mental health needs wherever they are accommodated in Scotland. Young people in care have experienced differing levels of available support dependant upon where they live. Services need to be young people friendly and geared to dealing with all the problems young people face. They need to be more flexible than the traditional models on offer. Drop-in services rather than 'appointment-slots' would be useful and services which are available 'out of hours' particularly at weekends, would be very useful to young people. The report felt that more community based alternatives to the medical/psychiatric models need to be explored and that young people need to have the stereotypes they have about mental health and illness

challenged and have some basic knowledge of mental health issues given to them. The author strongly felt that it was wrong to emphasise practical skills to the detriment of developing problem solving capacity when working with young people who were moving on from care. Equal weight should be given to teaching looked after young people problem solving and coping skills. The report invited all voluntary organisations that come under the mental health umbrella to encourage looked after young people to come forward and give their contributions to the debates now happening about the different models of care and support that are being used.

There is no doubt that there is a long way to go in exploring and meeting the health needs, in particular the mental health needs of young people who are looked after and accommodated. It is sad to note that in the recently published *'Mental Health of Young People Looked After By Local Authorities in England'* 45% of looked after children were assessed as having a mental disorder; 37% had clinically significant disorders; 12% were assessed as having emotional disorders and 7% were assessed as hyperactive. A similar study is currently on going and being carried out by the Office of National Statistics in relation to the Scottish care population. The results are due to be published in 2004.

In conclusion, having given consideration to a number of key publications, it is apparent that there remains the need for significant action. However, it would be remiss to suggest that there have not been developments and improvements in the period since 1992. Developments and improvements have taken place, such as, SIRCC, the National Care Standards, the Scottish Commission for the Regulation of Care and the Scottish Social Services Council.

Unfortunately however, the intended beneficiaries of such developments, Scotland's looked after and accommodated young people, clearly state that despite numerous and recurring recommendations, progress for them has been limited.

Section 4

Conclusion

Section 4

Conclusion

This is a very important year for Who Cares? Scotland. We want to mark our 25th birthday by doing two things. Firstly, to publish the words of young people in order to better inform others about the reality of their lives in care. The second is to make sure that their words do not continue to be lost and that their ideas for making things better become a reality. Young people have been candid in the information provided for this report. It is not easy for all of us to hear their sometimes painful messages and accept that we have often failed them in the past, however we must respond to the issues raised by them.

There are and remain opportunities to change and enhance young people's experience of care. It is clear some residential care staff are firmly committed to building positive and meaningful relationships with young people and that this relationship is a major factor towards young people feeling valued and being heard. Furthermore, the emergence of 'bully proofing our unit' and efforts to de-escalate challenging situations have been helpful, as have a variety of measures to include young people's views in hearings and reviews. Additionally, a Commissioner for Scotland will also promote the voice of young people in care. Nonetheless, there also remain considerable difficulties with the care experiences of young people which continue to be more of a lottery rather than an assured result.

Even with some of the recent improvements: the development of SIRCC, the creation of National Care Standards, the Care Commission and Scottish Social Services Council, why are we still hearing such critical reports from young people? Institutionalised bullying, inappropriate and harmful restraints, wrongful restriction of contact, and ill considered and/or inappropriate placements are all current issues raised by young people in care in 2003. Not surprisingly then we also hear reports of residential care staff who are struggling to cope with disaffected young people. The problems of recruitment, training and retention of staff remain with us.

The debate goes on as to whether residential child care is and will remain the poor relation of social work. Some young people and authors suggest that the profession's low self-esteem contributes to its malaise, and that this lack of worth is reflected in limited expectations from staff, low salaries and minimal support and supervision. This may help to explain why we fail to value young people and allow the stigma and discrimination they suffer to continue.

What could help? We know all of the constituent elements that go to make a high quality residential care service for young people. We know what young people are telling us they need and we have tomes of learned recommendations from reports and inquiries. Until now, what we have not been doing is valuing the service sufficiently at either local or national level. Moreover, by valuing the service users, by strictly observing their rights and tackling the stigma and discrimination which surrounds them, and by giving residential child care the status it should merit, both the young people and staff may begin to get the respect they deserve.

Young people have rights and should be able to expect that their lives are made better, not worse, by their entry into the care system. Therefore we have a responsibility and a duty to implement the recommendations as soon as possible. It is a reality that some of the recommendations rely on resources and money, however there are those which depend more on attitudinal and cultural change.

We have a responsibility to respect young people and to ensure their protection. The eradication of bullying in residential care must become a priority and an area of zero tolerance no matter what kind of bullying we are talking about. Incidents of violent restraints must cease and we should no longer accept that injuries are 'inevitable' in our care and control of young people.

In order to best protect young people and to help them achieve their full potential every residential care setting has to evidence a positive, open culture. Where elements of a negative culture are discovered action must be taken to remedy the situation. Where this fails consideration should be given to closing the facility. The effects of negative cultures particularly in group living situations cannot be underestimated when talking about vulnerable young people. Allowing situations which are damaging to persist is not acceptable and is a breach of young people's rights, in particular, their right to safety.

Encouraging young people to express their views and taking them seriously will enhance safety and recognise the right of young people to participate in their care and care plans. If we can promote the skill of listening, as part of the core skills required to be a competent residential worker or foster carers, then we have shown young people that their desire to have someone to talk to and to trust is taken seriously.

Open cultures encourage feedback even when that takes the form of complaints. We have much to do to reach this stage. Many young people currently do not know how to complain, or to whom they should make the complaint or are afraid to do so for fear of repercussions. Who Cares? Scotland staff and Children's Rights Officers should be included in the monitoring and carrying out of complaints at local and managerial levels.

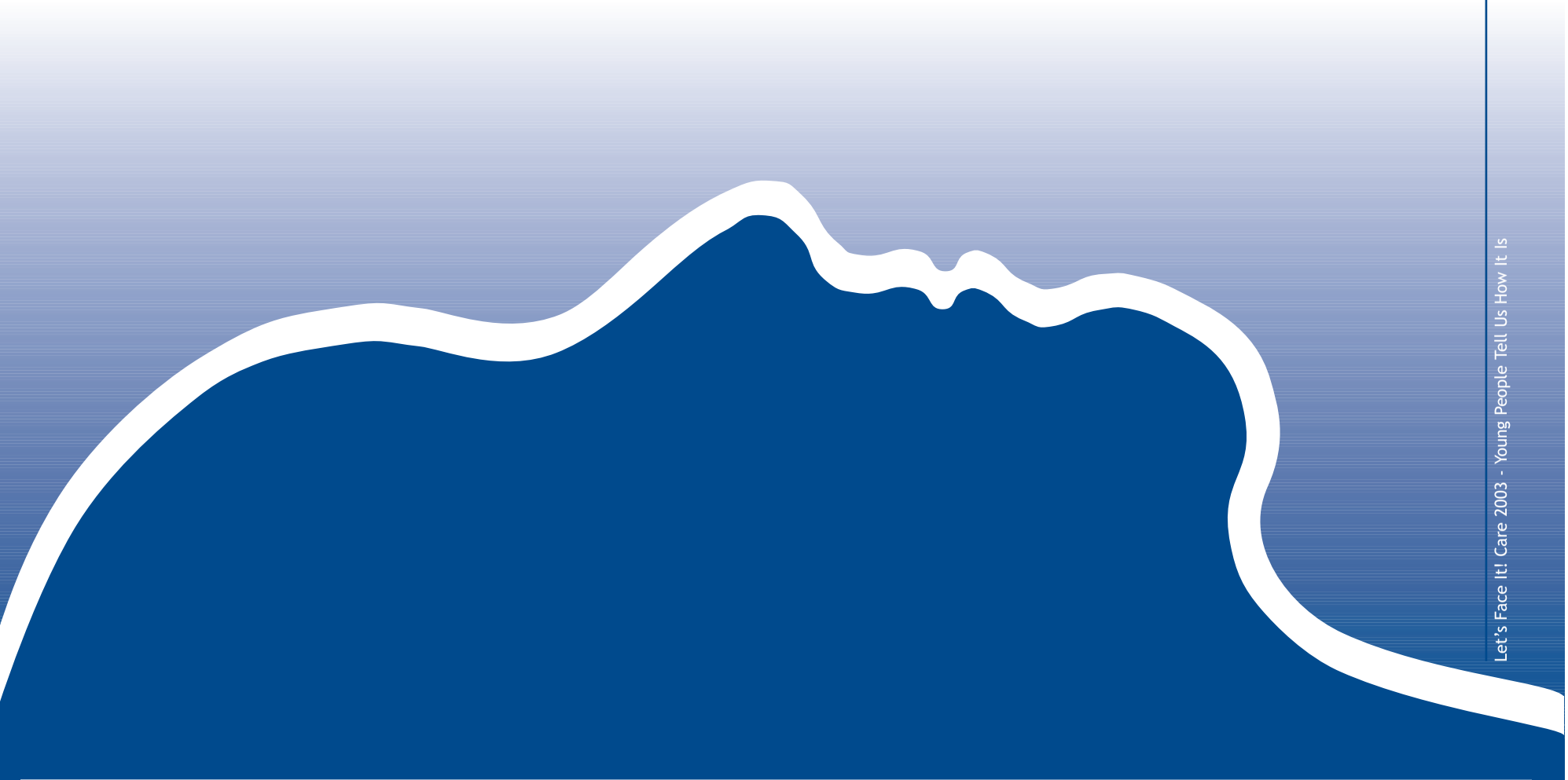
In amongst all of the issues around residential child care, it is important to remember those young people in foster care and, whilst their voice is not heard enough, we will try to listen to their experiences of being looked after in a family setting. This report offers some insight into the positive and indeed negative issues related to living in the privacy of a family home.

And finally, let's face it, we have many lessons to learn from young people in care, and many of them are not unfamiliar to us. Let us look to what could be in the future. This report highlights recommendations to improve the life and life chances of young people in care, and how we can look after them better. It suggests custom and practice that needs to change in order to promote a healthier environment and better relationships in residential care. Young people tell us how it is, are we ready to listen?

Notes

Appendix 1

- **Letters to the First Minister**



Appendix 1

Letters to the First Minister

During the second consultation workshop at Inverclyde each group had the opportunity to write a letter to the First Minister. They were provided with a basic structure and subsequently provided the detail, as denoted here in bold. These letters are reproduced as a single letter for each issue within this appendix. As this was the final consultation workshop and due to the nature of groupwork with young people, not all of the groups completed this exercise.

Dear First Minister,

We are a group of young people attending a conference organised by Who Cares? Scotland, in Inverclyde. In our workshop we were talking about **relationships with carers/ staff.** This meant for us **the moods of staff, sense of humour, choice of key worker, time spent with keyworker, listening, fairness and commitment.**

We thought it was important that you were told about some of the things we talked about as we think you could help to make a difference.

When we were talking about **relationships**, our group identified the following things as problems:

- **Young people are not listed to, or taken seriously.**
- **Young people who are in care being treated as criminals and as non-achievers.**
- **Young people not involved in the interviewing and selection of staff.**
- **Staff who don't really know what young people are going through.**

These are things which affect the lives of lots of young people in care and which should be improved to make our lives better. We also spoke about how things could be improved and have some suggestions (which we have listed below) for you to consider:

- **Staff/Carers/Social Workers should be people who have a better understanding of young people or who had been through the care system.**

- **All staff should have a working knowledge on specific issues relating to young people such as drugs/ alcohol/ physical restraint/ anger management/ verbal abuse/ throughcare and leaving care services/ child rights/ continuity between young people who are living at home and looked after young people.**

- **Staff should have a non-paid period of induction and at the end young people should be consulted as to their suitability!**

- **More encouragement and support for young people in care.**

We know that you are very busy and there are a lot of important things which need your time and attention, but we are sure you will agree that these are very important too. We would like to ask you to read this and pass the information on to the 'right' people – the ones who can make things better.

Thanks for taking the time to read our letter.

Dear First Minister,

We are a group of young people attending a conference organised by Who Cares? Scotland, in Inverclyde. In our workshop we were talking about **trust and quality of care.**

We thought it was important that you were told about some of the things we talked about as we think you could help to make a difference.

When we were talking about **trust and quality of care.** This meant for us **trust, respect and good care,** our group identified the following things as problems:

- **Adults not listening.**
- **Lack of time with social workers.**
- **Lack of understanding young people's needs.**
- **Staff not caring.**
- **Poor quality units/furniture.**
- **Lack of choice in food, decor etc.**
- **Lack of consistency, meaning lack of trust and of feeling safe.**

These are things which affect the lives of lots of young people in care and which should be improved to make our lives better. We also spoke about how things could be improved and have some suggestions (which we have listed below) for you to consider:

- **Young people and adults working together**
- **More staff/social workers and more support**
- **Better interviewing**
- **More money invested in units, better furniture/decoration**
- **More choice for young people**
- **More equality**
- **Make sure workers are consistent**

We know that you are very busy and there are a lot of important things which need your time and attention, but we are sure you will agree that these are very important too. We would like to ask you to read this and pass the information on to the 'right' people – the ones who can make things better.

Thanks for taking the time to read our letter.

Dear First Minister,

We are a group of young people attending a conference organised by Who Cares? Scotland, in Inverclyde. In our workshop we were talking about **Friendship and Support.**

We thought it was important that you were told about some of the things we talked about as we think you could help to make a difference.

When we were talking about **friendship and support,** our group identified the following things as problems:

- **Problems with family contact.**
- **Poor levels of contact with significant adults, friends and family.**
- **Police checks on friends/ families, at times, leads to young people feeling uncomfortable and increased absconding.**
- **Parents not being told where you're placed and then you have to.**
- **Can't depend on social workers, they are not available enough or visiting enough.**
- **Young people not having a say in decisions, not being told what's happening or decision being made.**

These are things which affect the lives of lots of young people in care and which should be improved to make our lives better. We also spoke about how things could be improved and have some suggestions (which we have listed below) for you to consider:

- **Social workers should do what they say they'll do, see you more and be more available to you.**
- **More family contact.**
- **Be able to see friends more.**
- **Contact with siblings more child friendly.**
- **Parents and children should have things explained to them.**
- **More trust in adults and friends whose house you are in, don't always need police checks.**
- **Young people to have a say, be given more information about family.**

We know that you are very busy and there are a lot of important things which need your time and attention, but we are sure you will agree that these are very important too. We would like to ask you to read this and pass the information on to the 'right' people – the ones who can make things better.

Thanks for taking the time to read our letter.

Dear First Minister,

We are a group of young people attending a conference organised by Who Cares? Scotland, in Inverclyde. In our workshop we were talking about **Feeling Safe and Being Protected.**

We thought it was important that you were told about some of the things we talked about as we think you could help to make a difference.

When we were talking about **Safety**, our group identified the following things as problems:

- **Restraint, which is degrading and frightening**
- **Trust – information – who gets it and why, not knowing who you can trust**
- **Privacy, not any place to get true privacy – need locks on doors to get private space, need keys to bedroom, as staff search room without permission, staff knocking and entering at the same time (bedrooms)**
- **Staff exert their power, they decide – young people have no say.**
- **Staff pass on false rumours to create conflict and Staff tell lies e.g. a young person said this about you!**
- **Young people having to live independently/learn to live independently when they don't want to or aren't ready and staff not supporting young people who are trying to live independently.**
- **Bullying, by staff and young people, intimidated because unit consists of 5 boys and 1 girl**
- **Social workers/Unit Managers don't know what unit is really like, not a true reflection when they visit.**
- **Not having a male/female on same shift**
- **Vulnerable young people being put in inappropriate placements e.g. alongside serious offenders, not getting proper facts about the units.**
- **Discrimination by police, community, employers, school. What adults say about us – assumptions made.**

These are things which affect the lives of lots of young people in care and which should be improved to make our lives better. We also spoke about how things could be improved and have some suggestions (which we have listed below) for you to consider:

Improvements:

- **Young people should have a say in the staff employed and be involved in interviews.**
- **Need balance of gender for staff and young people.**
- **Staff need to listen to what you are saying.**
- **Unannounced inspections to get true picture.**
- **Young people should always know who is coming to their unit – window cleaners, different staff etc.**
- **Discrimination should be illegal. Jobs – being treated the same as anyone else applying.**
- **Being able to live at home (in care) over 16 and not be kicked out into the community.**
- **Absconding, train staff to ask young people to talk about their experiences. Provide respite in a refuge for the night.**
- **On return from absconding, staff could give you a bit of space, but also a pro-forma to fill in to identify why young people abscond and how to prevent it.**
- **Staff respecting young people's privacy, confidentiality should be respected.**

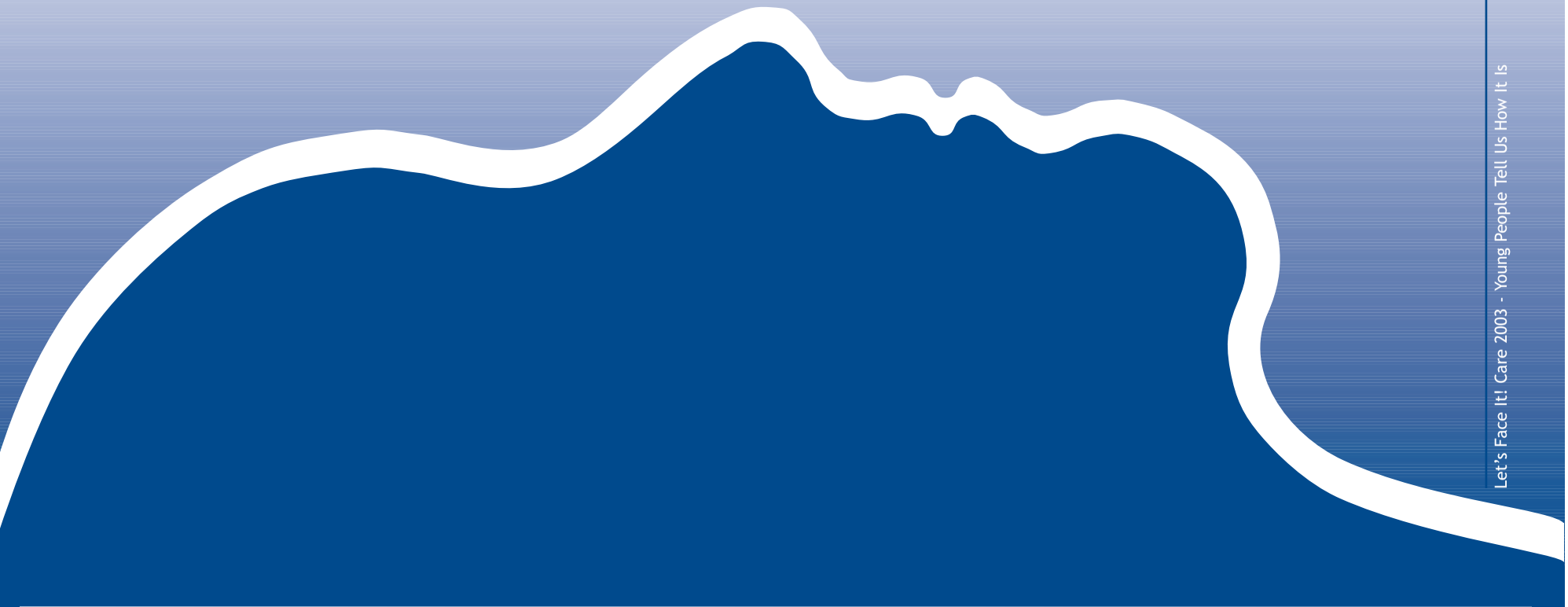
- **Proper training on bullying and restraints. And restraints should always be used as a last resort. All bruises and marks should be photographed and reported to CRO. Questions should be answered and recorded.**
- **Appropriate staff cover to meet all children's needs. Should be a calm room with music.**
- **Complaints should be dealt with by independent person and feedback to young people.**

We know that you are very busy and there are a lot of important things which need your time and attention, but we are sure you will agree that these are very important too. We would like to ask you to read this and pass the information on to the 'right' people – the ones who can make things better.

Thanks for taking the time to read our letter.

Appendix 2

- **Interview Questions**



Appendix 2

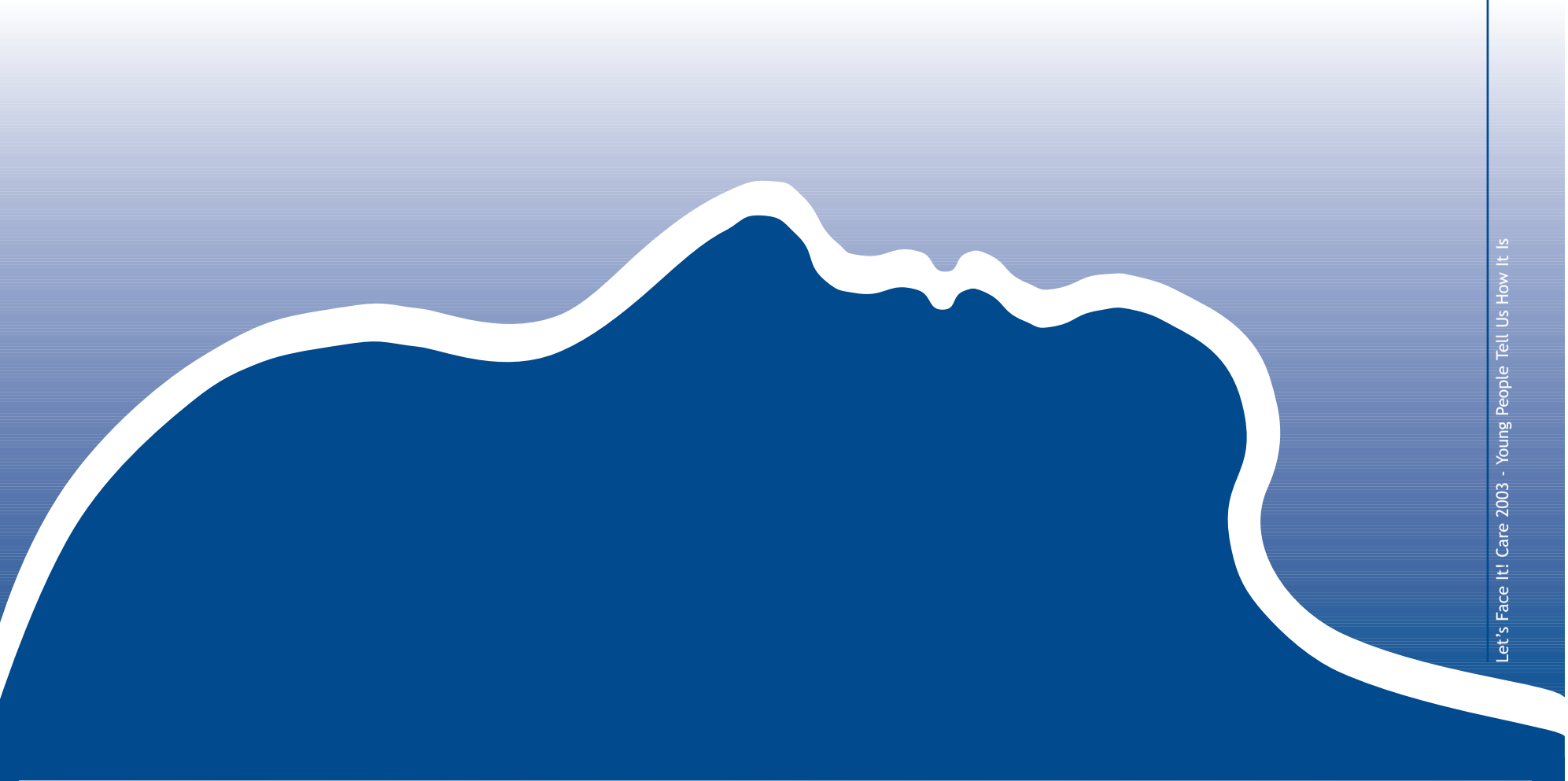
Interview Questions

Listed below are the semi-structured interview questions used with young people. Where 'relevant issue' appears in brackets the interviewer interposed the issue being discussed; Safety and protection; Relationships with care staff/trust and quality of care; Family; or Friendship and support.

- Any question which invites the young person to discuss the music they like, why s/he likes it and what it means to them. (Ice breaker)
- What do you think are the issues affecting young people today?
- Are there differences for young people in care?
- From your experience can you tell me about being in care and [relevant issue]?
- What have been some of the good things and some of the hard things?
- How were you helped to understand the way things happened and the decisions made about you?
- Can you tell me three ways others could have made things better for you?
- In what ways were you asked for your views in relation to [relevant issue]?
- Do you think what you say is listened to and taken seriously? Why?
- What do you think are the most important issues for young people in care in relation to [relevant issue]?
- What changes, if any, do you think need to happen in relation to young people in care and [relevant issue]?

Appendix 3

- References



Appendix 3

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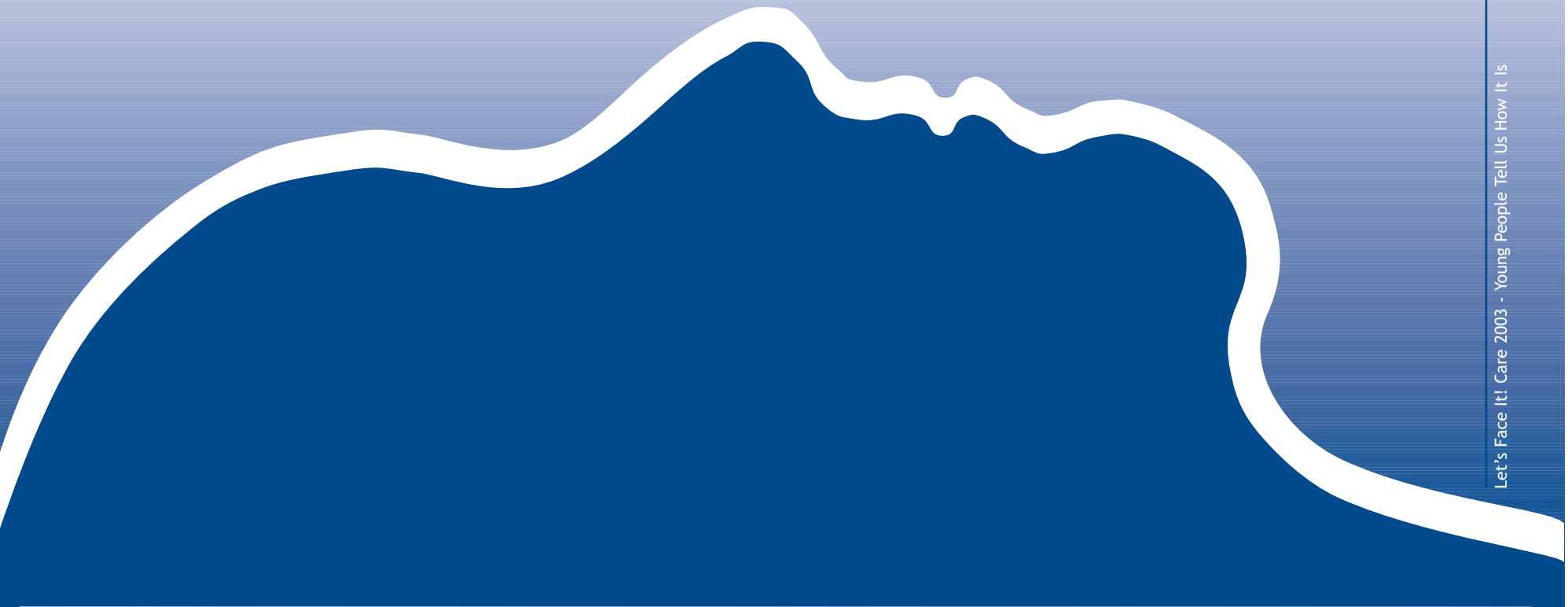
Notes

Appendix 4

- **Extracts from the UN Convention on the Rights of the Child**



Appendix 4

Extracts from the UN Convention on the Rights of the Child

Listed below are the principles and articles of the United Nations Convention on the Rights of the Child (UNCRC) referred to in the recommendations of this report.

Principles

The principles of the UNCRC are contained in articles 2, 3, 6 and 12.

Non-discrimination
These rights apply to all children without exception.

Best interests of the child
The child's best interests should be central to all decisions which affect their lives.

Survival and Development
Children must be given the chance to develop fully, in all aspects of their lives.

Participation
Children have a right to express their views and opinions and have them taken into account.

Articles

Article 2 *Non-discrimination*
The principle that all rights apply to all children without exception, and the State's obligation to protect children from any form of discrimination. The State must not violate any right, and must take positive action to promote them all.

Article 3 *Best interests of the child*
All actions concerning the child should take full account of his or her best interests. The State is to provide adequate care when parents or others responsible fail to do so.

Article 6 *Survival and development*
The inherent right to life, and the State's obligation to ensure the child's survival and development.

Article 8 *Preservation of identity*
The State's obligation to protect and, if necessary, re-establish the basic aspects of a child's identity (name, nationality and family ties).

Article 9 *Separation from parents*
The child's right to live with his/her parents unless this is deemed incompatible with his/her best interests; the right to maintain contact with both parents if separated from one or both; the duties of the State in such cases where such separations result from State action.

Article 12 *The child's opinion (Participation)*
The child's right to express an opinion, and to have that opinion taken into account, in any matter or procedure affecting the child.

Article 15 *Freedom of association*
The right of children to meet with others, and to join or set up associations, unless the fact of doing so violates the right of others.

Article 16 *Protection of Privacy*
The right to protection from interference with privacy, family, home and correspondence, and from libel/slander.

Article 18 *Parental responsibilities*
The principle that both parents have joint primary responsibility for bringing up their children, and that the State should support them in this task.

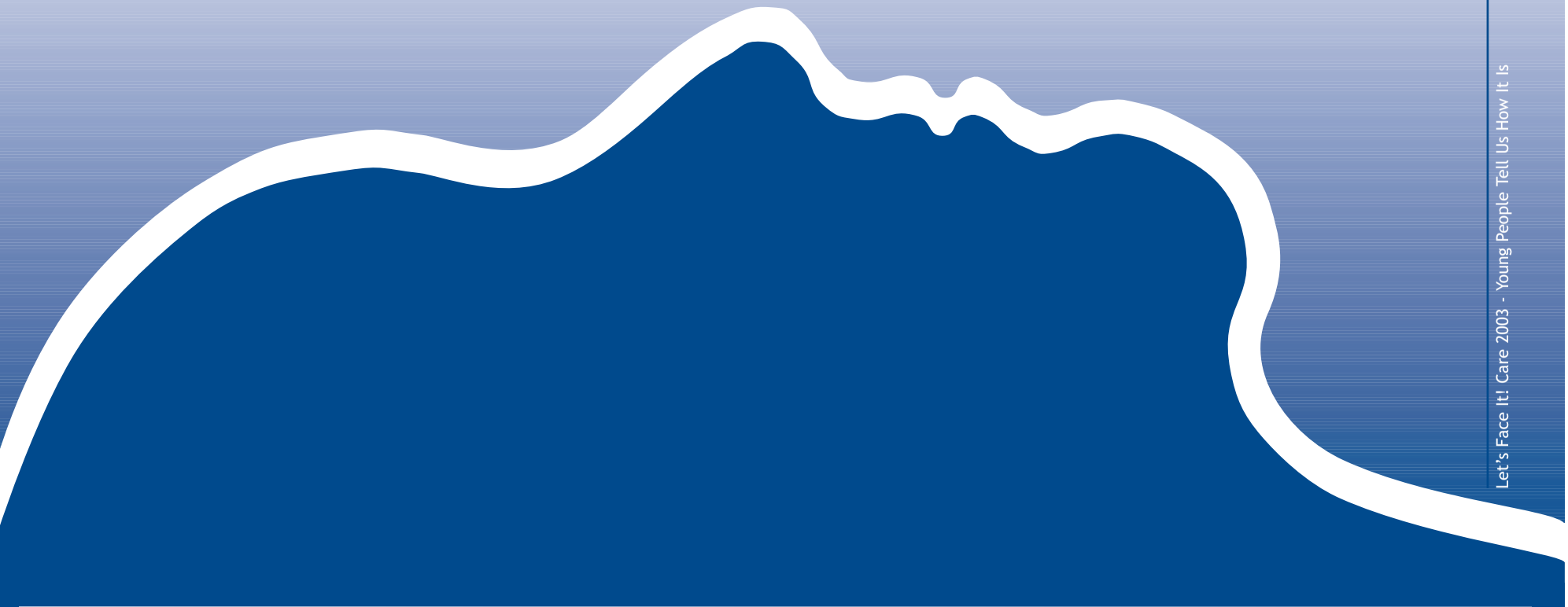
Article 19 *Protection from abuse or neglect*
The State's obligation to protect children from all forms of maltreatment perpetrated by parents or others responsible for their care, and to undertake preventive and treatment programmes in this regard.

Article 20 *Protection of children without families*
The State's obligation to provide special protection to children deprived of their family environment and to ensure that appropriate alternative family care or institutional placement is made available to them, taking into account the child's cultural background.

Notes

Appendix 5

• Summary of Recommendations



Recommendations

The recommendations set out below are drawn from all of the young people's views on this subject. Ultimately, their desire for a positive care experience is the driving force behind these recommendations. It is hoped that policy makers and practitioners will receive them not as criticisms, but as the young people intended, an opportunity to further develop and improve care services.

In the course of the consultations it became apparent that many fundamental rights are still denied to some young people. Whilst many of the young people did not refer to them as such, rights are intrinsically linked to the issues and themes contained in this report. The basic principles of the United Nations Convention on the Rights of the Child (UNCRC); Non-discrimination; Best interests of the child; Survival and development; and Participation, underpin the recommendations listed below and therefore should be given full consideration.

My Care Experience

- Explore and address the right to be protected from discrimination as stated in Article 2 of the UNCRC, with particular attention to issues of respect, stereotyping, stigma and negative discrimination for looked after and accommodated young people

- Promote understanding of the reasons young people are admitted into care and challenge the culture of blame attached to being in the care system

- Identify and promote Article 12 of the UNCRC: the right of young people to express their views freely in all matters affecting them with particular attention to such representation in social work reports, care plans, children's hearings and reviews

- Ensure Article 12 and Article 3 (Best Interests of the Child) of the UNCRC are examined in relation to working with young people in order to ensure the impact of service is beneficial and as intended

- Recognise and encourage that listening to young people and taking their views seriously engenders trust and promotes participation in decision–making and indeed participation in other aspects of the young person's life

- Scrutinise and evaluate the decisions made and action taken in relation to young people's lives

- Further promote understanding and discussion on the principles of confidentiality and privacy in terms of their relative and discretionary use, and their relationship to child protection

- Work towards de-escalation practice and non aggressive methods of intervention in residential child care

- Proactively work with young people to offer support and assistance

- Acknowledge and document young people's experiences through care by including photographs, life story work and diaries as part of the care plan, and that such documentation moves with the child

- Identify the means by which young people can visit previous care placements and consider a mechanism by which young people can retain relationships after leaving a placement

- Investigate the reasons for the high turnover of residential staff and also the lack of retention of residential child care staff, and examine the use of short term contracts, sessional staff, and the impact of these arrangements on young people

- Reassess and provide preparation and training for new residential child care staff with particular attention to their understanding of young people and why they are in care

- Reassess and provide training, supervision, and appraisal for all residential care staff as part of good and safe child care practice

- Recognise that young people value advocacy and that the best possible advocacy service depends on the acknowledgement of their right to be heard and partnership between all relevant agencies

My Safety in Care

- Further explore and implement Article 19 of the UNCRC which states that state parties apply all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents, legal guardians or any other person who has care of the child

- Address the protection of children without families as stated in article 20 of the UNCRC, specifically the state's obligation to provide 'special protection' for children deprived of their family environment, and to ensure that appropriate alternative family care or institutional placement is made available to them

- Acknowledge that many young people are in care due to a lack of protection alongside the assumption that they are safer in care

- Further develop the knowledge and skills required to identify and respond to the bullying of young people by their peers

- Further assess and plan the work with communities to reduce the bullying of young people by the community

- Implement training for staff on the use and abuse of power including an exploration into the use of bullying as inappropriate and damaging practice

- Promote the fact that young people feel safer in an environment where verbal and physical aggression are kept to a minimum

- Understand that young people will not feel safe with new members of staff and that a degree of safety comes with the building of a relationship

- Rethink and question the use of restraint as common practice, to evaluate the use of restraint and its effectiveness to date, and to train adults in other methods of intervention in order to make clear it is used as a very rare and last resort

- Ensure a fully comprehensive and understandable complaints procedure is in place, including creating a culture that complaints are taken seriously

- Work in partnership with Who Cares? Scotland and Children's Rights Officers to promote young people's views and support the making of complaints

- Develop further understanding of the relationship between young people's mental health and safety and protection matters, and to make links between the occasional lack of safety in care and the impact of this on young people's mental well being

- Provide therapeutic services that address mental health issues for young people and provide support for them

- Provide training on young people's mental well being and therefore support adults to support extremely vulnerable young people

My Personal Life

Family

- Demonstrate a fundamental commitment to contact and the value of family – irrespective of dysfunctional background, inline with article 8 of the UNCRC – preservation of identity

- Develop and implement clear and flexible arrangements regarding family contact

- Maximise family contact – appropriate to each individual, as stated in article 9 of the UNCRC – separation from parents

- Support young people and their families with contact (including, but not only, transport)

- Demonstrate a commitment to the maintenance of sibling groups

- Ensure regular contact with other siblings – including those who may be adopted

- Enable access to bereavement counselling

- Provide support to young people and their families to resolve family issues/problems with regard to, where appropriate, article 18 of the UNCRC – parental responsibilities

- Facilitate access to, and private use of, a telephone with due attention to article 16 of the UNCRC – protection of privacy

- Organise regular, and improved, communication between professionals, families and young people
- Foster greater participation of young people and their families in decisions regarding family contact
- Demonstrate a commitment to articles 3 and 12 of the UNCRC by consulting with young people in all aspects relating to their family
- Ensure access to up to date information about their family
- Acknowledge and record the young person's identity and family, by means such as life story work

Friends

- Respect for and support with, the young person's right in relation to article 15 of the UNCRC – freedom of association
- Provide support with, and the opportunity to maintain friendships
- Promote positive relationships between young people in care
- Provide young people with clear information regarding the purpose and process of police checks
- Explore and develop means of reducing the stigmatising effects of police checks
- Operate an efficient process for police checks which reduces time scales
- Implement pro-active and therapeutic approach to dealing with trust issues for young people
- Give due consideration to the geography of a young person's placement in relation to their origin
- Have due regard for the placement of an individual in a group setting – taking into account the other young people living there
- Promote the participation of young people in community groups and/or activities
- Provide support for young people from staff/carers in participating in groups/activities
- Allow the opportunity for time with friends which doesn't impinge on family contact
- Organise and implement planned placement moves, over reasonable time scales

Notes