

# Care Crisis Review

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Analysis of focus group responses from  
care-experienced young people

June 2018



CARE CRISIS REVIEW

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## Report Citation

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# CARE CRISIS REVIEW: ANALYSIS OF FOCUS GROUP RESPONSES FROM CARE EXPERIENCED YOUNG PEOPLE

## **INTRODUCTION**

*“We are facing a crisis and, truth be told, we have no very clear strategy for meeting the crisis.”* - Sir James Munby, President of the Family Division of the High Court of England and Wales

*“A review that considers changes that could be made nationally and locally to safely reduce the number of children coming into care is long overdue.”*- Alison Michalska, President, Association of Directors of Children’s Services, 2017-18

The Care Crisis Review was established in response to the record numbers of children subject to care proceedings and the very high numbers of children in the care system. The Review is facilitated by Family Rights Group. It is funded by the Nuffield Foundation.

As part of the Review, a survey of care experienced young people and adults was conducted; a separate briefing details the results from that survey.<sup>1</sup> In parallel, a series of focus group discussions took place in England with children and young people in, or who were formerly in, care. These were facilitated by Foster Focus, or by local authorities or voluntary organisations working with children in care.

Thank you is due to all who facilitated a focus group to inform the Care Crisis Review and importantly to those children and young people who participated in those discussions. Gratitude is also due to Karyelle Phillips from Foster Focus for helping coordinate some of the focus groups. This report has been co-authored by Cath Connor and Caroline Lynch and presents some of the key messages from the focus group discussions.

## **METHODS**

Focus group discussions were planned round a series of open questions designed to elicit participants’ insights about the following: being on the edge of care (pre-proceedings); care proceedings; being in the care system; the time following the conclusion of care proceedings; and about leaving care. In advance of the focus groups taking place, a short information leaflet for children and young people who may be interested in participating in the discussions was shared with local authority contacts together with consent forms.<sup>2</sup> Briefing materials for those convening and facilitating the focus groups were also prepared and shared. Facilitators were asked to take notes of the discussion groups and in turn these were shared with the Care Crisis Review team, who analysed the material..

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<sup>1</sup> <http://www.frg.org.uk/involving-families/reforming-law-and-practice/care-crisis-review>

<sup>2</sup> Information leaflets and consent forms addressed the voluntary nature of participation and highlighted relevant ethical issues including (but not limited to): participation on the basis of informed consent; and the ability of participants to change their mind/withdraw at any time and to engage only in the elements of discussion that they wished to.

The precise format and approach to the facilitated discussions varied, with facilitators and young people having discretion to conduct these in a way which worked best for those participating in the group. Consequently, some discussions took place in a more workshop format including, in some cases, as part of a wider consultation exercise being carried out. Other discussions were by way of more informal conversations. In some instances, focus group discussions were supported by short questionnaires which were completed by participants.

The data generated from the focus group discussions was analysed manually. Words, phrases, experiences and events which seemed significant were noted and commonalities as well as differences across accounts highlighted. Over time a series of themes were generated and refined into the key themes presented in this report.

## **PARTICIPANTS**

In total over 80 children and young people from ten different areas of England participated. The youngest participant was nine years old and the eldest 27 years old. Those participating in the focus groups cannot be claimed to be representative of all children who are, or have been, in care or on the edge of care. However, the focus groups do contribute to knowledge about the experiences of children and young people who have spent part, or all of their childhood, either in the care system or on the edge of care.

## **FINDINGS/KEY THEMES**

Five key themes were identified through analysis of the focus group data:

1. The right help at the right time
2. Getting it right: return home from care
3. Seeking and representing children's views
4. Decision making: more information and involvement
5. The importance of positive relationships

### **1. The right help at the right time**

#### ***Focussing on positives and negatives***

Whilst some young people were clear that it was right for them to be taken into care, others had a different perspective. Moreover, regardless of whether they felt they should have been taken into care, young people spoke about the importance of professionals focussing on what the family could do (a more strength based approach) so that there was recognition of the positives as well as the 'negatives' in families. Some participants shared happy memories from the time when they lived at home and expressed a sense of frustration that professionals had focussed only on what was going wrong in their family without also recognising that there were better times or 'good things' that had happened too:

*Don't let the Social Services system presume someone is going to be a bad parent based on their past. People need a chance and a reason to change.*

*More should be done to focus on positive things like activities and days out with families to make them feel good. Too much is about how they are not doing things right and it makes families feel down.*

*They (social workers) always seem to believe the bad bits but not the good things, they seem to always show up when something like an argument is going on, but then they don't believe you if you say it has been good before that.*

### **Earlier, consistent help**

Many participants spoke about the need for early support to prevent problems in families from getting worse:

*They should give more support and training for first time parents, like parenting courses but also support workers as well. The earlier the help gets in there then there is a better chance of the family staying together.*

*What about more of those places where the parents go to live with the child but they get support there and people around to help and check on them that things are getting better? That is loads better than taking the child away then saying the parents might get them back if they change but they never do get them back. Once families have been split up, how can problems get solved?*

*It's important to have more early support and more support workers for families. Much more work needs to be done before social care get involved.*

*More money is needed because most of the issues were due to not enough money within families.*

There was also emphasis placed on the value of what is provided to families being in place in the long(er) term, and upon ensuring that help provided responds to the needs of the family and is given in a consistent way. As one young parent commented

*You can't work effectively with families if there's a high turnover of staff. Too many changes will not work. You need consistency of staff to help families stay together.*

### **Supporting and valuing wider family**

Steps that would see the extended family network involved and supported were valued by the children and young people. So too was practice that recognised the value of supporting children to remain in contact with family members in the future:

*Fully assess the situation and look at all the options before putting a child into care.*

*Give more support to extended families. Have support workers whose job it is to involve the extended family in the child's life more.*

*Every effort should be made to explore and establish outer network of family members who may be able to care for young people instead of bringing them in care.*

Some young people emphasised the importance of practitioners fully considering the impact of moving children away from their families or their connections when making decisions:

*When they are doing assessments it should be more than one person. It shouldn't be just one person who says the child needs to go into care. It should be done by two people who don't work together. When it's just one social worker they might be biased or too busy.*

*If there is a need for an assessment, one should be done on how a young person would respond to care. Some young people will tell social workers it won't work so these young people should stay at home with support.*

### **Barriers to the right help**

Young people referred to barriers to the right help being provided to families. Some also spoke about how their families had blocked efforts by social workers to put in place the right kind of help:

*My parents didn't work with social care as they didn't like them.*

*My step dad couldn't be in the meetings because of his temper.*

Other participants spoke about stigma and lack of trust as being major barriers to constructive work between social workers, families and communities. Some young people recalled their parents hiding from social workers and were clear that there is a need to increase trust and positive relationships between families and social workers. Discussions also highlighted the need for a changed perception of social workers within local communities:

*It's important to reassure parents and don't use word like local authority because it's scary for families.*

*Do more work to stop the stigma of families who have social workers involved. Families feel labelled when social care are involved.*

*Communities need to change the perception of social workers and work closer together. Social workers should speak to families regularly so they know social workers are okay.*

*Don't make assumptions. If parents are asking for support give it to them and don't judge.*

In one focus group, two young women participants were pregnant. Concern was expressed in that focus group that pregnant young people in care and care leavers could be stigmatised and have assumptions made about them. This was felt by participants to not only cause additional anxiety, but also risked resulting in young

people disengaging or becoming hostile to professionals, which in turn may increase the likelihood of their children being removed from their care.

## 2. Getting it right: return home from care

In discussing what support is needed to help children and young people return home safely, three clear criteria emerged from across the focus group discussions:

- Long term, flexible support available
- The young person must want to go home and feel able to influence the support plan
- A support plan that is detailed, clear and shared with all involved.

The provision of long term flexible support for the whole family was identified as a key requirement when young people discussed the issue of return home from care.

*Prepare and plan for children for the long term, not just the next 'milestone'. Support plans need to be long term not short term, and flexible enough to step up support at short notice if there is a 'rocky patch' later down the line.*

*I feel that appropriate support needs to be put in place to ensure that relationships between young people and their families are secure. The only way this can be successful is by having consistent social workers involved. If there's a frequent change of social workers then this leads to gaps and inconsistency in the work done within families.*

There was consensus that any plan to return a child or young person home against their will would not succeed and therefore that plans for return home needed to properly involve the child or young person:

*Make sure the child has agreed to go back to the parents that they want to go back.*

*My social worker and the manager told me I should go back to live with my family. I was not happy; I don't want to go back ever. I said I don't want to but they kept on saying it. When the Judge asked me I said I don't want to go back and the Judge listened to me.*

*Use test runs/short stays prior to permanently going home so young people can get to know their family again and make sure they child really does want to go back.*

Ensuring that the young person was part of developing the support plan for the return home was also identified as key. Participants described how vital it is for children and young people to have a proper opportunity to talk in confidence about their needs as part of the process of arriving at the right support arrangements:

*We need to be a part of the planning process for a return home and our views, including anxieties, need to be clearly documented so that this can influence the plan and ensure that the right support can be put into place.*

*We need to be consulted with our families and also separately because sometimes we may find it difficult to say exactly how we honestly feel in front of our families and we may not want to admit that we want backup or additional support in case things go wrong. Admitting that you have anxieties about things that may go wrong, in front of family members, may not go down too well.*

Participants emphasised that whatever plan was finally arrived at, this needed to be clear and detailed. It was deemed essential that everyone involved would know what they needed to do, what should be in place and to what timescales:

*More should be done to prepare parents for a child returning home. It should be clear from the beginning that this is the plan.*

*What would work for me is knowing very clearly what contingencies are going to be put in place as a back-up just in case something goes wrong and in case the original plans are not working.*

*Be really clear with the child exactly what they are going home to, who is in the house, who they will be in contact with, how often they will see the support worker/social worker and for how long, who is involved in the plan from school.*

### **3. Seeking and representing children's views**

Some children and young people expressed views regarding how they felt about the decisions that were made to remove them to the care system. This was a sensitive topic with a range of experiences and thoughts shared:

*I blamed myself for putting my whole family into care.*

*Yes it was the right decision because my dad couldn't cope.*

*Yes it worked for me but I was sad.*

*Being taken into care at the beginning I thought was not the best thing for me but now I have been in care about four years I now know it was the best thing for me. I have got to go on holiday and live the life I needed to live.*

*I feel 50 / 50 don't really want to say more.*

*Yeah the right decision because it stopped the abuse.*

*Yes because my mum didn't look after me or my sisters correctly.*

*It was not the right decision. Mum could look after me and I didn't need to be taken away.*



*I don't think being in care was the right thing for me because my family understands me more than anyone else.*

Children and young people relayed important messages about when their views were sought and how these views were subsequently represented by professionals. Many described not being asked for their views early enough. A minority of participants felt that they had some influence over decisions that had been made about them during the early stages of children's services involvement with their families. Many more however felt that in general, young people were likely to only be asked for their views after decisions had already been made:

*I felt that my views were disregarded especially before coming into care. My views were considered as an afterthought. It always appeared to me, regardless of what I said in meetings that the adult's views and opinions outweighed what I said.*

*Even before I was asked about my views, wishes and feelings it was already decided that I would be brought into care – much before my views were even considered. So I didn't quite see the point of being asked about my views to start with.*

Young people felt that once in care, more effort was made to ask them about their views and feelings. This was, however, described as often being inconsistent and tokenistic. Participants described rarely receiving feedback after they had said how they felt and that they did not think their views impacted on decisions that were made. Some reported that the mechanisms through which their views were to be gathered were unsuitable:

*The leaflets we're asked to fill out to gather views and feelings are terrible, pointless, repetitive, long and boring.*

Participants appeared to describe a pattern of young people being most likely to be asked about their views only once they were older or had begun attending secondary school. Whilst this suited some, for others they felt this was too late:

*Two or three years after being in care they listened to me, as I started high school. They asked me how I felt about being in care but at that point it was too late and I didn't care.*

*Three or four years into care I got a new social worker and they asked my views and what I thought, that was the first time anyone had asked.*

*When I hit high school that's when I felt like I had more of a say. Before that nobody asked me one single thing about what I wanted to happen.*

In one focus group, participants spoke about behaving in ways which they thought might garner attention and open up the opportunity to being asked how they were or what their views were:

*You get listened to when you 'kick off'. Residential staff only concentrate on those that misbehave so I misbehave to get attention.*

*We were not supported. I bit my first carers because I thought if I was naughty we would be allowed to home. We had a social worker but we didn't see them very often.*

Some young people spoke about their views being misrepresented by professionals. One said that they learned not to say anything as 'everything was twisted'. Other comments about being misrepresented included:

*People went to meetings about me and said they were expressing my views but they were not really, they said what they thought not what I had said. At one time they tried to move me but I really didn't want to move there because it was close to where my parents live. In the end the move didn't happen but it was really worrying when they wouldn't listen to me.*

*I'm a lot older now and I've been in the care system for a while so I have a pretty good idea of how it all works. Professionals ask you for your views but quite often they are not reflected accurately in reports or plans. So I choose not to engage. I've already given up - because after years of being in this system I already know how it's going to go. You just never know if a professional has your best interest at heart and I'm too tired of trying to give yet another professional a chance. Also, how can I be sure that they are even the right person to assist me with my pathway planning?*

Young people spoke of the lasting impact that descriptions contained within their care files could have on them. They also emphasised the importance of having the support of an advocate who could accurately represent their views at meetings.

*I feel that as soon as I became known to social services I instantly became labelled. This label and stigma followed me during my time in care – like I'm not to be trusted, I will kick off if I'm told no, I'm not to be left alone ..... I became everything that was ever written about me – regardless whether the information was accurate or not. I often felt left out of the discussions that were had about me and despite whatever I would say to my social worker it would often get twisted around to sounding negative. I began to learn just not to say anything at all*

*I feel that it's important for young people to have the right person at the right time asking the right questions. In my experience, I found that my social worker wouldn't have been the most appropriate person to seek my views she just wouldn't have been independent enough for me.*

*I didn't really find that my social worker encouraged me to speak openly about my views. I actually found that external agencies were the ones that encouraged me to share my views and in turn I found it a lot easier to discuss with them my wishes and feelings. I believe I found this easier because they were easier to talk to and made much more of an effort of getting to know me.*

*Think about what is written down about us. We have accessed our care files and we disagree with the language that is used to describe us.*

Hobbies, interests, friendships and contact with family were all mentioned by young people as important areas of their lives where their views were either rarely or simply never sought. There was a shared view expressed in one focus group that professionals were only interested in school and placements as these were considered to be “monitored” and “government requirements” and thus given more attention and weight by practitioners.

#### 4. More information and involvement in decision making

Participants had a range of experiences of information sharing in relation to the reasons why they had come into care. Many described having not received any such information before they entered the care system:

*Prior to me coming into care I hardly ever knew what was happening and I was rarely made aware of meetings. So I feel that this would need to change and every effort to have independent advocacy in place to ensure my voice is being fed into planning.*

*I only knew what was happening once the case had concluded and I was brought into care permanently.*

*There was no explanation of why that I can remember but that was okay because I didn't want to know.*

*I thought I was in care for a couple of weeks as my social worker told me that – it has been years.*

*I had no idea why I was coming into care – they came to my mate's house and said come to the civic, I said I better not be going into care and then when I went to the civic they tricked me. I did a runner straight away.*

Some reported being given clearer information about why they came into care but this was not necessarily provided at the time:

*The social worker explained, right from the beginning when I entered care at eight years old. It took lots of sessions.*

*It was explained clearly why I came into care and that worked for me.*

*I knew I was going into care because my mum died but while assessments were being done I didn't have much (enough) contact with the social worker.*

*It was not explained until recently when I was 16 and had completed life story work with the family support worker. It was felt that I was not emotionally stable enough till then.*

Some young people spoke about there being lots of missing information about why they had come into care. They stated that they felt that they had missed out on undertaking life story work which could have answered important questions for them.

Accounts of, and degree of satisfaction with, the looked after review system was variable. Some spoke very positively about the efforts made by their social workers and Independent Reviewing Officers (IRO) to ensure their views were included in reviews. In stark contrast, others described the review system as 'pointless' and 'ineffective':

*My foster carers always gave me the choice and if I didn't go they would put my views forward and tell me what was said. They had to go because it's like their job but I felt like the reviews were a waste of my time.*

*Seeing the IRO a few days before the meeting really helped, that was good when they started doing that.*

*If we were encouraged to understand more then I feel that we could be empowered to participate in decisions that affect us. But we can't because things are not explained to us properly and we often get lost with all the big words and use of jargon. I think that assumptions are often made - that because we are children we cannot understand or we're not mature enough to understand. But what people do not realise is that quite often because we have experienced so many traumas that we tend to mature a lot sooner – much more than those who have not been traumatised.*

*Yes, I am supported really well and listened to.*

*I don't think enough is being done because even when I share my views it either takes a long time before I see results or I just don't get a response. I do appreciate that sometimes things can take a long time but the one thing that my worker can do is keep me updated, even if there hasn't been progress. This would be much better than not saying anything at all.*

*You have reviews once you're in care, so they have to listen to you then! But if they don't think what you say is relevant they will just ignore you, they only write down what they think is important.*

*I used to go to reviews but I stopped because I was never listened to, it made no difference so what's the point.*

*I haven't ever felt that my social worker or IRO has ever really encouraged me to express my wishes or feelings. I've often found external agencies much more helpful particularly those who made more of an effort to get to know me. I've found they were the ones who encouraged me to speak up.*

*I only ever went to reviews as it was a chance to see my grandad, it was the only time I could see him. Now he's dead so I don't bother to go anymore.*

## 5. The importance of positive relationships

### **Relationships with professionals**

Young people emphasised the importance of having consistent professionals in their life, who were able to spend time getting to get to know them and who they could trust. Some young people described positive experiences, with one young person describing their personal adviser as 'amazing'. However, this was not a universal experience amongst participants:

*There should be much more emphasis on professionals building and sustaining relationships with young people. There's nothing worse than someone asking me personal questions without even getting to know me as an individual first. Social workers need to take time out to get to know us.*

*There needs to be much more consistency with social workers. I had lots of different social workers which made it difficult for me to develop and sustain relationships. Having to repeat myself continuously became tiresome.*

*For me it's important to build a relationship and build trust before I can give a part of myself and talk to someone about how I feel. How am I expected to build a relationship when my social worker changes so often?*

*Professionals spend too much time on computers, that's why we feel foster carers care more because they spend more time with us. We don't care about assessments or plans; we care about time spent with us.*

*For me, I have an amazing Personal Adviser and we have a great relationship. I can talk to her about any and everything. I believe what really helps is that I've known her for years and she has made every effort to get to know me and understand me. I have a good bond with my Personal Advisor; we go out together and even occasionally have breakfast together. This feels much more personal and less like a transaction. The key thing for me is - before you can encourage me to express my wishes and feelings it's important for you to make every effort to build a relationship with me first. Let me get to know you so that I can trust you and so that I can feel that you genuinely care. I will prove difficult otherwise.*

*I do not see my personal adviser as someone that I really need. To me they do a lot less than my social worker so I don't see much point in having one. I am independent and can easily speak up about my own views.*

*At this stage, I've gone through so many social workers to the point that I no longer have faith in them or the system so I do things by myself and I admit – I often withhold information. How can you trust someone you don't know? So when it comes to my pathway planning I often tell lies about what I want to see in my plan. They don't know me so why should I trust them enough to take time out to honestly participate in my planning when they haven't taken time out to get to know me first. You can't expect to begin pathway planning during our first meeting.*

## **Family relationships**

Many children and young people felt greater importance should be placed upon supporting them to maintain important family relationships:

*I only got to see my siblings once the whole time I was in care, despite constantly asking. Now I really don't know them so it's a bit too late.*

*I got put with my siblings at first but then we got split up. It really wasn't good, and then two of my siblings got sent to a different school too, it was so awkward. It's awkward now because we don't see each other that much.*

*If children are taken into care on Section 20, contact with birth parents needs to be more than a few times a year because they need to keep good relationships with parents.*

*When children are in care, more should be done to maintain a good relationship with parent's friends and other family. This can't happen when children are moved out of area so this shouldn't happen as much as it does.*

*Social care need to use mediators to ensure relationships between young people and parents are repaired. Even if children don't admit it, they do blame parents for being in care so this needs resolving.*

*I feel that it's important that every effort is made to ensure that contact is sustained so that young people do not lose relationships. This will make the transition back to our families a lot easier. Perhaps, one to consider is more possibility for young people to be encouraged to sustain contact via telephone where we can call each other freely.*

