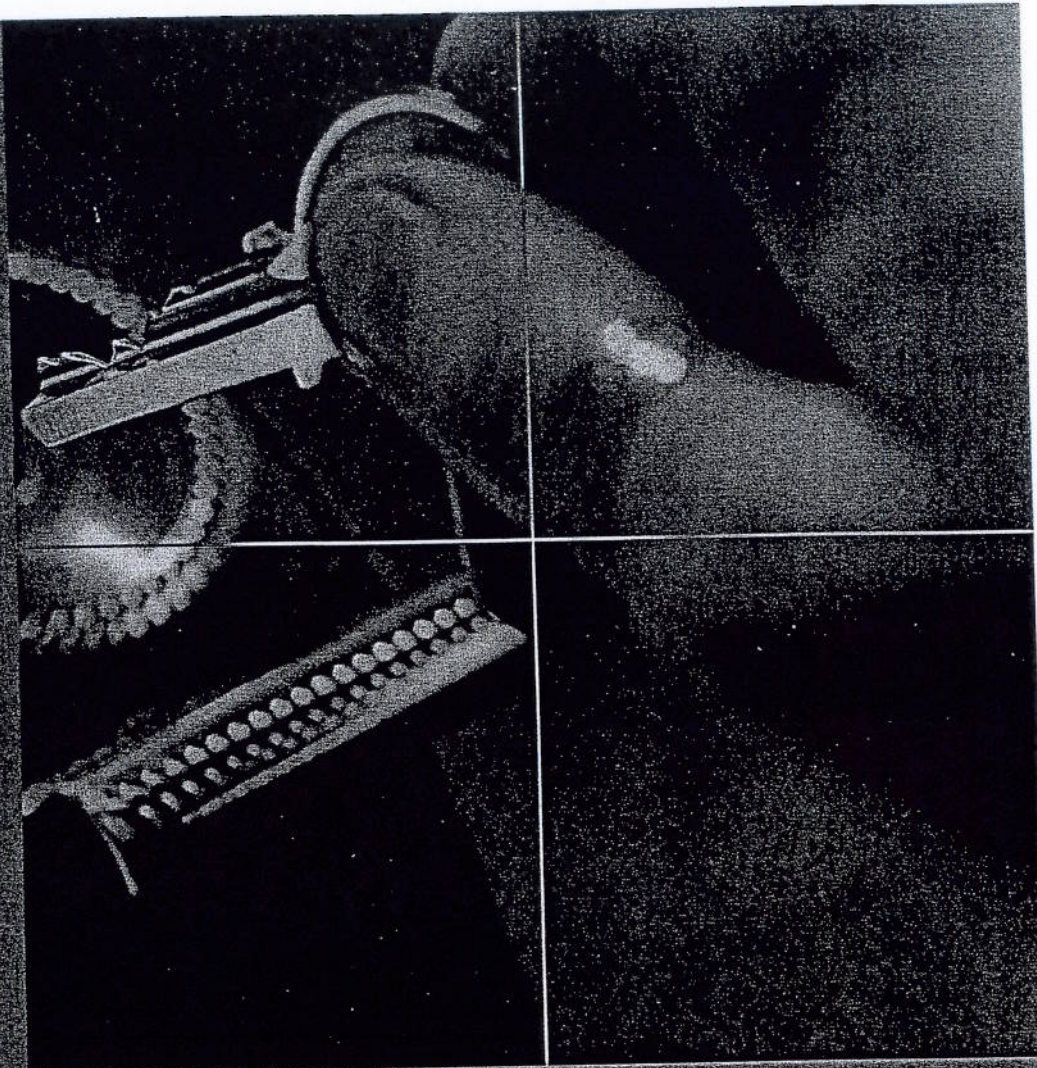


# A Sense of Purpose



Care leavers' views and experiences  
of growing up

Monica Barry



Save the Children



**Save the Children is the UK's leading international children's charity. Working in more than 70 countries, we run emergency relief alongside long-term development and prevention work to help children, their families and communities to be self-sufficient.**

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# Acknowledgements

Save the Children has always stressed the importance of consulting directly with children and young people about aspects of their lives that are important to them or that influence or affect them in some way. This research re-emphasises the need to seek and act on the advice of children and young people. I am indebted to the young people who took part in this study and I hope this report is faithful to their views and wishes. I would also like to thank the steering group of young people within the sample who helped plan the research, comment on the findings, inform the recommendations and prepare the report and a young people's summary for publication. They have been extremely committed to the research and its dissemination and gave a lot of time and energy to the project.

Several other organisations, both statutory and voluntary, were kind enough to grant me access

to young people who were either in or had left the care system and who then participated in the research. In particular, I am grateful to the social work departments of two councils in Scotland, who must nevertheless remain anonymous.

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*Monica Barry*

# I Background to the study

## Introduction

Moving from childhood to adulthood in the 1950s was seen as a relatively well-defined and straightforward process of adaptation. However, since then, changes in the economy, market forces and policy and practice relating to education, housing, employment, citizenship and the role of the state in the UK have resulted in the goalposts constantly changing for young people. This has made the transition to adulthood a difficult, slow and uncertain time for many of them.

The widening gap between leaving compulsory schooling and achieving full adult status has resulted in many young people having neither the security of the family nor the opportunities associated with adult independence. The age at which young people leave the parental home is becoming older and there is increasing pressure being put on young people to take up opportunities for further education or employment training whilst remaining dependent on their families. A straightforward transition to adulthood for more disadvantaged young people who come from unstable, reconstituted or substitute families is even more tenuous.

Save the Children recognises the need to identify and explore the issues that young people themselves see as important in this transition to adulthood. To this end, between 1998 and 2000, with the financial support of the Joseph Rowntree Foundation, Save the Children undertook four complementary studies of young people's views about the transition from childhood to adulthood in England, Northern Ireland, Scotland and Wales. Four groups of young people were

identified: young people who have participated in youth organisations in the north of England; young mothers in Northern Ireland; young people leaving care in Scotland; and young workers in Wales and south-west England. These groups were chosen in order to explore possible similarities and differences in the experiences of young people who may be regarded as vulnerable because of their circumstances and/or because they have taken on responsibilities beyond the expectations of people their age. The age range for the overall UK sample was 14–27 years, broad enough to allow an exploration of the views of both those preparing for the transition to adulthood and those who could reflect on their experiences of that transition.

## Aims of the research

The study was a qualitative analysis of young people's views and experiences of growing up. The aims were broadly defined as follows:

1. to explore with four groups of young people their views about the experience of growing up, focusing on the themes that *they* felt were important to them in the transition to adulthood.
2. to compare and contrast the different experiences, competence and perceptions of young people from the differing groups.
3. to explore the standard linear model of transition in relation to groups of young people with similar experiences of responsibility at an early age.

4. to provide a group of young people with a platform from which to voice their ideas on what supports are needed in the transition to adulthood.

Four of the five reports in this series look at the four separate groups of young people and specifically address the first aim. The fifth report draws together the data from the four countries and explores the views of the combined sample of young people about the transition to adulthood, thus addressing the second and third aims above. The fourth aim – giving young people a voice – underpins the thinking behind, and operation of, the research study as a whole. Young people have been involved in the research process from its inception through to the dissemination both of the four separate reports and the combined UK report.

This particular report presents the results of the study in Scotland, which explored the views and experiences of young people who have been looked after in the care system.<sup>1</sup>

## The context of the research

Young people tend to fall between two stools in terms of rights to protection on the one hand and citizenship on the other. They are neither totally dependent children nor totally independent adults, but straddle the two states in a somewhat 'chaotic' phase of semi-independence (Coles, 1995). At the age of 15 or 16, young people may feel that they are physically and emotionally ready for adulthood, independent living and work and yet legally and financially they remain

dependent on their natural or substitute family. This dependency often curtails their rights to "full citizenship", which can be defined as combining the rights and responsibilities of individuals in the civil, political and social spheres (Marshall, 1963). Some commentators (for example, Franklin, 1986; Parton, 1991) have argued for the acquisition of adult and other decision-making rights to be conditional on a child or young person's capacity to take on responsibilities rather than on reaching a fixed age, irrespective of intellectual or emotional capacity.

Since the early 1990s, a standardised model of youth transition has developed which suggests an age-related, linear progression both from school to work and from dependence on the parental home to a home and family of one's own (Jones and Wallace, 1992; Qvortrup, 1995). However, in the current climate of uncertainty for young people, these and other authors acknowledge the likelihood that youth transitions are no longer age-related or linear so much as dependent on circumstances and opportunities (Coles, 1995; Jones, 1996). The standard model of transition assumes a supportive parental home in childhood. It also assumes that children and young people do not have many of the life skills that adults take for granted – for example, taking on responsibilities for others, bringing up children, finding employment, or negotiating state benefits. As a result, the standard model of transition undermines the responsibilities and competence that many young people have learned whilst still in childhood. It does not account for the often heavy and unexpected burden of responsibility that many marginalised children and young

people take on, which may result in a more rapid, erratic or premature transition to adulthood. In Save the Children's experience, where children and young people have been given the opportunity to take on responsibilities and make decisions, they often demonstrate a range of competence largely unrecognised by adults.

The term 'youth' is becoming an age-specific stage of the life cycle almost as long as childhood itself, spanning as it does the years 15–25 (Jones, 1996). Many authors, however, question the value of the concept of 'transition' for young people, as this implies a specific period of time and activity between two equally well-defined trigger points (see, for example, Hockey and James, 1993). Coles (1995) suggests that this standard model of transition only infers adult status once three conditions are met: employment on leaving school; independent housing on leaving home; and having a family of one's own. This model is increasingly being stretched to breaking point because of unemployment, homelessness, a prolonged period of dependency on others and changing attitudes towards conventional family life.

Many young people in this limbo of uncertainty receive neither the benefits and protection of childhood nor the status and self-determination of adulthood. Those from families where the parents had trouble fulfilling the conditions of adulthood mentioned above, often take on responsibilities well before adult status is officially conferred, but without recognition or support. Such disadvantaged young people seldom have the expected family, state or other support networks which can cushion them during this transitional

period. They may not have a family to turn to for advice, they may not be eligible for state support and they are often reliant on their own coping and survival strategies. They have grown to expect that self-reliance is the norm and that any inability to cope is a failure on their part alone (Furlong and Cartmel, 1999). In this climate, it is all the more important to examine the views put forward by young people themselves about this stage in their lives and to address the need for young people to have the rights and responsibilities of adulthood, irrespective of employment, housing or family status.

For the young people involved in this particular study in Scotland, who were for some period in their childhood looked after by substitute carers in residential or foster homes, the transition to adulthood comes more abruptly than for most, with little or no preparation. The most recent statistics for Scotland (compiled for 1998) indicate that of the 10,791 children being looked after, 25 per cent of these were in foster placements and 17 per cent were in residential care. The remaining 58 per cent were either living at home (51 per cent) or with relatives/friends (7 per cent) (NCH, 1999). The views of young people regarding their concerns about the care system in Scotland have been succinctly portrayed in a report compiled by young people themselves (Who Cares? Scotland, 1998). However, few research studies have been undertaken which specifically focus on the concerns of *care leavers* in Scotland, although one such study (Morgan-Klein, 1985) found that many felt ill-prepared for leaving care and for acquiring the skills and taking on the responsibilities required when living independently. More recently, Emond (2000)



suggested that young people in her sample reported an incongruence between their expectations of leaving care and the reality.

## Layout of the report

Chapter 2 of this report describes the methods used in developing the overall research project and in gaining the views of relevant young people. Chapter 3 describes the main findings from the study and discusses the issues from the perspective of the young people involved. Finally, chapter 4 draws together the main conclusions and outlines the key recommendations, which have been identified by the researcher and elaborated by a sub-group of the research participants.

### NOTE

1 The term “looked after” refers to children and young people on interim or full care or protection orders, who are either living at home or in statutory or other accommodation. Whilst the official terminology has changed from young people “in care” to young people “looked after”, young people themselves feel more comfortable and familiar with the old terminology, which is used throughout this report.

## 2 Methods

### Introduction

As mentioned in the previous chapter, this was a qualitative piece of research, designed to elicit the views of young people about growing up generally, but in particular focusing on the themes and issues that they felt were important to them in the transition to adulthood. In keeping with Save the Children's philosophy of giving children and young people the opportunity and space to voice their own opinions about matters relating to their welfare and interests, the study involved young people, not only as interviewees, but also as advisers on the content and design of the research process, from its inception through to dissemination, both locally and nationally.

### Advisory group

In 1998, an advisory group was established comprising representatives from Save the Children, the Joseph Rowntree Foundation, youth-led organisations in the care field and practitioners and academics in the youth work, child welfare and children's rights fields (see Appendix 1). The remit of the advisory group was to oversee and offer expertise on the management and running of the research project. It met five times between 1998 and 2000.

### Steering groups

In order to develop and pilot an interview schedule for use in each of the four study areas, consultation on research methods took place early on with two steering groups comprising young participators in youth organisations in the north of England and young mothers in Northern Ireland. From these discussions with the two steering groups the idea originated of brainstorming issues pertinent to the interviewees as they grew up and using a timeline to map out the events and feelings they experienced at different stages of their lives. Following this consultation, a sample of respondents were approached in Wales/south-west England and Scotland, and steering groups were also established in these two areas, comprising young workers and care leavers respectively.

These four steering groups met separately on a regular basis during the course of the research in order to oversee and advise on the format and direction of the research, to comment on the findings, to help draw up recommendations and to assist with report writing and dissemination. Each group discussed possible policy recommendations relating to the final reports and fed in valuable suggestions during this process. Save the Children deliberately chose to involve steering group members in the process of discussing the findings and preparing recommendations.

## The interview sample

Certain groups of young people were identified as being likely to have had responsibility earlier than might be expected for their age, and some were deemed vulnerable in terms of life chances and opportunities. Save the Children identified the regions and countries in which it had most contact with different groups of young people. These groups comprised young people who have participated in youth organisations (northern England), young mothers (Northern Ireland), young people leaving care (Scotland), and young workers (Wales/south-west England). Contact with young people was made through statutory and voluntary organisations, through existing Save the Children networks, both formal and informal, and through “snowballing” (i.e., asking the respondents themselves to identify other young people who may be able to help with the research). It was hoped that 30 respondents from each grouping could be interviewed, thus producing a total sample of 120. However, because of the limited time and resources available and due to the difficulties inherent in contacting young people from often transient backgrounds, the total sample throughout the UK comprised 108 young people aged between 14 and 27 inclusive.

This sample cannot be said to be representative of all young people in those situations from those countries, let alone representative of all young people in the UK as a whole. The sample does, however, allow an exploration of the various views over time of young people with common circumstances or experiences in particular geographical areas within the UK.

In Scotland, access to the sample of care leavers<sup>1</sup> was gained predominantly through both voluntary organisations and the children and families sections of two local authority social work departments, one rural and one urban. Whilst this method of quota sampling could ensure a balance of ages, care history and gender, it is acknowledged that there may be a bias due to the sample being identified and approached predominantly by professional workers. These workers were asked to approach current and past clients, to give them a leaflet designed by the steering group about the research and to ask them whether the researcher could meet them to explain more about the study. Very few were known to have refused to consider taking part in the research and only two declined to be interviewed following discussions with the researcher. Because of the diligence of the workers involved in contacting young people on behalf of the researcher, the resultant sample in Scotland reached 34. Table 1 below gives a breakdown of the characteristics of the sample.

There was an equal number of respondents represented in both the rural and urban study areas, with seven male and ten female respondents in the rural area and nine male and eight female respondents in the urban area. Seventeen of the respondents were in the age range 15–16 (although not all necessarily in care at the time of the interview) and the remaining 17 were aged 17–25. Reflecting the national picture, males in this study entered care at a younger age and stayed longer in care than their female counterparts.

Table 1: Characteristics of the sample

	Male	Female	Total
Rural	7	10	17
Urban	9	8	17
Aged 15–16	7	10	17
Aged 17–20	5	5	10
Aged 21–25	4	3	7
Number currently in care	5	9	14
Average age entered care	9 yrs	10 yrs 6 mths	–
Average number of years in care	7 yrs 5 mths	6 yrs 2 mths	–

## The interview process

The interview schedule (see Appendix 2) facilitated an exploration of the main themes of the research, namely significant events and experiences, skills gained and required and changing attitudes to and perceptions of growing up. The interviews tended to take place either in participants' homes or in the offices of referring agencies. The interview, which lasted on average two hours, was interspersed with written and visual exercises which helped boost concentration levels and facilitated discussion of the issues raised. Young people were offered retrospective payments of £5.00 in cash or in kind at the end of the interview. The interviews were taped with the permission of the interviewee, transcribed in full and analysed using the qualitative data analysis package, NUD\*IST.

Assurances about confidentiality and anonymity were crucial in such a study where young people were being asked to recall and recount often traumatic events in their lives. Confidentiality was therefore discussed with young people at the initial meeting with the researcher or, where such a meeting was not possible, prior to the interview commencing. Save the Children's child protection policy requires that any disclosure of abuse perpetrated by or against a child or young person is taken seriously by the organisation and appropriate action taken. This policy was explained to young people before the interview and did not seem to deter them from talking candidly about their experiences in the past. In all interviews, because of the sensitivity of many topics covered in the interview itself, the researcher attempted to ensure that support was available to young people following the interview, from family, friends, workers or the researcher herself. However, in the event, the interview process and content did not seem to cause any anxiety or upset for the young people involved. On the contrary, it seemed that the interview process, in drawing out and focusing solely on the young people's life stories, was generally a cathartic experience for them, with many suggesting that it had not only been enjoyable but had also helped them to put certain feelings and events into perspective.

### NOTE

1 The sample comprised both young people in care and those who had left care, but the term "care leavers" is used to denote the total sample in Scotland. It was felt important to elicit the views of those preparing to leave care and those who had left care in order to gain a more accurate picture of how they coped both at the time and retrospectively.

## 3 The research findings

### Introduction

There were three main objectives to the research:

- to explore with young people their perceptions of their experiences of growing up in their own families and in substitute care
- to ask them why they felt the way they did about issues of importance to them
- to explore with them what changes they would suggest might improve their situation or that of other young people growing up in the care system in Scotland.

This study was very largely dependent on the willingness of respondents to talk about issues which were important to them. It did not prejudge the issues that young people raised, nor did the interview schedule restrict their narratives in any way. On the contrary, the direction which the interview took was determined wholly by the choice of key themes that respondents identified as important as they grew up.

When the respondents were asked to identify up to three significant themes in their lives which had affected them or changed them in some way, the vast majority (28 out of 34) cited being in care or leaving care. Whilst this was no doubt a major issue for them, the fact that the study was targeting care leavers and their experiences of care may well have contributed to the high incidence of this particular theme. The second most important theme identified was family (23), followed by school (21). Other recurring themes included friends/relationships (12),

drugs/alcohol (7), work/money (5) and offending behaviour (4). Most of the anxious times identified by respondents within these themes related to either loss (of relatives or friends through moving or bereavement) or new experiences (such as going into care, moving within care and moving to new schools). These themes formed the basis for an exploration of the questions listed in the interview schedule (appendix 2). However, it has not been possible in this report to explore the full range of issues covered by these themes, concentrating mainly on being in care, education, competence/vulnerability and supports/hindrances.

### Experiences of being in care

#### Entering care

##### REASON FOR REFERRAL

Twenty six out of the 34 respondents suggested they were taken into care because of their family's inability to cope with them. This inability was mainly due to deteriorating physical or mental health of the parent (e.g., resulting from alcoholism, depression or disability), or because the child was out of control and/or running away. The remaining eight respondents suggested they entered care specifically because of neglect or abuse of either the respondent or his/her siblings. Three of the total sample of 34 mentioned that they had initiated a referral to care themselves as a result of abandonment, homelessness or physical abuse.

One of the most commonly mentioned advantages of entering care (mentioned by nine respondents) was being removed from familial

neglect or abuse – physical, sexual or emotional. Another positive factor about being taken into residential care was entering a home where the staff were friendly, caring and more like ‘a big family’.

The main negative aspects of going into care were being anxious about the unknown (the corollary of this being that they were unprepared for such a move, which was invariably made unexpectedly and at short notice) and having to leave their parents/families. Some had never had contact with social work services before and/or had little knowledge of the care system or their rights within it.

### Being in care

#### RESIDENTIAL VERSUS FOSTER CARE

Most of the sample had had experience of both foster and residential care, whether as respite, short-term or long-term placements. Many respondents felt they could not relax in foster homes, partly because it was someone else’s house but mainly because they were wary of carers usurping the role their own parents should have been taking. They often felt that the carers’ own children were given preferential treatment, leaving them feeling alienated. Foster care was seen to have more rules and idiosyncracies than residential care, with carers often being older people with limited training in childcare or counselling. There also seemed to be a higher incidence of neglect or physical abuse in foster care than in residential care.

Residential care, on the other hand, was seen as less intense. One could blend into the background more easily in a unit than in a family –

and there were always other young people around and a wealth of different adult personalities and perspectives. Residential care seems to have more privileges than foster care. In the latter, several suggested that the allowance paid to the carer for the young person’s upkeep was often spent on things unrelated to their care. Those in residential care, on the other hand, talked of holidays, regular pocket money, designer clothes, Christmas and birthday celebrations/presents and the luxury of being driven to school in a taxi!

In residential care, however, respondents found it difficult to have time on their own, since staff often saw it as anti-social if, for example, young people spent too much time alone in their rooms. Certain rules also constrained young people’s freedom to choose what they did: at the age of 13 or so, these young people felt they should be given more autonomy than they had. The main benefit of residential care was its impression of longer-term stability, but the disadvantages to some were the lack of discipline/control and the volatile atmosphere often created by having vulnerable young people living in close proximity to each other. Generally, however, the advantages outweighed the disadvantages:

*“What happened in care sort of opened my eyes a lot because I was with other people from an age range of about nine I think... to 16, 17 year old... so I mingled with all different types of people and I learned a lot.” (19-year-old male)*

This exposure to a broad range of ages, personalities and experiences may well have increased their level and rate of maturity. Nevertheless, many young people talked of

reverting to childhood on going into care, being able to off-load prior responsibilities and emotional baggage. Having this relatively stable base in care from which to 'run wild' was comforting in some ways, but was equally seen as damaging in others:

*"I could go out and do things and if I was caught I would get taken back to the children's home, go to another [children's] panel, and straight back to the children's home, same bedroom, same everything, no change, no moving anywhere... I think that, sort of, was one of the factors that made me, well, not made me, but helped me to carry on doing what I was doing... When the stability was gone, I thought I could still do it when I was in supported accommodation before I started to realise, you know. And now that I'm on my own, I realise that I can't... Because my life has been unstable, when I have the stability I thought, 'Yeah, party-time!'" (19-year-old male)*

A further issue of being in care for many respondents was other people's prejudice. Six respondents cited this as a hindrance:

*"... people putting a label on you... the one where you're in care, you're different. That really restricts you a lot." (16-year-old male)*

*"People always treat you different 'cause you're in care. They don't seem to have much respect for you... People think you're a trouble-maker." (16-year-old female)*

#### MOVES IN CARE

Moves in care were most often required as a result of a breakdown in foster placements, instigated both by carers and by young people. Most young people at interview suggested that the only way they could communicate their unhappiness with a placement was either to be disruptive or to run away, but even these measures were not fool-proof:

*"I learned that no one listens to you in foster and children's homes. Not even if you run away. Running away was a protest, but it never even worked." (16-year-old female)*

Often for these respondents, frequent moves in care were seen as the norm rather than the exception. In rural areas in particular, where placements can be spread thinly over a large geographical area, such moves can, however, have serious knock-on effects for the young people concerned, such as exacerbating often fragile family ties, having to change schools and losing friendships. Where placements are not within easy commuting distance of schools, young people may have to travel over an hour twice a day to attend school or alternatively live in hostel accommodation nearer to the school during weekdays returning to the placement at weekends.

One of the main concerns of these respondents was the fact that they were rarely consulted in advance of being moved from one placement to another, with young people consistently stating at interview that social workers were not open or honest about the reason for a move, where they were moving to and when. Few, for example, had the advanced notice and the choice to pack their

own belongings prior to moving placement, with a couple of respondents stating that on occasions they had come out of the school gates at the end of the day to find the social worker waiting to take them to a new placement along with all their belongings already packed. One other respondent wryly commented that, as one of the lucky ones to get notice of moving placement each time, she had learned a useful skill: *"I learned how to pack!"* (16-year-old female).

#### Leaving care

There was considerable anxiety, albeit mixed with euphoria, at the thought of leaving care, with many feeling that they were unprepared for such a move. Some inferred that being in care was like living in a hotel (with all meals provided, beds made and no responsibilities for the running of the household) and whilst wanting to take on greater responsibility *in* care, they also realised that they needed better preparation and support for living on their own. Nearly two-thirds of the sample suggested that more support was needed for young people both in anticipation of and after leaving care, since it was difficult at that age and with few established family networks to look after themselves once they had left. The majority of respondents suggested that such preparation should start at the age of 14, if not earlier.

Many also resented the feeling of being 'dumped' once they had ceased to be looked after and felt that the transition from care to independent living should be more gradual:

*"You've got eight staff about you every day an' every night an' then all of a sudden you've got no one."* (21-year-old female)

*"You actually need something between the age of 16 and 18 if you leave care at 16. You need people to come in once a week and have a cup of tea with you, make sure you're budgeting, make sure you're feeding yourself, not spending it on drugs, you know, doing your washing and all that."* (19-year-old male)

#### KNOWLEDGE OF BENEFITS

Many respondents were unaware of the availability of, or their eligibility for, a leaving care grant if leaving care after their 16th birthday. Whilst eight knew that they could receive such a grant, 10 had either not heard of a leaving care grant or were unsure of their eligibility for one. Equally, they were often unaware of their right to other state benefits:

*"I didn't know about the dole. I didn't know I could go and sign on at 16 years old to get hardship allowance and that. I didn't know nothing about that. I didn't know I would be able to get £80 odd a fortnight, you know. I knew nothing. So I had no money. I couldn't buy fags or nothing. And that's when I started dealing in drugs."* (19-year-old male)

#### RENEWING FAMILY RELATIONSHIPS

Some had rarely seen their immediate family whilst in care, thus making the building of close and lasting relationships difficult within the family. Some young people spoke of the strain of infrequent home visits where they felt like strangers in their own house and many would have preferred increased opportunities for home leave whilst in care, irrespective of the quality of that home life. Whilst several suggested that returning home was not an option open to them



on leaving care, the family home was, for many, the only alternative if, for example, their own tenancy broke down. Such unplanned returns to the family home often did not work out because of a lack of earlier continuity of contact within the family whilst in care, making it likely that some young people would become homeless as a result.

## Education

### The positive impact of schooling

Whilst some felt that their education had suffered prior to entering care (for example, because of caring for their family instead of going to school), they suggested that being in care had helped them to gain a better education. Residential placements, in particular, were praised in this respect for helping young people concentrate on homework and to study for exams. Residential schools had a mixed response in terms of education. To several respondents, the lack of good quality teaching in some residential schools was offset to a certain extent by the support offered in a more intensive and individualised setting. Generally, though, these young people would have preferred to remain in mainstream schools where possible, so as to avoid being labelled as different. The good qualities mentioned in some teachers included the trust and respect that they gave young people, the fact that they listened to and supported them with any problems they had (both within and outside the school curriculum), that they showed affection and care and were there when needed.

School is often the most important place in young people's lives for making friends. Equally, it seems that friends are the preferred source of support to these young people. However, as discussed in relation to support networks below, friendships were difficult to sustain for many of these young people because they moved placements and schools too often. Nevertheless, school provided this source of support to them during times of uncertainty and flux in care. Several respondents inferred that they adopted a 'Jekyll and Hyde' personality when moving between school and either their home of origin or substitute carers. For example, they may have changed from being disruptive or non-communicative at home, to being a veritable saint at school, since school was a form of respite from the traumas of home life:

*"I loved going to school... 'cause school made me forget about anything that I had at home. It was like 8 in the morning till 3 in the afternoon I was, like, my own person an' then when I went home, I was sort of different."* (16-year-old female)

### Inconsistencies in schooling

The majority of the sample remained in mainstream education during their time in care, although many had to move schools when placements changed. Equally, many moved schools prior to entering care because of the family moving house frequently. Moving between schools (both from primary to secondary school and between schools at the same level whilst in care) was seen by the majority as an anxious time, mainly because of disruption to making and keeping friends, but also because of the possible discrimination they endured at new schools

because of being in care. Keeping the 'secret' of being adopted, fostered or in a home was difficult when one was moved to a new school suddenly, especially if the move did not coincide with the beginning of a new school term:

*"I felt that I was different to everybody else basically... It's hard... I had to go into a brand new school, with brand new people and explain to them why I had just appeared out of the middle of nowhere."* (23-year-old male)

Educational progress also suffered, in some young people's view, because of the constant moves in care, which meant that new teachers were unaware of an incoming pupil's previous abilities and progress.

Prior to being in care, as mentioned earlier, many had responsibilities for other family members which precluded them from attending school on a regular basis. Others felt that the pressures at home made school seem an irrelevance:

*"I just wouldn't do what [the teachers] told me... I couldn't sit at peace... I wouldn't listen."* [Did you hate school?] *"Not really, no. I miss it now. I don't know, I just don't know. I think it was a lot to do with, like, my mum an' dad an' the fall-outs an' that. I didn't like it an' I didn't want to put up with it."* (16-year-old female)

### Bullying

Fourteen young people mentioned bullying either in primary or secondary school as something which made their lives a misery. Most were resigned to the fact that such behaviour could not be eradicated altogether, but the majority felt that

it could be reduced if teachers were more willing to listen to the concerns of victims and act against the perpetrators. Most of those who were bullied said that they took matters into their own hands eventually by "snapping" and fighting back, either individually or with the help of friends/relatives. Very few could understand the possible reasons for being bullied but some suggested that it could have been because they were in care (and as such had reputations as being "hard") or alternatively because they were newcomers to the area.

## Competence and vulnerabilities

### General survival skills

Generally, respondents saw their skills as those of survival based on necessity rather than choice. They felt that they received little practical skills training whilst in care and, in fact, many suggested that they learned more skills, such as budgeting, cooking and other domestic duties, from looking after themselves prior to entering care than they ever did whilst in care. Many young people commented that their negative experiences in the past (due to being in care, being bullied or generally being misused/abused) had made them feel able to cope on their own and to be more likely to stand up for themselves now – not in an aggressive way but in saying what they wanted and being less dependent on others.

### Young carers

Whilst abuse was the main impetus for wanting to go into care, the relief at being removed from abuse was, nevertheless, tempered in many instances by the fact that a respondent may also

have lost previous responsibility, status or autonomy as a result of entering care. Twenty out of the 34 respondents suggested that prior to being taken into care, they had cared for another family member, most commonly a parent, and/or had looked after themselves as children. Of these 20 young carers, 14 were female.

Interestingly, many saw themselves as 'adult' from an early age because of their responsibilities as carers: "I was still a child trying to do an adult's job" (19-year-old male); "Before I went into care, I always felt I was more of an adult than a kid" (20-year-old male). However, they did not have the legal status, maturity and self-determination that they saw as precursors to adulthood. Going into care reduced that feeling of being adult, which the majority happily accepted, since the burden of responsibility was lifted once they entered care. Many also inferred that as a result of taking on responsibility at an early age, they did not have a normal or adequate childhood. Again, going into care helped them to relive that lost childhood.

Many of the skills these respondents developed as children had been as a direct result of taking on a caring role:

*"I've learned how to take care of myself and how to keep myself... [from] the age of five really... I was still a child trying to do an adult's job. It was just an everyday occurrence to us. I'd get home from school... and cook the dinner, do whatever, put on the washing... and I would go down to the pub and sit in the pub until [my mother] was finished in the pub and then go home with her.... At the age of 9, 10 year-old,*

*I was going into the supermarket and doing a week's shopping for thirty pounds for a family of three."* (19-year-old male)

*"I was, like, five and I was old enough to look after myself basically."* (19-year-old female)

The things they said affected them or made them grow up faster as a result of these experiences included: feeling protective of their mothers (who were often the victims of domestic violence or alcohol/drug misuse); missing school as a result of having to stay at home; and learning to look after themselves as children.

#### Academic skills

In terms of the skills learned at school, many regretted not having acquired literacy skills, as this was a precursor to gaining qualifications and a future job. Very few of the respondents could grasp the significance and importance of gaining academic skills and qualifications at the time they were at school, but realised in retrospect that such skills were vital to a good job and stable income in the future. The majority felt that going to college when they left school was a way of gaining the qualifications needed for a better job or career. School was seen as a better opportunity than care for being taught practical (independent living) skills, but many suggested that this was an under-developed aspect of the school curriculum.

#### Communication and social skills

The main skills young people said they had developed over the years were improved communication and 'people' skills. Frequent moves in care furnished many with these and other social skills, through constantly meeting

new families or starting new schools. The stability and attention received in care, particularly in longer-term placements, also allowed some respondents to talk about their problems to a neutral outsider:

*"When I first came here [to long-term foster placement]... communication skills were very low, and my bedroom was my best friend. Kept out of everybody's way. But I think they slowly brought us into it by asking us questions. 'Cause I never used to speak about anything."* (16-year-old male)

Nevertheless, applying communication skills seemed to be selective on the part of young people according to the circumstances, the possible consequences and the status/expected reaction of the people with whom they were communicating. Some young people were more likely to talk openly to friends, but not to trust them with more sensitive information (for example, about their backgrounds). Others reduced their level of communication to basic practicalities, either because of a fear of potential breakdown in a placement if they shared their problems, or as a result of having previously been let down by adults they had trusted.

#### Listening skills

Many respondents felt that they were good listeners and could appreciate the importance of listening to young people in trouble in order to relieve some of the burden of adverse circumstances or experiences. However, the majority questioned the listening skills of others – especially professional workers – when it came to communication with young people. Several

suggested there was an element of *quid pro quo*: that open and honest communication by young people equally depended on other people's willingness to listen – notably, social workers, teachers, children's panel members and foster and residential care staff, many of whom were seen as not involving or trusting them in decision-making processes:

*"I don't believe in social workers. I think they're a complete waste of fucking time... They don't help people. I'm not the sort of person that will sit and talk and express themselves. If I did, it wouldn't be to a fucking social worker, I can tell you that."* (15-year-old male)

*"I never gained any family life 'cause I never had any... I was with foster families but I was just, like, I felt I was put to the side."* (20-year-old female)

This lack of respect for young people's views was also a bone of contention for many respondents when talking about childhood more generally: that adults generally never listened to them, workers and parents alike. Whilst they may have been used to parents not listening to them, they nevertheless expected more from professional workers who were providing a specific service to young people in care:

*"I would have liked to have been, for us to be the ones that were able to make the decisions, as well as the staff making decisions, do you know what I mean? We never got to make the decisions. We were always just told what was happening and even when like my mum an' dad were concerned, it was always [the staff] made the decision, they*

*said what was right an' they said what was wrong but we never got to say, 'Well, my mum's only had a couple of drinks, I want to go home this weekend. If things get too bad, then I'll come back.' We never got the opportunity of doing that."* (21-year-old female)

*"I think in care they don't listen to you. If you run away, then, you know, they don't ask you why you run away. Mostly, most of the young people run away 'cause they're upset about something and they don't even ask, when you come back, they don't even ask why you ran away. They just... fling them in a room or restrain them."* (15-year-old female)

*"They're just there to keep you on the straight an' narrow, they're there to fucking feed you, clothe you, keep you warm, know what I mean, that's the way I see it."* (15-year-old male)

Finally, as these young people were preparing to leave care and to become independent, some were in the process of reading their social work files, a request which could be seen to demonstrate a gap in communication between young people and those charged with their care over the years, as one young man explained:

*"[I would have liked] more communication skills, so I could find out what was going on there an' then. Never, you know, finding out ten years later that you done this or you done that... I wish I had just got some explanations."* (15-year-old male)

## Supports and hindrances

In relation to the various themes that the respondents identified at the beginning of the interview, they were asked what or who had been a help or a hindrance to them as they grew up. The main responses related to people, namely carers, social workers and other professionals, family and friends.

### Carers

Residential care workers (both in units and in schools) were seen in a much more positive light than their counterparts in social work, with respondents saying that care workers would listen and talk to them, were 'a good laugh', were constant and supportive and were obviously trying to help the children and young people in their care. Ten respondents commented on the support offered in care, highlighting residential care settings in particular:

*"...this is like my home. Now, this is where I stay. This is where most of me is from. All the staff in here are like all my parents. Even the kids. When I leave this place, I will be sorry to see it go, know what I mean. When I stay at my mum's for an overnight, it's not like staying at home. It's just like going to see a pal... I know when I come back here, I do have my friends... we do get a lot of care, we do get a lot of help if we need it an' you do get a lot of support. An' that is what makes a child tick. That's my point. That's what makes you go. An' some families have it, some families don't."* (15-year-old male)

Some young people also mentioned specific residential workers and foster carers as particularly helpful, or just the mere fact of being in care as opposed to living in their own families:

*“Being put in care is actually one of the best things that has happened... honestly, because like if I hadn't been put in care, it probably would have been me... getting hit by mum's boyfriend.”*  
(16-year-old female)

Some foster families, however, were also seen as unhelpful or distant:

[researcher: What's your definition of a proper mum and dad?] *“One that will look after you properly an' listen to you an' no treat you like shit. I think [the foster parents] loved me but no with proper love. I think they loved me 'cause they've got to love me an' they've got to put up with me.”*  
(15-year-old male)

### Social workers and other professionals

Whereas what tended to help these young people as they grew up centred around their own coping strategies and the support of friends and some significant others, when it came to what hindered them, they invariably criticised professional workers, especially social workers. When assessing the views of respondents generally, the vast majority (26 out of 34) had negative views about social workers, some of whom they saw as interfering, patronising, untrustworthy, dogmatic and underhand in their dealings with young people. Moreover, 15 specifically mentioned social workers in response to the question about who or what was unhelpful or unsupportive:

*“[Social workers] forget you. Social workers are a pain. That's what I think, just a pain. They haven't got a clue. They come in, they sit down, they even try an' make choices for you... They try an' say, 'Well, foster care is the best for you.' How do they know that?”* (15-year-old male)

Several respondents named professional workers from other organisations who had been helpful (for example, Who Cares? Scotland, children's rights officers, Children 1st, Barnardo's and organisations dealing with youth homelessness). Whilst much of the support young people mentioned was of a practical nature, many inferred that some professional workers in particular had been willing to talk or listen to them, with eight specifically mentioning encouragement or attention from these workers as being factors which helped them during difficult times.

### Family

Fifteen young people (10 females and 5 males out of a total of 18 and 16 respectively) cited various family members as being a source of support either in the past or potentially in the future. However, of these 15 respondents, only two mentioned their mothers specifically, whilst five named their sisters (who may have been more like mothers to them when they were younger children), two their grandmothers and one an older brother. These family members were seen as supportive because they acted like role models, were someone who the young person could talk to or were a source of practical or other advice. However, few respondents had anything positive to say about their parents and step-parents, in particular. Most talked of bad experiences at

home involving one or more of the following: physical abuse; being used as 'skivvies' when they were younger; being overly restricted in what they could do; being emotional sounding boards for their parents' problems; being out of the control of their parents; receiving few signs of love or affection; and being "robbed of childhood", as one respondent put it. One summed up the mood of many when he described his two younger brothers as "lucky sods" for being adopted when he was left behind in the family. Whilst the vast majority of respondents cared for their mothers and wanted to re-build relationships with them, it was not apparent from what they said that their mothers were currently a source of practical or emotional support. If anything, some of these young people saw themselves more as supports to their mothers rather than vice versa.

There is a certain resilience and optimism in these young people about the significance of the immediate family in their lives, although it is unclear whether this is because the family is portrayed by society as the epitome of happiness, love and support and they feel they missed out on this as a result of being in care or because of some inherent commitment to family values:

*"I need my mother... At the moment she's just a friend." [Researcher: Would you like her to be a mother again?] "Yeah, I'd love that. I'd love a mother again, a proper one, you know. But I've never really had that sort of relationship so I can't say what it's like, you know. I always had my grandparents, right enough. They were always there for me." (19-year-old male)*

Eleven of the 34 respondents specifically mentioned parents or step-parents as being un-supportive to them in their childhood, although many more inferred that this was the case:

*"I'd like to have had a better mum at the time. One that didn't hit me, one that didn't shout at me. One that let me out when I wanted to go out with my friends." (22-year-old male)*

To these young people, it would seem that the conventional 'family' should be the main source of comfort and support for children and young people and even if they themselves did not live in such surroundings as a child, they continued to strive for a happy and secure family life in the future.

### Friends

Friendships, many of which were gained at school, were probably the most important source of help and support to young people in care, possibly because they could supplement, if not replace, the role of siblings where these were missing for the young person as a result of going into care. Eleven respondents specifically mentioned the support and enjoyment they received from having close friends, although some admitted to "getting in with the wrong crowd" probably as a means of gaining friends and attention. Some also preferred the company of older people whom they saw as more compatible in terms of maturity and life experience.

One of the major disadvantages of moving placement in care was the resultant loss of friends and the difficulties of making new ones, which many viewed as a hindrance:

*"The moving about [was unhelpful] because, like, I'd eventually make a friend in one house an' we'd have to move. Then after a couple of [moves] I gave up. I thought, I'll not make any friends, I'll just be by myself."* [Researcher: When did you think that?] *"The age of seven."* (20-year-old male)

However, respondents generally did not find it difficult to meet people their own age, regardless of their often transient lifestyles: *"I think I find it easy – easier – to make friends because I was doing it so often"* (23-year-old male). In terms of making and being amongst friends, many suggested that residential care was preferable to foster care: in foster care, there may be no other children in the household, and often the foster carers are older people with differing interests to the young people they are fostering, whereas in residential care there are always other young people with similar backgrounds and interests, as well as younger staff.

### Other hindrances

#### DRUGS/ALCOHOL

Many respondents mentioned drugs and alcohol as inhibiting factors in the past in either their own or their parents' lives. Whilst 11 respondents did not take and were against drugs or alcohol, a further 19 used to take one or other but had since given them up completely or only took them infrequently. Only two suggested that they may still have a problem with drugs. Many seemed to react against their parents' use of drugs/alcohol and the memories of having to cope as children with depression, drunkenness, addiction, attempted suicide and death within the family as a result. Drugs seemed to be more readily accessible via

peers in residential care than via peers in school. However, many of the sample who had experimented with drugs or alcohol in their early to mid-teens tended to give up on leaving care, once they had moved away from those particular peer influences.

#### OFFENDING BEHAVIOUR

The majority of those who mentioned that they had committed an offence as children had now given up or dramatically reduced their involvement in crime. Of those in trouble when in care, many suggested that their behaviour had not always warranted the police attention that inevitably ensued. Many respondents inferred that residential care staff, in particular, too often called the police to incidents, however small, rather than trying to diffuse the situation themselves through negotiation with the young person involved. This only served to further undermine respondents' desire for co-operative rather than adversarial relationships with adults as they grew older.

#### BEREAVEMENT

The incidence of bereavement because of the death of a close family member was surprisingly high, with 14 out of the 34 young people choosing to mention it. Nine people mentioned a parent or step-parent dying, five a grandparent and four a sibling. Four people had experienced the death of two close family members. Causes of death were due mainly to cancer, accidents, alcoholism and drug overdoses. When asked how death had affected them, most were naturally traumatised by the event and its repercussions but tried to hide their feelings and emotions at the time. However, the manifestation of this seemed to be increased disruptive behaviour which



resulted in a downward spiral of family alienation and a greater likelihood of being put into, or staying longer in, care.

#### A COMPARISON OF OLDER VERSUS YOUNGER RESPONDENTS

If one looks at the younger people in the sample (15–18-year-olds), including those in care and those who had recently left care, compared to the older age group (19–25-year-olds), the former more than the latter tended to see people rather than circumstances as a hindrance to them in their young lives, especially professional workers and family. This is perhaps unsurprising given their more recent exposure to people within the care system and their limited experience of coping on their own. But equally it may denote a greater optimism on the part of younger people about the potential support that adults can offer and their lesser exposure as yet to external circumstances such as unemployment, poverty and marginalisation.

### Past regrets and future hopes

#### In retrospect

The majority of respondents naturally wished that they had had a happy and stable family life and had not gone into care, and yet invariably they stated that they would not want to change that experience, since it had helped them to become the person they now were:

*"I don't think I could change anything really because being in care an' being through all the experiences that I've been through has made me a better person."* (20-year-old female)

Nevertheless, when asked what they would have liked to have done differently or better in their lives, half of the sample wished they had worked harder at school/college. A similar number felt their lives might have been better if they had been more assertive when younger: to say what they needed and what they were unhappy about in terms of care/support, especially to social workers, children's panel members and teachers. Whereas in the past many mentioned that they had either hit out, clammed up or given in when dealing with authority when they were younger, as they grew older they became stronger (able to stand up for themselves) and wiser (able to understand the advantages of cooperation over conflict). When asked about skills needed more generally in the past or in the future, 25 out of 34 wished that they had more confidence.

Again looking at the younger versus the older age group, there was little difference in their attitudes to the past, with both equally wishing they had worked harder at school/college and been more assertive.

#### Sense of achievement

None of the respondents gave the impression that they were unhappy with the way they were now, with many being proud of what they had achieved to date: *"I think I've coped really well... 'cause I got through all that mess"* (15-year-old female). In terms of concrete achievements, passing exams and winning prizes or medals were the main events that respondents were proud of. One young man, diagnosed as hyperactive, was even proud of the fact that he had completed the interview itself: *"This is probably one of the longest times I've ever sat without doing anything"* (19-year-old male).

### Future aspirations

When respondents talked about their aspirations for the future, 29 out of 34 wanted a good job (and had already identified their ideal career), 27 wanted a family of their own, 23 a home of their own and 17 enough money to live comfortably. The most popular career path was into work with children, where many suggested that they could do a better job of bringing up and working with children based on their own experience. In particular, they cited social worker, care worker or youth worker as a job they would like in the future, with over twice as many females (9) as males (4) citing this choice of career. Others suggested going into beauty therapy, computing and trades. Almost all the sample felt that their goals were now realistic, irrespective of past ideals: *“Well, when I was younger I wanted to be a vet and a ballerina and a princess and an actress, but I think being a beautician’s more realistic!”* (16-year-old female).

When asked what skills they felt they needed in the future, 12 suggested academic or job-related qualifications, with many stating that they intended to go to college prior to entering the world of work. Confidence was also mentioned specifically by eight young people as a skill they needed in the future, followed by determination. They also felt that they needed emotional and practical support in the future, predominantly from family, friends and a loving relationship. Whilst the sample generally did not identify workers *per se* as a source of support in achieving their goals, they did suggest that such professional support was crucial in leaving care and becoming independently settled into their chosen lifestyles. The main obstacles mentioned that might get in

the way of them achieving their goals were: a lack of money; emotional or practical demands of their families; not being eligible for college; offending behaviour; inability to control anger; the traumas of the past; and rejection/lack of encouragement by others.

It is disheartening to note that the older age group (19–25 years) seemed no nearer achieving their future aspirations than their younger counterparts (15–18 years), in terms of having a home and family of their own and stable employment, since both age groups anticipated achieving these goals by their late 20s or early 30s.

### Young people’s suggestions for change

Towards the end of the interview, the respondents were asked, *“If you were the Director of Social Work for this area, what would you want to change about the care system?”* One respondent spontaneously remarked that he would hand in his notice immediately, whilst four others decided to sack virtually all their staff and start again. However, all the respondents took the question seriously and were remarkably fluent and deliberate in their responses, given the lack of notice of such a difficult question. Table 2 below lists the suggested improvements that these respondents would make to the care system as a whole. The most common response to this question was to address the quality of staff working in the care system, followed by the suggestion that younger people with a background in care should be employed as staff and as trainers of staff. The fact that so many respondents mentioned employing young people, and listening to and giving greater

Table 2: Suggestions for improvements to the care system

	No. of responses
Employ more dedicated, receptive and caring social work and care staff	12
Employ younger people, as staff and as trainers of staff, who have direct experience of care themselves	10
Listen to young people's views and wishes more	10
Have less restrictions on, and give greater responsibility to, young people in care	9
Have better training for (both residential and foster) care staff	6
Help keep families together where possible and desired	5
Have more placements available and less moves in care	4
Have better/fairer system for paying pocket money/allowances	4
Have better safety procedures for recruiting and monitoring staff	2
Have better preparations for independent living for care leavers	2

Figures add up to more than 34 because respondents often made more than one suggestion.

responsibility and respect to young people in care, strongly supports the notion that these young people feel they are competent in matters relating to their care and are, in effect, "experts" in their own field.

Although put on the spot with this hypothetical question, the respondents' suggestions are in keeping with and endorse what they said in other parts of the interview. It is perhaps significant that many of their improvements relate to the quality

and integrity of staff working in the child care field, rather than to the environment in which the young people live whilst in care. The only anomaly in their suggestions is the final one about preparations for leaving care, which featured much more prominently during the interview than its rating here would suggest. Preparations for independent living are seen as crucial to these young people, as their future stability and development depend on it. However, such preparations are perhaps inferred in their recommendations for better staffing as well as greater autonomy and respect for young people in care.

### Young people's advice to others in care

A further question asked of respondents towards the end of the interview was "What one piece of advice would you give to young people growing up in care today?" Of the 30 people who answered this question, 11 said that young people should listen and talk to adults more and take their advice. One added that such advice from adults is perhaps better heard when given informally. Others suggested that young people should take all the advice and support they can get, because it is usually given in good faith. Five respondents advised young people to behave better, in order to gain the respect of staff and/or to have an easier life. Five also suggested that young people should be on their guard, stronger and more assertive. Three advised them to work harder at school and three suggested that they should not rush into decisions without planning first.

## Summary of key findings

The key findings to emerge from this research study in Scotland focus predominantly on these young people's experiences of being in and leaving care – experiences which impact significantly on their transition to adulthood. The findings outlined below form the basis of the discussion and conclusions in the following section:

- skills learned in the past often related to survival rather than personal development and were learned more through expediency than choice
- being in care was often a welcome relief from the premature responsibilities and traumas which children and young people faced in often adverse family circumstances; specifically, residential care was the preferred environment in which to be looked after
- frequent moves between placements and schools whilst in care inhibit the building of trusting/ongoing relationships and continuity of care/education
- there was a sense of ill-preparedness for entering, moving in and leaving care
- family and friends were generally seen as the preferred source of support for care leavers
- adults were generally seen as unable to listen to and communicate effectively with children and young people.

## 4 Conclusions and recommendations

### Conclusions

The classic transition model is based on the concept of an age-related continuum from childhood to adulthood and from dependence on one's own family to independence through employment and a home and family of one's own. This research has challenged that model by exploring the issue of growing up with young people who have not necessarily had the stability of their own family in childhood and who often felt like independent adults much earlier than their age would suggest they should. However, what seems incongruous about the classic transition model (and highlights the arbitrary distinction between childhood and adulthood) is its seeming dismissal of the competence and responsibilities that children and young people can have at an early age. What is equally notable is that such a distinction has, in the past, informed policy and practice in relation to children and young people, irrespective of their rights as citizens *per se*. The young people in this study have all taken on so-called 'adult' responsibilities without necessarily being conferred the rights as 'citizens' to do so, resulting in a possible lack of recognition by society and a subsequent feeling of disempowerment on the part of the young people.

The summary key findings listed on page 27 form the basis of the following conclusions and recommendations.

*Skills learned in the past often related to survival rather than personal development and were learned more through expediency than choice.*

#### COPING STRATEGIES

The skills that many of these young people learned as they moved through childhood related to being able to cope alone with traumatic circumstances, rather than furnishing them with the practical and emotional capacity to deal more positively with such circumstances. As a result, many of their skills could be deemed as negative rather than positive attributes, for example, selective communication or non-communication as a means of self-defence; rebellion as a means of being heard; fighting as a means of self-protection; and hiding emotions to avoid being hurt. Those who were bullied at school often built up resistances (in addition to truanting), such as "taking matters into their own hands", "snapping" or withdrawing emotionally. What came out in much of what the respondents said overall was their feeling of aloneness in having to cope with issues as they grew up, epitomised by the phrase one 16-year-old male used: "*my bedroom was my best friend*".

#### ADAPTING TO CIRCUMSTANCES

Equally, several young people assumed a 'Jekyll and Hyde' personality, where they acted in one way in one set of circumstances and another in a different set of circumstances. For example, many people found school a safe haven from the disruptions of home life (although the safety of school was often threatened by the high incidence of bullying), and were more communicative, confident and assertive at school than at home.

School was also an environment in which many felt the need to keep their background in care a secret, for fear of losing friends or being singled out as different by teachers or peers. In this respect also, “acting the fool” or being macho or disruptive were seen as strategies which improved their standing with their peers, thereby giving them some form of attention and friendship.

#### **PRACTICAL AND COMMUNICATION SKILLS**

Reflecting back, many of the young people in this research would have appreciated the opportunity to develop more positive and socially appropriate skills, such as assertiveness, confidence and the ability to communicate effectively and constructively with adults. They would also have appreciated having the practical skills to become independent of the parental home or the care system – skills such as budgeting, negotiating state benefits, finding appropriate housing and gaining employment. Academic skills, such as reading and writing, and qualifications, were also deemed important in the transition to adulthood.

*Being in care was often a welcome relief from the premature responsibilities and traumas which children and young people faced in often adverse family circumstances; specifically, residential care was the preferred environment in which to be looked after.*

#### **INCONSISTENT LEVELS OF RESPONSIBILITY**

The impression gained from many respondents in this study (especially those who entered care following an early traumatic childhood) was of a peak of relative autonomy mixed with responsibility prior to entering care (which in retrospect was seen by them as premature at such a young age); down to a low point of professional support but little freedom or responsibility whilst in care; and back up to a high point of unsupported responsibility and isolation on leaving care. This stark contrast in levels of responsibility, support and dependence caused many to resent the lack of trust/status given to young people once they enter care, and the lack of acknowledgement of their level of competence and vulnerability whilst in care and when leaving care.

#### **THE CARING ROLE**

One of the striking and possibly most disturbing findings of the research was the high number of informal young carers identified in the sample (20 out of the 34 respondents), who from an early age were taking on emotional and practical responsibilities for close family members (especially their mothers and younger siblings). For these young carers, being removed from that responsibility on reception into care was often a particularly distressing and worrying time for them, not least because of the uncertainty of who

would replace them (if anyone) in that caring role. Such responsibility had seldom come to the attention of the relevant authorities and was rarely acknowledged as something that young people often *chose* to do or recognised as a role that was invaluable to the family as a whole.

#### A PREFERENCE FOR RESIDENTIAL CARE

Young people in this study voiced graver concerns about foster care than they did about residential care, suggesting that the latter provided a more secure, safer and longer-term environment for young people in need of care. This finding runs contrary to and undermines current perceived wisdom about the value of placing children and young people in small and 'natural' family units rather than in 'institutional' care (see, for example, the Scottish Parliament Debate S1M-406, 13th January, 2000). The young people in this study emphasised their preference for residential schools and homes compared with foster homes for two reasons. First, residential placements are more likely to offer greater scope for long-term stability and, therefore, consistency of care. Second, these young people did not see foster care as necessarily being an appropriate alternative to their own families and they resented the often poor replication of 'family life'.

*Frequent moves between placements and schools whilst in care inhibit the building of trusting/ongoing relationships and continuity of care/education.*

#### A LACK OF CONTINUITY

Whilst many respondents suggested that they had learned to survive and to develop skills as a result of moving between placements and schools when in care, the level of movement was nevertheless regarded as detrimental to their stability within a safe/loving environment and continuity of care. Many respondents commented on feeling abandoned, by social workers in particular, not least because social workers were the most consistent relationship that they probably had whilst in care. This feeling of abandonment was exacerbated by a lack of continuity and communication between the educational and welfare aspects of their lives, especially when moving frequently between placements and/or schools. This was possibly more noticeable in the rural area under study than in the urban area, where distances between placements and referring social work departments were greater and transport/resources for travel were limited.

*There was a sense of ill-preparedness for entering, moving in and leaving care.*

#### **A LACK OF PREPARATION FOR CHANGE**

Two of the most anxiety-producing events in these young people's lives were entering care and leaving care, the anxiety being caused mainly by a lack of forewarning and minimal information, choice and consultation about the processes. Equally, it seemed that instability and insecurity in care only served to exacerbate emotional and behavioural problems that many of these young people had developed as a result of traumatic family upbringings. Instability and insecurity in care came from inappropriate placements, ill-preparedness for both entering and leaving care and a lack of communication and information sharing over time. The respondents generally seemed concerned at the lack of different types of placements and the lack of informed choices for those entering, moving within and leaving care. On leaving care, there was also a distinct lack of knowledge about benefits and grants available to young people from a care background.

#### **SKILLS FOR LEAVING CARE**

Given that the focus of this research was on the transition to adulthood for young people in care, the question of preparation for leaving care was

seen as crucial. Whilst many acknowledged their previously-gained skills and competence, for example, as carers of family prior to being looked after themselves, invariably young people wished that whilst in care they had been more helped to prepare better for independent living. They also felt that 16 was too young an age to become independent, following a period of almost total dependence on the statutory care system. In order for them to still take on adult status and responsibilities, even if staying in care after their 16th birthday, many would have welcomed having additional support in managing their affairs during this transition to living independently of the care system.

Some respondents also commented on the possibly misguided assumption amongst both staff and fellow residents that leaving care at 16 is a sensible, popular and preferred decision, irrespective of their readiness to leave. Many suggested that this way of thinking should be discouraged, since it puts pressure on young people to want to leave care possibly prematurely.



*Family and friends were generally seen as the preferred source of support for care leavers.*

Good relationships with others – with family, with those in authority and with peers – were very important to the young people interviewed in this study. Many had experienced cursory, if not damaging relationships with adults in the past but on the whole, their resilience in wanting to trust and be trusted and to communicate effectively with other people was particularly strong.

#### **FAMILY SUPPORT**

The young people in this study, with a background in foster or residential care, convey a strong affiliation with the concept of family as being their natural 'home base' and primary carer. Family relationships – whilst often fragile – nevertheless seemed crucial to a young person's well-being. Irrespective of whether reception into care was necessary, the respondents generally wanted to maintain and develop these family attachments. The *extended* family seemed to take on even greater significance than that of the parent(s), possibly because these young people realised that many of their mothers were single parents and as such, often dependent themselves on wider family for support. This affinity with the extended family seems to be a major source of support for young people in terms of kinship care. Extended family were often preferred as substitute parents in order to minimise the need for statutory care, or as a link between the young person and his/her community should reception into care be unavoidable. However, the steering group were concerned that such support within the extended family should be monitored, for

example, by local social work departments to ensure both appropriate care for the children and young people and access to additional external supports for the family where necessary.

#### **PEER SUPPORT**

However, in the absence of supportive family relationships, many young people in this study were dependent on their relationships with peers, in particular friends made at school. Equally, these respondents valued the friendships that they had in residential care compared with foster care, with the former offering a greater diversity and common interests. The longer-term nature of residential care also meant that friendships were less likely to be disrupted by moves between placements.

*Adults were generally seen as unable to listen to and communicate effectively with children and young people.*

#### THE RIGHT FOR YOUNG PEOPLE TO BE HEARD

Article 12 of the UN Convention on the Rights of the Child (1989) states that all children and young people under 18 should have the right to express opinions about their welfare and have those opinions taken into account. However, one finding common to many research studies of young people's views is that adults in authority (most notably, social workers, care workers, children's panel members, parents and the police) seldom listen to, or take on board the concerns and wishes of young people. The Children (Scotland) Act, 1995 reiterates these rights for children and young people being looked after or 'in need'. Both the UN Convention and the Children (Scotland) Act thereby emphasise the need to listen to the views of young people and to involve them in decisions relating to their care. In human rights terms, it is no longer acceptable, or even effective practice, that 'adults' – by dint of their older age or status, and irrespective of any statutory involvement with a young person – *assume* that they know what these young people want.

#### THE NEED FOR ADULTS TO LISTEN

A major concern of the young people involved in this study related to the quality of staffing rather than the resources available for young people in care, but they felt that training was a means to resolving the issue of effective communication and care. In particular, respondents wanted better training of social workers, care workers and

teachers in relating and responding to vulnerable young people in their care. Steering group members also acknowledged the need for better training of foster carers. Whilst the Scottish Parliament has targeted increased resources on training of *residential care workers* (the majority of whom have no relevant qualifications) it seemed from the interviewees in this study that *foster carers* could be better trained in appropriately caring for and relating to children and young people.

#### THE NEED FOR EMPATHY

Many young people also commented on the importance of empathy in respect of their relationships with others, in particular professional workers, and that such an understanding can only truly come through having experienced similar circumstances/feelings. A criticism often directed at social workers, among other professional workers, is that they seem far removed from the everyday lives and emotions of young people in transition, not only in terms of their backgrounds but also because of their age. Employing younger people, with similar backgrounds to those in their care, was felt by many respondents to ensure the breaking down of barriers to communication between social workers and young people, barriers which discrepancies in age and experience exacerbate. When the young people interviewed in this research spoke highly of someone in authority, it was because those people listened to them and responded to them as equals and with respect. This serves as a stark reminder of the value they place on mutual and equal relationships.

In conclusion, it seems that the standard model of transition suggests a smooth and linear progression from relative dependence to relative independence based on an accumulation of age-specific skills and responsibilities. In so doing, it fails to acknowledge the immense range of skills, responsibilities and competence that young people from a disruptive or disadvantaged background may have developed over their childhood years. The young people in this study had acquired some quite substantial skills usually associated with adulthood – skills of survival, coping, adapting and caring. Yet, they seemed not to be given any training, support, acknowledgement or credit in acquiring and utilising these skills as children. As a result, their progression to adulthood may not have been a smooth or linear one so much as an erratic series of *ad hoc* snakes and ladders. And precisely because of their young age and this possibly erratic 'progression' to adulthood, there is a risk that adults may further undermine or minimalise the value of their existing competence as young citizens.

## Recommendations

*"Nobody's ever done that, sat down an' just talked... about my life."* (16-year-old male)

The above quotation, in referring to the interview process itself, illustrates the need that many of these young people had for someone to talk to. In what they said about their families, about their childhood, about being in care and about becoming independent, there was a common thread – the need to share their experiences of growing up with someone who would listen. What this research has attempted to convey is that without that 'listening ear', the voice of children and young people is unlikely to be heard.

The average length of time spent in care by these young people was 7 years 6 months, with half of the sample having entered care before the age of 10 and the majority having experienced both residential and foster care. There is, therefore, a wealth of experience in this study that is reflected in their views about their experiences of being in care, but more importantly, of being adults as well as children.

The UN Convention on the Rights of the Child reflects the fulfilment of basic needs of children and young people as of right. Whilst the young people in this sample may have expressed their concerns as 'needs', the following recommendations are set within a rights context, to emphasise the importance of acknowledging and respecting the voice of the young people concerned. These rights are subsumed under three major headings:

the right to citizenship, the right to support and the right to appropriate professional care.

The following recommendations were initiated from the research findings and were then elaborated by young people in the steering group in Scotland in the light of their experience.

#### The right to citizenship

1. Children and young people's views and wishes should be sought and taken into account in all matters concerning their emotional, physical and educational development, by policy-makers, practitioners and carers alike.
2. Children and young people should be given the opportunity to take on a level of responsibility once in care which is comparable to that which they held previously within their families (e.g., in terms of housework, autonomy, budgeting) and their skills and competence should be assessed with their involvement, and built on where appropriate.
3. Educating and advising children and young people about their rights should be at the forefront of all work undertaken with children and young people both for those in or leaving care (for example, regarding benefits such as the leaving care grant or job seekers allowance) and for those living within their own families (for example, regarding support services for young carers under the provisions of the Children (Scotland) Act, 1995).
4. Children and young people have the right to freedom from discrimination and

stigmatisation as a result of their age or status as looked after children. Education authorities should ensure that confidentiality regarding children and young people's backgrounds in care is respected by teachers and pupils alike and that positive action is taken to eradicate bullying and other forms of discrimination within schools.

#### The right to appropriate support

5. Whilst not usurping or undermining the role of children as young carers, local councils should offer a more proactive support service to families in difficulty as well as advocacy and training to both formal and informal young carers.
6. Family mediation services should be encouraged and supported to work with both parents and children/young people who identify the need for help to re-build relationships between family members before, during and after children and young people are in care.
7. Residential and foster placements should be available near to the family home, where appropriate, and there should be more opportunities for home leave in order to maintain links with family where this is not seen as detrimental to the interests of the child/young person requesting it.
8. Social work resources should be made available to increase the level of support offered to young people leaving care whether this be to their own tenancy or back to their family.

The right to appropriate professional care

9. Further research and consultation should be undertaken with looked after children and young people regarding their views and experiences of foster versus residential care before the Scottish Executive considers any future changes to the balance between foster and residential placements in Scotland.
10. Children and young people from a care background in particular should have the right to a consistent and stable education, with changes of school kept to a minimum.
11. There should be better liaison between community-based social workers, teachers and residential and foster carers regarding the throughcare and aftercare needs of children and young people being looked after.
12. Social work departments should seek to recruit more young people who have had direct experience of the care system as social workers, care workers and foster carers.
13. The training of care workers and social workers should be strengthened and improved in relation to the level and quality of individual support given to children and young people in their care.
14. Children and young people should be encouraged to remain in care up until 18, if they do not feel ready, emotionally or practically, to leave at 16.

*"...you've got to put a brave face on. You've got to be strong because if you don't, everything will come down on top of you, you know... you've just got to be positive and just keep thinking in your head, 'Just get on with it, just get on with it.' Because if you let it all start ripping into you, well, wallop, it will take you right down."*  
(19-year-old female)

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# Appendix I

## Membership of the research advisory group

Mick Appleyard	SOVA
Kelly Collins	Voice of Young People in Care
Cal Duffy	Who Cares? Scotland
Bob Franklin	Department of Sociological Studies, University of Sheffield
Maggie Jones	Joseph Rowntree Foundation
Charlie Lloyd	Joseph Rowntree Foundation
Carol Nevison	Save the Children
Bridget Pettitt *	NSPCC
John Pinkerton	Centre of Childcare Research, Queens University of Belfast
Paula Rodgers	Save the Children
Carolyne Willow	Children's Rights Alliance for England

## Appendix 2

### The interview schedule

Name:

Date/Time:

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*[Exercise with time line]*

Where would you place yourself on the time line now?

What experiences have you had?

What were the key incidents?

Which were happy/anxious times?

What was the impact of the incident on your attitudes/feelings?

Have you changed as a result?

Prompt for key themes

- Parent
- Care leaver
- Working
- Participation

What skills have you gained?

What experience have you gained?

What knowledge have you gained?

What skills did you need in the past that you did not have?

What/who helped you?

What/who hindered you?



What were the good/bad things?

How did you deal with it?

How did it influence your attitude?

What if it happened again?

*[Two exercises with photographic images]*

What do you hope for at the end of line?

Is it idealistic?

Is it realistic? \*

What skills do you need to get there?

How will you get them?

Do you have some of those skills now?

What support do you need to get there?

What are the obstacles to you getting there?

Have your aspirations changed?

If you were Director of Social Work, what would you do differently?

For the young people involved in this study – care leavers in Scotland – the transition to adulthood comes abruptly, often with little or no preparation. This qualitative research explores their perceptions and experiences of growing up in their own families and in substitute care; how they felt about issues of importance to them; and what changes might improve the situation of young people growing up in the care system in Scotland.

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