

The conference for care experienced people

**Liverpool Hope University** 

26<sup>th</sup> April 2019

**Summary Report** 

in partnership with





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#### 1. Foreword



It is my privilege to present this summary report on behalf of the core team of the "Conference for Care Experienced People" (CareExpConf) and all our many supporters across the UK and around the world. Our conference began as an opportunity to give care experienced people of all ages a platform for their collective voice to be heard, but thanks to the drive and ambition of the team it became so much more, a wonderful celebration of the creative diversity of the care experienced community. Our report attempts to offer a brief glimpse of the many views and different perspectives of those who attended conference, informed by the wisdom of years as well as the freshness of recent experience. We believe it can make a significant contribution to future academic research alongside the companion Research and Academic Group Report available on the website www.careexperiencedconference.com.

Such was the need for an event of this type that the conference was heavily oversubscribed and even before the conference took place there were calls for more such opportunities to be created.

Our delegates told us in their very positive feedback that the conference was a success as a 'stand alone' event, but we have greater ambitions. We want it to be judged on the impact that it makes. The conference achieved significant coverage from the media and has attracted the interest of those in positions of power. Our hope is that this report will result in the greater engagement that care experienced people seek and will in time lead to change and improvement.

All artwork in the report are original pieces by care experienced artists exhibited on the day of the conference and cartoon graphics by Beci Ward beciward.com who attended and illustrated the workshops and messages.



## 2. Executive summary

The conference for care experienced people (CareExpConf) took place on the 26<sup>th</sup> April 2019, bringing together 141 people from the care experienced community of all ages for the first time. An unprecedented movement of support, dedication and fund raising from a committed team of volunteers composed of care experienced people and their supporters enabled the conference to take place. The aims and objectives of the conference can be found in **Annexe 3**: **Aims and objectives**.

Much that is understood in Society about the care experienced community is gleaned from government data, which is only collected about young people up to age 25, a snapshot in time. Despite the significant life challenges care experienced people face, governments have yet to recognise, consult and engage directly with these experts with lived experience, or seek to better understand their challenges in life after the age of 25. This report and supporting research seek to offer for the first time a glimpse into their lives after age 25 and the prevailing issues this unique group encounter. This summary report is not intending to offer a refined analysis or commentary on the comments and observations of people taking part in the conference on 26<sup>th</sup> April. More to reflect faithfully what was said and invite the reader to listen and understand the experiences of 141 care experienced people between the ages of 14 and 82.

Despite adversity many care experienced people go on to achieve great things in life - academics, business leaders, social workers, government advisors, artists, etc. Care experienced people work in every profession and trade and live fulfilling family lives as partners, husbands, wives, parents and grandparents. These many successes show that the current negative statistics portrayed do not define the care experienced community.





The conference celebrated our care experienced artists with an extensive exhibition of 117 diverse and creative works of art, including painting, sculpture, poetry, writing and music. View an album of images of the exhibition here bit.ly/2L3Mp8t.

The conference also included 20 workshops focusing on a wide range of subjects nominated by care experienced people themselves. This report includes detail of all of the workshops held and anonymised feedback from those who took part showing the reality of a lifetime of the care experience.

Care experience people clearly stated at the conference that they want to see more love, respect and recognition. They emphasised the importance of relationships and continuity. They were most concerned about mental well-being and the need for ongoing support, including making sense of personal history.

Care experienced people stated at the conference they want to have more say in their own lives and to improve things for others too.

It is a shared belief across all involved that the care experience is a continuous lifetime experience bringing different needs at different stages that may not accord with the statutory definition of care and leaving care, or the way care experienced people are represented in society, the media and statistics.

We call on organisations, charities, society and Government to review this document and the additional new evidence base from the lived experts in order to bring about improved services, dialogue and support for this group.

Change will be long term. However, there are issues arising from conference that could be addressed by government immediately upon which we would urge immediate action. We would cite but **four key actions**:

#### We ask the government:

- 1. To recognise in policy that the care experience is a continuous life time process and does not simply cease at 16, 18 or 25 years of age;
- 2. To recognise in policy that many care experienced people enter higher education later in life as a result of their childhood experiences, and to enable them to have financial support after the age of 25 to complete their education;
- 3. To specifically address the lifetime mental health and emotional well being needs of care experienced people of all ages as a single issue; and
- 4. To take steps to improve the quality and transparency of case recording and improve access to care and health records for care experienced people. Support should be available for care experienced people to access and explore these records recognising that they form a significant part of the personal history and identity for care experienced people.

## 3. Conference spoke to us – the top ten messages



## **TOP 10 MESSAGES**

- We need more love in the care system, including displays of positive physical affection.
- We want to be seen as individuals worthy of respect much more than we are.
- Relationships are critically important to us.
- Instability and loss of continuity in our lives is made worse through no fault of ours by pressure in the care system.
- Mental health and well-being are our biggest worries and the most important and urgent things that have to improve.

www.careexperiencedconference.com #CareExpConf



## **TOP 10 MESSAGES**



- The impacts of the care experience do not end at 18, or 21, or even 25.
- Our sense of who we are is important. Our family, heritage and history are uniquely ours and must be protected.
- Having our say is essential.
- We have legal rights and entitlements and we are not always being told what they are.
- Nobody knows more about what it means to be in care than we do.

www.careexperiencedconference.com #CareExpConf



# 1. We need more love in the care system, including displays of positive physical affection.

We want to feel like other children and enjoy the spontaneity of ordinary life - there is too much bureaucracy in day-to-day life. Sometimes our care feels more like 'warehousing' and we can feel as though we are being 'passed around'

2. We want to be seen as individuals worthy of respect much more than we are.

We want more respect shown towards us individually and as care experience people including recognising our achievements, creativity, diversity and strengths. Stigma and discrimination are hurtful and unacceptable and must be tackled and attitudes improves across care, social work, Society and the media

"I got my first hug at age 21; didn't know how to respond – let me go"

"Physical contact and affection are missing from care – need to be able to give hugs, show affection and love"

"Care must care for the emotional needs and not just physical ones"

"We need more love in system"

"Love and relationships are a basic human need but it's overlooked. That's what they need to thrive."

"Foster carers are scared of repercussions of hugs."

"if you want to know who the care leavers are in prison look for the ones who are badly behaved' quote from an adult trainer in prison"

"See the child - A care leaver is not a statistic"

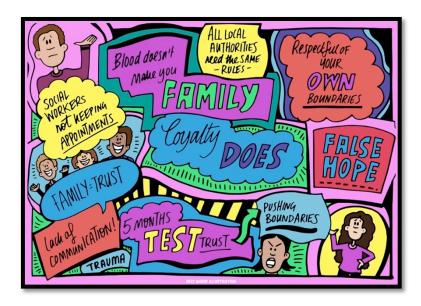
"Bin bags"

Need to be more positive – not all care leavers have negative outcomes. Needs to be viewed long term as a life course"

"We need to talk more about the positive achievements and accomplishments of care leavers to demonstrate that they are "more than just a number"

## 3. Relationships are critically important to us.

We want those relationships that are significant to us accepted, valued, encouraged and protected. We decide the quality of our own relationships and which we want to keep going. We want to keep in touch with our friends and relatives and with those professionals and carers we care about. It must be our choice. We worry that some carers and professionals need to be better informed and more skilled if they are to be involved in our lives and gain our trust.





"Need for continuity of care and positive relationships. Relationships matter."

".... often in the news you hear that foster carers are knighted for looking after hundreds of children but what he would like to see more of is the story where a carer has fostered 1 child for 13 years and still keep in contact."

For young people currently in care, they spoke a lot about social workers treated you like a human being and not as though you are nothing just because you are in care as well as being trained in how to manage trauma"

"the system was not a 'care system' but a 'loss system'."

"Rebuild, safeguard and promote positive ongoing relationships with people meaningful to young people in care".

"Resilience needed from caregivers, have to get through behaviours and still love the young people"

"Everyone should be trauma trained, and not allowed to work in social care unless."



4. Instability and loss of continuity in our lives is made worse through no fault of ours by pressure in the care system.

There's not enough time or money to do everything that's needed. Too many people come and go in our lives. We are asked to settle and call places "home" but multiple changes to those places and our being taken away repeatedly from people we have grown to know and care for fractures relationships and does damage, including the risk of damaging our ability to trust and form good relationships in future.



5. Mental health and well-being are our biggest worries and the most important and urgent things that have to improve.

We feel we are being let down and that the current support being offered to us is not good or consistent enough. We have lots of ideas about how to improve things, but we are rarely asked.

"Those who do well are those who had consistency: the same social worker, the same foster carer."

"Sometimes a child can be put in more than 30 placements. There is no trust in social worker. The relationship with the social worker is key"

"Compared to accessing support for mental health issues, accessing support for issues of physical health was viewed as relatively straightforward by this group"

"It's not always about therapy but listening to young people"

"Therapy is not always the answer"

"Moving from one home to another you lose your place on waiting lists for services"

There should be more alternative therapies to deal with things like anger, etc. Not all such behaviour needs mental health input"

"CAMHs is seen as the answer to everything mental health related, however there should be support in place beforehand. For example, there should be emotional and wellbeing workers available in homes that could help with early interventions and the dependence on CAMHS."



## 6. The impacts of the care experience do not end at 18, or 21, or even 25.

We are the same as your children and we may need help at any time in our lives. We want help when we need it not according to our age. Those providing support must work better together and aftercare must be improved to recognise the reality of the care experience. Help should be available earlier and be more reliable if a problem arises.





"the lack of belonging and loneliness is a common theme for those leaving care."

"There is a "lifetime of age restrictions" governing support for care experienced people, based on their age not their circumstances. This needs to change."

"More tailored aftercare to meet needs – job references, driving lessons. Somewhere to crash"

"Support stops at 25 – Need doesn't"

"Leaving care at 16 or 18 is far too young and too sudden for some. Takes time"

"Age not stage"

"No link between child and adult services, for example mental health – Not good enough!"

"There is no life course support for care experienced people"

"Transitions to adulthood from care must be based upon "stage" not "age". Offers need to be around when needed not time limited or age related."



# 7. Our sense of who we are is important. Our family, heritage and history are uniquely ours and must be protected.

We need and have a right to a good understanding of our past and what happened in our lives and better more accessible records written in plain English without jargon are needed. Keeping or rebuilding family and community connections is really important.



## 8. Having our say is essential.

It is our life and we will be affected long after carers and professionals have moved on. We need to be kept informed, to be consulted and our views respected in decision making about our own lives. We must be able to make decisions about our own lives and it should be routine and should happen all the time.

"The language used to describe and record about care experienced people needs to be humanised"

"Care experienced people need to have a positive sense of identity"

"Stop separating siblings unless it is absolutely necessary to protect them";

"More needs to be done with life story work"

"More attention needs to be given to the issues around breaking contact versus keeping in touch after changing placements"

"Nobody ever asks us!"
"Ask young people routinely if
they were happy with what
was being suggested for
them".

"We sit in a meeting and talk about things that are already decided"

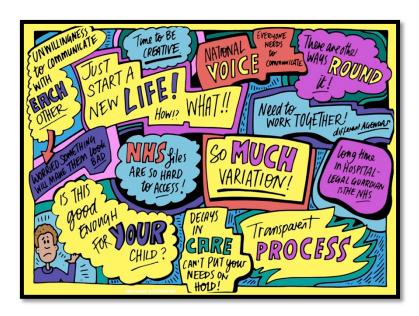
"Nobody asks young people
'What do you think you need?
Are you happy with the service
you are receiving?"

"Too easy to close cases if young people are not engaging. Disengagement is an indicator that there's a problem"



# 9. We have legal rights and entitlements and we are not always being told what they are.

We need to be told our rights and be offered independent advocacy if we require it. We need to be able to hold the authorities to account individually and collectively. Discrimination in all its forms must be challenged.



"What is a corporate parent anyway?"

"The care experience needs to be a Protected Characteristic"

"There needs to be greater steps to raise awareness and empower care leavers to become active and make a difference."

"Need to change the bureaucracy, change the systems and the language used about care"

## 10. Nobody knows more about what it means to be in care than we do.

We are experts in our own care and want to influence and inform those in power to improve things for others. We want meaningful consultation arrangements and to be listened to day to day, in our care settings, locally by Children's services and local councils and by those making decisions nationally. We want this right to be monitored independently to ensure it is not just tokenism, but that we are listened to.

There is a growing vision of a different reality for care, a greater expectation of positive change".

"Need to be aware of what care experienced folk can about change, and focus on changing it."

"Allow permission to dream."



## 4. What delegates told us being at the conference

There were 141 care experienced people at the conference of all ages, backgrounds and experiences, representing the rich diversity of Society. The youngest care experienced delegate was 14, the oldest 82 years old.

Members of the core team were genuinely surprised and delighted at the very positive emotional, almost cathartic, reaction from delegates once they came together as one big group. There appeared to be an early 'bonding' of the group as though the care experience that they held in common outweighed the differences in age and background. People overwhelmingly reported that attending the conference had been positive and life affirming and that they found the atmosphere caring and supportive. It was evident from the outset that we had fulfilled our first objective:

"To recognise that care experienced people share common heritage Irrespective of age or status. They have all experienced life in the care system, and though their experiences are highly personal and individual, they share a common history and tradition."

This was reinforced by comments on delegates' feedback forms which were overwhelmingly positive in so many ways, including feelings of immediate fellowship and the cathartic joyful experience of care experienced people coming together:

"...connecting with the care experienced family from across the world"

"...meeting other care experienced people and networking"

"Meeting so many other people with similar experiences as me and also meeting other care leavers that had positive care experiences. This makes me very happy!"

"...meeting care leavers of all ages and experiences".

"Having my voice heard — so often it is forgotten!"

"The energy, passion and love in the room!"

"...being with people who 'get' me"

"Uplifting, inspiring and inclusive! "listening to the passionate views of recent care leavers and meeting many others with similar backgrounds"

The core team believe that this reinforces our view that the care experience is not defined by legislation to be those in care and those deemed to have left care at 18, 21 or 25 years of age. Rather, care experience is a continuous lifetime experience that can have lasting effects. To ensure those effects are properly addressed, the understanding of care experience by those who make decisions and deliver services will need to be reassessed and redefined. This was the strongest message coming out of the conference.

"... meeting people from around the world who want the same thing!"

"... the fact that we

## are all together as an amazing force! Supporting care experienced people, young and old"

# 5. Observations made and views expressed by care experienced people from the day

This summary report is not intending to offer a refined analysis or commentary on the comments and observations of people taking part in the conference on 26<sup>th</sup> April. More to reflect faithfully what was said and invite the reader to listen and understand.

During the course of the day a large number of valuable perspectives were shared. With the help of facilitators and note takers we've attempted to capture and then summarise the key messages. We present this as authentically as possible – we have not reinterpreted or reframed the views expressed. Because of the richness of contributions, we recognise that in summarising we may not do full justice to the views expressed, so the original notes from all workshops can be found on the conference website at www.careexperiencedconference.com.

"...listening to what other care experienced people said – love, respect, human rights approach – nothing about us without us"

We felt it was important that this report uses the words of the people who attended. In addition to detailed notes compiled from the workshops direct quotes were captured through the workshops and feedback forms completed by a large number of participants. We include a selection of the "...knowing that you are not alone and there are others feel the same as you"



comments to present delegates' views in their own words. Details of each of the workshops are also included at the back of this report in Annexe 5.

We were delighted to be told by delegates that attendance at the conference proved for them to be a positive experience in its own right. As one person said:

"Meeting so many people with similar experiences as me and also meeting other care leavers that had positive experiences. This makes me very happy."





6. Feedback from professionals' group - final closed plenary session.

#### We have heard:

- Issues for elderly care experienced people
  - Wanting more dialogue about LOVE in care
- Living a whole childhood without a hug;
- Fear of allegations holding carers back:
- No card for a foster mum for Mother's Day;
- The "serial offence" of people not listening;
- Professionals scared of sharing about themselves;
- Power of people listening want more opportunities;
- Receiving affection helps people through the darkest times;
- Listening without boundaries or preconceptions is necessary;
- Opportunities for engagement should be created;
- Give us support when we want it";
- "It's not a care system, it's a loss system":
- Having no agenda and just listening has been very positive;
- Carers bring more continuity than professionals or communities;
- Wider communities need educating to understandand engage.

# Actions and pledges from professionals to the conference:

- "Keep on being an activist (renewed my passion)"
- "I will promote hugs and warmth with foster carers and workers":
- Promote links with professionals;
- (We) will engage directly with the care experienced community;
- "I will start a conversation about children in care seeing family and friends in the community";
- Keep on promoting goodness,

  dignity and positive recognition for care experience
  people;
- Keep listening to the experts (who are care experienced people), and
- Pledge to politicise this agenda (because without it nothing will happen).

7. The last word: Comments from the floor at the final Care Experienced People closed plenary session.



"Support stops at 25 - Need doesn't"

"What is a corporate parent?"

"There is no life course support for care experienced people"

"No link between child and adult services, for example mental health – Not good enough!"

"How do we get truly national services that don't vary between local authorities?

- Mental Health?
- Housing?
- "Moving from one home to another you lose your place on waiting lists for services"

"Mental Health and child development must be core parts of social work training"

"Transitioning at 16 or 18 is far too young and too sudden for some. Takes time"



"Physical contact and affection are missing from care – need to be able to give hugs, show affection and love"

"Care must care for the emotional needs and not just physical ones"

"Therapy is not always the answer"

"Care leavers often do not know about and have not got access to services they are entitled to, particularly those who may be living on the streets"

"Need to have flexibility in health care so that GPs etc. can share information so people do not have to keep repeating it"

Need to be more positive – not all care leavers have negative outcomes. Needs to be viewed long term as a life course"

There should be more alternative therapies to deal with things like anger, etc. Not all such behaviour needs mental health input"



## **Annexe 1: Thanks and acknowledgements**

The Care Experienced Conference 2019 was organised by a team of volunteers working in their own time and at their own expense, and supported by significant donations of time and money from many people. We would wish on behalf of the team to thank them all for making this possible.

First of all, many thanks go to Professor Michael Lavalette and staff and students at Liverpool Hope University. Their unstinting support throughout the conference planning, in hosting the conference and providing volunteers from amongst their staff and students made conference happen. Without Michael and his Liverpool Hope team, there would not have been a conference.

There would not have been a conference without our team of volunteers either. Special thanks to each of the organising team – the 'core group'....

Jenni Bagchi **Rosie Eleanor Canning Antony Corrigan** Jamie Crabb Rose Devereux Ian Dickson Sue Dickson

Dr Delyth Edwards

David Graham Philomena Harrison Carrie Harrop Dr Cat Hugman **David Jackson** Hannah Kirkbride Rod Kippen

Jackie McCartney

Paul Yusuf McCormack Alison O'Sullivan Elaine Pearson-Scott **Denise Smalley** Sarah Sturmey Dr Sarah Wolfe

## ...and to our many donors and sponsors

Ai Media Aisling Bouketta Alan Dapre Alison Gough Alison Jones Amanda Newton Andrew Brierley Angela Haverstock Angela Hubbert Dawn Mannay

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Services

The Careleavers' Association

The Open Nest The Segelman Trust The Tunstall Jubilee

Foundation TCES Group

Very special thanks to you all!

Ian Dickson

Chair. CareExpConf Core Group



## Annexe 2: Background to conference



The conference for care experienced people (CareExpConf) stemmed from a shared belief amongst care experienced people and many professionals that the current care system failed to recognise the care experience for what it is – a continuous lifetime experience that starts on the first day a child is admitted to care and continues into adulthood. Care experience brings different needs at different stages that may not accord with the statutory definition of care and leaving care, or the way care experienced people are represented in society, the media and statistics.

In our view, this has led to a failure by decision makers and professionals to engage with the care community of all ages when planning care policy and initiatives on a national scale, and planning, delivering and regulating services locally. An opportunity is being missed to improve the life chances for too many care experienced people. The conference sought to initiate a fresh debate about how best to consult with care experienced people.

A second aim of the conference was to challenge stigma, discrimination and the poor self-image that so many care experienced people carry from their childhoods. A feeling that somehow, they were less worthy than others and somehow unable and ill deserving of attaining happiness or self-fulfilment.

This included a recognition of the sense of isolation, 'differentness' and loneliness felt by many care experienced people because of their upbringing.

In order to make the conference happen, a core group of unpaid volunteers was formed in 2017 to design and plan the conference. The team consisted mainly, but not exclusively, of care experienced professionals drawn from social work, psychology, business, the arts and academia. Their task was to host a conference

that addressed the issues that the care experienced community wanted to discuss and enable that community to attend and participate in the conference even if they had limited financial resources to do so.

The conference team resolved to offer a forum at which care experienced people of all ages, from every trade, profession and none, in all their diversity, to come together and share their experiences, support each other and offer their views amongst their peers about how the future care offered to children and young people might be shaped. We anticipated that this experience alone might prove positively cathartic to very many care experienced people.

Alongside this, an exhibition of art - of paintings, sculptures, books, drawings, film and music by care experienced people - would form an impressive backdrop to conference, lasting throughout the day and demonstrating the creativity, talent and artistic dexterity of the care experienced community.

Also, an action research project led by care experienced academics would work within and alongside conference and seek to carry the learning forward beyond the conference to advise future learning, practice and policy.

The team spent two years fundraising so that we could support care experienced people to attend at no cost to them and offer those who needed it support with travel and accommodation. All our donations came from private donations and charities. There was no money from any government agency or sponsorship from any company or organisation.

As a result of money raised, the team were able to offer a free conference attended by over 250 people. There were 141 people who declared themselves to be care experienced, of whom 20 were 18 or under, 45 were between 19 and 25 and the rest were over 25. The oldest care experienced delegate was 82 years old. The balance were professional guests invited to offer a different perspective and volunteers who kindly offered to facilitate workshops, offer pastoral care to delegates and act as marshals at the event.





## **Annexe 3: Aims and objectives**

To guide the day, the core team identified nine explicit aims and objectives for the conference. These were to:

- 1. Recognise that care experienced people share common heritage irrespective of age or status. They have all experienced life in the care system, and though their experiences are highly personal and individual, they share a common history and tradition;
- 2. Reinforce that the care experience carries no shame or stigma. No care experienced person should endure shame, stigma or discrimination by virtue of their experience;
- Demonstrate that there can be a new and more effective way of consulting care experienced people of ages and in all their diversity which will enable much more effective decision making to be made in areas of child care policy and strategy.
- 4. Lead the way to a marked change in how people who are leaving or who have left care are perceived. The idea of a 'care leaver', usually viewed as a young adult from 16 to 25 years of age, will be replaced by the more accurate perception of a 'care experienced community', a section of the population who can be of any age;
- 5. Offer a clearer recognition of the dynamic nature of leaving care. It is not a 'transition' that lasts for a period of time between the age of 15 and 25, but a process that starts on the day a child is admitted into care and ceases when the adult is settled into the community at large however long that may take. Failure to recognise this is to misunderstand the reality of the impact of care;
- 6. Result in enriched and valuable data based on detailed information that could change how care and aftercare is delivered and increase the opportunity for the care experience to be successful for more young people;
- 7. Precipitate the care experienced community becoming more visible and empowered, thus challenging the stigma and discrimination that they have had to face for decades;
- 8. Result in the creation of a new and positive interface between care experienced people, academia, politicians, decision makers and care providers.



9. Lead to formal academic research linked to the conference to seek out and determine the views of care experienced people of all ages about the care system, past, present and future. This could benefit student learning and prove extremely useful for future planning, research and resource allocation.

### **Annexe 4: Planning the day**

Prior to the conference, the core team carried out an online survey of care experienced people and those who work with them led by one of our psychologists to gain a clear impression of the key issues that were affecting the community. There were over 50 responses. The key themes arising from the survey responses were used to draft the topics for the workshops taking place at conference.

Workshops were planned to capture the views about care of the professionals and care experienced people of different ages in their own protected workshops. Themed workshops open to all were then offered to look at the topics identified by the survey. There were also workshops looking at research themes. Each workshop had an independent facilitator and where possible, somebody taking notes. Notes were collected from each workshop to inform the final report.

These workshops across the day included:

- a. "The professionals' perspective of care, past and present" a workshop for professional delegates only;
- b. "Care as it is today" A workshop for young people under 18 and still in
- c. Our experiences of care" A workshop for younger care leavers aged 18 to 25 years of age;
- d. "Care as it was" A workshop for older care leavers, aged 26 and over;
- e. "Mental & physical health & well-being past & present" (open to all);
- f. "Promoting positive care & challenging misconceptions past & present" (open to all);
- g. Love & Relationships throughout the care experience past & present" (Open to all);
- h. "The experience of care accentuating the positive in the past & now (open to all);
- i. Stepping into a positive future past & present" (open to all);
- j. "How can we improve support for mental wellbeing?" (Open to all)
- k. "Stepping into a positive future The future" (Open to all);
- I. "How can engagement & consultation be improved?" (Open to all)
- m. "Promoting positive care & challenging misconceptions the future" (Open to all);
- n. "Enhancing love & Relationships throughout the care experience the future" (Open to all)



o. "The experience of care – accentuating the positive in the future" (Open to all);

The academic-led research workshops took place alongside the other workshops. These were also open to all and included:

- p. "Care Less Lives The story of the rights movement of young people in care" Research team. (Mike Stein);
- q. "Identity and the care experience. Claiming the past and shaping the future" (Research team);
- r. "Care leaver experiences of higher education PhD programmes";
- s. "Care experiences and co-production taking the agenda on";
- t. "The future Life after care & building an ideal service".

All workshops were well attended. The work of the academic workshops is reported separately by the conference academic team.

## **Annexe 5: Workshops**

#### The first workshops – gathering views

The first workshops of the day created the opportunity for people attending to **Younger care leavers aged under 25** highlighted that being moved about and the loss of relationships was very difficult for them. Lack of preparation and planning for changes of home compounded this. Younger people have many ideas about what needed to improve: better information, timeliness of support, better understanding of individual issues, recognition of the importance of identity, the value of peer support, the importance of a positive schooling experience and improving support, including semi independence, as part of moving towards independence being seen as very important.

Care experienced people over the age of 25 felt driven to bring about changes and wanted to create a stronger voice for people who have grown-up in care. They wanted to see better understanding and improved awareness coupled with mechanisms for holding the authorities to account. They wanted to gain recognition for the notion of "rights" for people who have grown up in care. They emphasised that the relationships that an individual has on their journey are critical. They wanted to see more overt love and care for children expressed. There was also a strong focus on improving well-being and good mental health support.



## The themed workshops

#### Understanding the past and present and looking to the future

Themed workshops took place over two sessions. The first workshops focused on the past and current issues relating to the theme and the second picked this up and look to the future capturing views about what could be done and what could change for the better. This summary clusters views about the past, present and future under the heading of each theme.

### Mental health and well-being

The discussions were wide-ranging. Because mental health and well-being is integral to how we all live our lives. The discussions touched on every aspect of being in care and the lived experience of care. Not an unexpectedly the discussion reflected the wider loss of confidence in child and adolescent mental health services and the need for change.

Getting timely access to help is seen as problematic. Waiting lists and long waiting times coupled with differences in what is available in different places is a problem which is often exacerbated by the disrupted lives that children in care can experience. Loss of continuity because of change and transitions from child support to adult support also featured as a concern.

Care experienced people of all ages recognise the importance of relationships and felt that better informed carers and non-mental health professionals would make a difference.

Better coordination and planning of life changes would help. Giving young people a say in their own care plans and having a better response to their feedback together with improved communication would help support them.

Finding their identity including seeing their case files and other records are important and in fact can be empowering. Recognition of the stigma that people feel and how it affects their experiences is important.

Access to help early and in a timely way when it is needed is vital. Self-care, mentoring and informal help is important. Promoting a better understanding of well-being and linking that to likely experiences of people who have been in care can lead to better understanding and awareness. There is a need for better training and skills development for the wider group of people children in care come into contact with, not just mental health professionals.



### Improving engagement

Consultation and engagement arrangements need to have real power and connection to where decisions are made. Creative approaches and methods need to be used as well as building in how the views of children and young people who are in care can be captured from every day and routine opportunities. Young people felt strongly it was important to avoid tokenistic engagement and make sure that it was "not just the usual people" who were asked for their views.

#### The everyday experience of care

In the past experiences of care were often characterised by growing up in big institutional settings completely separated from real life. Paradoxically this did create continuity for some – but not in a good way! For many people there was recognition of positive experiences and positive people who were encountered and helped them a lot.

Overall there was acknowledgement that there is now more support available for children in care and care experienced people than in the past and progress has been made.

But there is further to go. The ordinary everyday restrictions, such as needing senior staff permission to stay over at a friend's house, are still deeply unhelpful and compound the stigma that young people feel is attached to being in care.

For the future positive relationships and continuity was seen as critical. Care experience people also recognised the importance of this to enable them to build relationships themselves. More role models especially for young men are needed.

The understanding of teachers and attitudes in the education system could be improved and more positive language should be used by everyone when referring to care experienced people.

There is a need for ongoing support throughout adult hood and age cut-offs should not apply: support should to be tuned to the "stage" at which people had arrived rather than their chronological age. Also, the growing consciousness of care experience people and their ability to express their views is empowering – there is so much to contribute.



## Stepping into a positive future

Maintaining or rebuilding family and community connections was seen as very important. People also felt they should be better understanding of the importance of and support for people to understand their identity and their roots. Some people suspected the motivation of some foster carers. They felt there is a tension between the expectation that foster carers will provide love and the fact that they are paid to care. There were very mixed feelings about this in the discussions.

For the future care experience people want to be engaged in policy-making and feel that care experience people should always be consulted by those in positions of power making decisions and setting policy. Care experience people want to see a new definition and the adoption of "care experienced" rather than "care leaver" as they feel that people have a valuable perspective to contribute at any age throughout their life.

Plain language should be used and professional jargon avoided for every purpose.

There was a strong feeling that discrimination against people who have been in care should be 'called out' and tackled – some felt that being care experienced should be a protected characteristic and enshrined in discrimination law.

Transitions were seen as a very important issue. It's vital that these are personal to the individual and should be based upon the "stage" that people have arrived at and not chronological age. Overall there was a strong feeling that there should be better training for professionals to improve awareness and skills.

#### **Creating positive care and challenging misconceptions**

There is a recognition that some progress has been made. There is more support for care leavers than there used to be and there has been investment in parts of the system.

Nevertheless, the system is under pressure and there is a feeling that decisions are often taken in crisis and not planned. Experiences often feel to be dehumanising and communication is inconsistent.

Young people in care and leaving care still feel stigmatised. Stereotypes persist and care is not well understood. There is a feeling that discrimination, assumptions and low expectations still conspire to limit the ability of care experienced people to achieve their full potential and discrimination can lead to unfavourable treatment. For example, that young people are still criminalised at a much lower threshold than other people.



For the future early intervention and support was felt to be vital and challenging discrimination by the use of positive stories, recognising achievements and the use of positive statistics is needed to restore balance. Social media is seen as a really constructive platform and many people attending had found this a source of personal support as well as a channel which validates their positive experiences and achievements.

### Stigma and stereotyping

This was felt to be widespread having impact in many spheres: in the care system itself, in local communities, in wider society, amongst professionals, and in the worlds of education and work.

Media stereotyping was felt to be particularly pernicious. This includes the negative portrayal of young people on television as well as the constant quoting of negative statistics in documentary narrative. This is reinforcing negative 'labels' in a damaging way.

Care records are an important issue. How things are recorded can be unhelpful and hurtful. Access to care records and information about their lives is very important to people who have grown up in care, but also deeply personal.

Experiencing a of lack of love and instability can lead to difficulties in developing personal relationships. This can feel like a vicious cycle.

Some people felt they were always second-best to birth children in foster care.

Looking to the future some delegates felt the use of positive stories and statistics can change how care experienced people are perceived. The use of social media can help to dispel myths and importantly for many has led to them feeling less 'alone'.

#### Love and relationships

Are some foster carers 'doing it for the money?' was a question that was raised again.

The importance of explanations and understanding what happened in your life, and why, is very important.

Some people felt that social workers lacked understanding of the impact of trauma. On occasions people felt that social workers and other professionals lacked emotional connection and compassion. Some felt that it would be helpful for social workers to show more of their human side by sharing some information about



themselves as a human being - this would dispel the feeling that some of the professional barriers can make social workers and others seem impersonal. On occasions professionals are seen as preoccupied with process – it would be nice if they just 'called round and had a cuppa'.

It should be remembered that care records also form the story of people's lives. When people are writing these notes, they should bear in mind how they're going to be read in future.

## Closing statement: a call to action

The preceding pages are a record of a very special event. This was the first time that care experienced people, of all ages, in all their glorious diversity, from all over the UK, Ireland and overseas, have come together as one single family. From the many came one. It is the first time the members of this family have spoken out about their feelings, their wishes, their fears and their dreams. For many, it is the first time they have pushed a lifetime of suspicion to one side, opened up and trusted others to listen, and to report honestly what they said.

In preparing this report, we have tried to reflect the joy, the sadness, the optimism and the pain of conference, in words and in pictures. We hope that in some small way we have been successful.

The care experienced family trusted us to report what they said. We are now trusting those who read this report to hear what they said, and the honesty with which they said it, and to react just as honestly. The care experienced family have put their trust in you. Please don't let them down. The care system needs to be changed - will you now listen to us and change it?"

