**Stage 2 ‘Stable Care; developmental dialogue’**

**Key messages from Stage 1**

**Working in four groups, we thought about the content of Day 1 and on the key messages that had stayed with us, first noting individual reflections and then comparing, grouping and ranking these to produce a key message to take forward into Stage 2 and further…..**

**The system at all levels being informed and driven by what we know about child development and relationships and recognising the complexity and messiness of lives.**

**Relationships heal: They have the potential to restore development. Whatever system we develop, it must be dynamic and support meaningful, restorative relationships. Careful and considered use of knowledge is necessary - for all involved – to harness the healing power of relationships.**

**To help children experience felt security, we need systemic change to address the impact of childhood trauma and minimise within care impermanence.**

**Stable things are flexible – we need to ensure that our structures enable child centred, positive conditions for children to grow and develop; This means reaching a shared understanding and language around developmental orientation across law, policy, and services to enable us to do what we know works well.**

**Stage 2 ‘Stable Care; developmental dialogue’**

**Current Narratives**

**Working in four groups, we shared our individual views and experiences about the current narratives and understanding of children in care and those who care for them, and discussed these as a whole group…..**

**Some of the statements that attendees have heard or read or experienced suggest powerfully held and often unhelpful assumptions and preconceptions…..**

**“’Children in care are ‘damaged’– as if they are ‘damaged goods’ – it’s dehumanising but also suggests that children may be ‘beyond repair’ which is so unhelpful”**

**“We need to shift the narrative away from repair and recovery towards growth and development”**

**“The narrative around ‘leaving care’ and the language of ‘independent living’ I find that really unhelpful – it suggests people stop developing at 16/17/18 but also leads to a narrative of sequential, chronological development, that’s not how human beings grow”**

**“Focusing on the adult outcomes for ‘care leavers’ means not enough attention on childhood and on children’s experiences as they grow up”**

**“Joy! There is not enough joy in the current narratives – the recognition of joy and love and the power of relationships”**

**“We need to change the narrative to focus on what is working in foster care, residential care, kinship care”**

**“Can we shift from focusing on ‘fixing problems/dealing with situations’ towards focus on**

**developmentally enhancing environments?”**

**“Back to ‘LAC’! The language can be so institutionalised, ‘staff’ ‘unit’ ‘family contact’ we have to change this “**

**“I wonder if some language spoiled by narratives and negative associations? For example, ‘children’s home’? “Possibly but a ‘children’s house’ is not necessarily a ‘home’ and how do children feel if they have a family home?” “But a house is a thing and a home is a place”**

**“What happens when children and young people are driving the language? Sometimes that may cause adults discomfort but is that’s what’s needed?”**

**“There are many layers of narrative around the care system; there’s the public concern about ‘care’ and its function – the impact of abuse inquiries and the legacy and perceptions that ‘foster care/residential care is unsafe’”**

**“It’s very difficult for carers and adults to negotiate the past and present in this sense”**

**“This negative labelling of carers - and also the negative labelling of families and communities can be really powerful – ‘the cycle of deprivation’ for example – ‘kinship carers failed their own kids and now they’re looking after their grandkids’ ‘carers are a drain on the system’, ‘some families are beyond help’ all these strong assumptions”**

**“Yes that’s true for older children too – ‘children coming into care are more complex than they’ve ever been’ and ‘older children/young people are less deserving of sympathy than younger children”**

**“Children whose behaviours were accepted when they were smaller are blamed for the same behaviours (expression of similar needs) when they are older”**

**“The labelling and stigma applies to practitioners and carers too – ‘Residential childcare workers are the best paid babysitters in the land’ and ‘foster carers get paid too much’”**

**“Find that the language young people use often focuses on their own behaviour too – not the reasons that brought them into care or the harm they have experienced, so young people in secure care describing ‘doing your time’”**

**“Public perceptions are often still startling – in an island authority area, we found that people still had a view that care was for ‘bad kids’. People had no understanding or awareness of the system/the legal framework around protecting children and children in care.”**

**“There seems to be a different frame for children with disabilities – the narrative has a different quality – as if children with disabilities are regarded as being ‘deserving of help’ compared to the narratives around older young people whose behaviours may be difficult for adults.”**

**Stage 2 ‘Stable Care; developmental dialogue’**

**Key Messages for Policy Makers**

**Timescales – we need more flexibility in the system and approach – how do we challenge the current bureaucratic and target-driven, process-led time frames (for example approaches to permanence?)**

**Our approach throughout policy should be developmentally informed and this will be a challenge**

**We need to push back and up – operational managers must show leadership and leaders at every level should recognise and value the importance of building the developmental orientation into all aspects of what, and how practitioners do – the importance of the ‘being and doing’ as well as the ‘knowing’**

**Vital that professional supervision includes space and time for reflection and development in this sense**

**Key messages for Health**

**Wellbeing - we need to move away from clinical diagnosis (always) to ensure that there is a developmental focus on the language and thinking about wellbeing and optimal developmental opportunity – reduce the ‘medicalisation’ of growing up**

**Key messages for Education**

**Free up the school/education system so that schools and educators can ‘own’ their critical (holistic and impactful) role in children’s lives and families’ lives.**

**Change is needed in the training (‘knowing’) approach across Education**

**School can offer ‘felt security’ and connectedness and sense of belonging; this can be maximised**

**Recognition of the pressure that children and schools are under in terms of the ‘attainment agenda’ - schools need to be valued, recognised and supported (as well as held accountable) for the ‘whole school’ experience’.**