**Stage 3 – Morning group discussion**

**September 7th 2018**

To re-orientate ourselves back into the subject matter and to draw out common themes from across the three Stage 2 sessions, the opening exercise of the day asked participants, in multi-disciplinary groups, to analyse the write ups from Stage 2 and to respond to a number of questions. What follows is not a record of these group discussions but a gathering of people’s initial thoughts recorded on post-it notes. Ideas have been loosely group by theme.

**1. Using the write-ups of the three Stage 2 sessions, what, if any, common themes are you seeing around understanding the needs of:**

**a) Children, young people & young adults?**

**b) Parents and carers?**

**c) Professionals?**

**Are there additional things we should be thinking about? (Lime Green)**

**In general**

**Adoption of a developmental frame provides an opportunity for real change**

* The transformative potential of a developmental approach.
* Developmental needs drives action.
* Development lasts a lifetime.
* Stability is vital in developmental framework
* Need for systemic developmental model / underpinning – shift from chronological development
* Hoping = ideal thinking / pathologising of hope / change.
* Caught my attention – the passion and the drive.
* Joy – some surprise at seeing this! / an antidote to looking at obstacles especially at the systems level
* All have developmental needs
* Development is ongoing and doesn’t just take place within ‘the system’ / and confined to children, young people and families / milestones and development aren’t fixed (3 x responses)
* Change needs to be managed
* Research – how does research inform practice (2 x responses)

**Need to develop a shared understanding of developmental frame**

* Developing a share responsibility / knowledge of development. Shared vision / understanding still needed across professions (3 x responses)
* Often looking or pressured by others for a fix or solution (2 x responses)
* Frustration that we know what we need to do but so many barriers.
* Thinking of our language and how we continue to develop a shared understanding of need.
* GIRFEC and commitment to wellbeing is fantastic but needs re-emphasised for all.
* Focus on what isn’t working (this definitely needs to happen) can be to the detriment of recognising and understanding what is working.
* Difficulty in reaching realistic assessments of how well we understand and meet needs – will vary across services. There may be an over-confidence about evidence-based approaches in health whilst in social care, there may be a preponderance of negative views and a lack of sophistication in methods of evaluation.
* Professional education – ensuring opportunities to learn in depth about how to respond, rather than policies, diagnosis etc.
* Appropriate referrals and where does the right help actually come from – not always CAMHS but key relationships.
* Learn from the ‘horror stories’
* Practice feels like tick boxes rather than genuinely capturing children’s voices.
* Need common understanding i.e. of terms used – especially brain development

**Language / Stigma / Labelling**

* Language – how it’s used – says more about us than it does about children. Do we use language to protect us from pain?
* Labelling and stigma – the nuances are so important
* Is the ACEs agenda i.e. language of trauma-led approach at odds with concerns of stigmatisation and not seeing whole child? How do we reconcile?
* Language – LAAC / Placement / Carer – relationship based practice would blow away such language – labelling is dangerous and limiting (9 x responses).
* Implicit and explicit links between language and narratives.
* We change the language but what changes in practice? New language just become stigmatised.
* Language – has great impact and allows / hinders whether people can talk about their problems / plain human discussion not professional jargon (4 x responses).
* Abbreviations and acronyms – do we use these to save time or do we use these to ‘technicalise (?!) or remove the difficulty we feel in relation to what children are experiencing?
* Need a shared language.
* Understood narrative – co-constructed
* Language – How words contextualise lives / labelling of YP’s needs and carers / recognise how language changes / positive messages v negative (4 x responses).
* Language used: carer – mum / dad; placement – family; care – love.
* How we describe and use language to ‘frame’ services, institutions and problems.

**a) Children, young people & young adults?**

**Focus on strengths / assets rather than deficits / adaptation**

* Pathologising – we start with a ‘break’ and this ‘break’ follows through the ‘system’ in every domain.
* Need strong focus on needs of child using strength based / asset based approaches – where are we capturing what children are good at e.g. talents, strengths, capacities (rather than their flaws) (17 x responses).
* Young people are much more than the sum of the bad stories they can tell about themselves. Need space to tell their strength stories, as well as their damage stories.
* Adaptive not deficit! (4 x responses).
* Perceived as damaged beyond repair.
* Shift from pathologising – as sick or broken
* Biological models matter but need to be careful not to see them as permanent marks of damage or as defining features of young people’s lives.
* Stigma and creating a sub-class.
* Focusing on negatives rather than the reasons they were taken into care.
* That adverse experiences aren’t pre-determinants for poor outcomes
* Don’t often get to hear about good experiences (ICR is better at looking at the positives)
* Focus on needs rather than diagnosis. Diagnosis or label doesn’t actually tell professionals how to respond to that individual child or young person. Often does open a door to extra resources though (especially ASC & dyslexia).

**Relationship based practice**

* Importance of relationships – why listen if you can’t respond to children – then it’s tokenistic.
* Relationships – what is allowed / what is helpful?
* Relationships can harm and heal
* Relationships heal – centrality of relationships and carer / young people dyadic support
* Relationships are key / relationships should be maintained / knowledge that carer is always there for them regardless / go that extra mile for them (3 x responses) / enable growth & development (11 x responses) (at every level)
* Opportunity to maintain aspects of young people’s lives even when family relationships break down.

**Promoting love and all that comes with it**

* Love, genuine care, belonging, acceptance, understanding, joy, a life-time of love, connection (11 x responses).
* Need for hope (3 x responses)
* Need to feel love – but what do we mean by this?

**Importance of stability / permanence / challenging in-built impermanence**

* Stability is crucial (6 x responses).
* Importance of permanence / avoiding in-built impermanence.
* Felt security and how carers are able to nurture this / become part of ‘Safe’ GIRFEC (8 x responses).
* Promotion of resilience
* Young people being asked to experience foster-care in the first instance when they were clear it wouldn’t work for them. Breakdown and then a move to where they wanted to be all along.
* Post-placement support – stabilise placements
* Expectation to become independent very early with minimal safety net
* Care alumni – coming back to workers – accommodate this
* Continuity of care – all the way through – shouldn’t end because of limited resource (4 x responses).
* Continuity across placement moves
* Time and increased support when they have left (2 x responses).
* Treating care experienced young people the same as any YP when supporting development, but also being able to support appropriately.
* Lack of urgency after initial event / drift / delay / no champion relentlessly pursuing on their behalf.
* Maturation is a process not an age, considering it as an age builds instability to a young person’s life.
* Should a child move because of financial reasons.
* Whose children are they? (Financial factor e.g. out of authority placements).

**Impact of trauma on all aspects of child’s life / see child holistically**

* Common understanding needed: neuro-signature – impacts on all domains of development.
* Biographical memories – how to support this, process experiences & sort, how to support failure that is natural.
* Brain development can feel deterministic. Important to think about optimism.
* Behaviour as communication – in the context of own experiences
* Micro-analysed behaviour & historical stories re-surface – becomes their identity.
* Seeing children & young people as integrated whole beings, not bits of service response (2 x responses)
* Medical conditions are compounded and exacerbated by adversities / effects of trauma & neglect.
* Support with mental health & services
* Allowed to take risks – learn by mistakes – to be their own problem-solvers (2 x responses).
* Sometimes more risk is tolerated in residential context due to adversity in childhood e.g. going missing. Penalise parents but tolerate this in a residential context.
* Space for a consideration and honouring of children’s divided loyalties and dual attachments (2 x responses)
* Thinking about the ‘everydayness’.
* Avoidance of medicalising normal responses to situations.

**Recognising and responding to uniqueness**

* No boxes around individuals – recognise uniqueness – not an homogenous group – one size does not fit all (7 x responses).
* Individual to systemic not the other way around! (2 x responses).
* People are individuals with individual needs. There is a need to integrate ’individuals’ stories’ so that they understand where they have come from in an ordinary way.
* Treat YP and children like humans and not products in a system.
* Need for People to change or fit rather than system adapt.

**Being curious about children’s experiences**

* ‘What has happened’ to make a child behave the way they do
* Meaning of behaviours
* Symptom management

**Multi-agency, joined up response**

* Multi-agency services joined up around the child.

**Genuinely listening and responding to children’s views**

* Listen to what young people want – don’t presume – respond to what they are saying (5 x responses)
* To be involved in the process – have their say!!

**b) Parents and carers?**

**Parents need strength-based approaches too**

* Strength based (14 x responses)
* Parents feel they are being punished.
* Blame of parents – often focus on deficits, problems etc. (3 x responses).
* Allow people to make mistakes.
* Don’t judge! – It could be any of us! (2 x responses).
* Parents frequently feel powerless in the environment of meetings.

**Parents – need to recognise their experience of adversity and unresolved trauma**

* We don’t invest enough in parents / families.
* Parent’s own needs often forgotten e.g. trauma, separation, love disrupted (2 x responses).
* Clearer around what ‘good enough care’ looks like

**Parents need greater support to provide attuned care for their children**

* Commitment to parents
* Whole system / holistic approach to understanding need of parents and children.
* Help parents to understand the importance of felt security
* Need to help parents understand the importance of ‘mind-mindedness’
* Expect parents to fit to the wider system
* Support 5
* Build trust from the helper
* Promote active inclusion in decision making – however is this true?
* The help they need doesn’t reflect the assistance they receive / can feel lost or don’t understand 2
* Non-stigmatised approach to support
* Helping them to support young person’s development beyond milestone approach.
* We need to support whole families and view families as part of solutions rather than problems.
* Need their relationships with children to be respected – need space to feel and develop relationships and closeness
* Need to help build resilient families and communities
* Support needs change over time – from early years through to adolescence around identity, regulation. Opportunities for support at different points before crisis point.
* Need to get alongside parents
* Work together / work beyond crisis
* Family focus where possible – not linear – will ebb and flow – pace of work

**Parents – continuing to involve parents even if child has been removed from their care**

* Opportunities for continued involvement after (?).
* Listening to views even when system has broken down (2 x responses).
* Often not involving parents in planning for children e.g. knowledge of child’s routines / bedtimes.

**Carers also need support to provide attuned care**

* Multiple separations so damaging to carers as well as children. Better matching.
* Lack of support for carers – carers wellbeing (3 x responses).
* We underestimate the support people in caring roles need.
* Carers not equipped properly to care for YP in their care (2 x responses).
* We don’t allow carers to ‘parent’
* Inconsistency around use of kinships care / family group decision-making / supporting assets in birth or extended families.

**Both**

* We need to spend more time recognising and supporting the loss that parents / carers / staff feel.
* Training for foster carers / residential staff
* Improve connections between parents and alternative carers.

**Other comments**

* Less focus on parents & carers
* Focus of carers above parents in these workshops.
* Deprivation cycle seen as a solid wheel that can’t be broken

**c) Professionals?**

**Need time & space for reflection given complexity & distress they work with**

* Opportunities to reflect / think – not just when a serious case review is required (3 x responses).
* Need for support re: reflection / supervision / containment (2 x responses).
* Professional protection from pain
* Support (3 x responses).
* Well-being needs met
* Space for recognition of professional distress.
* Everyone is impacted by trauma. Services often act in ‘survival mode’ too. Need to minimise distress across they system.

**Time & space to build consistent, meaningful relationships with children, families & colleagues**

* Time / space / stability to build meaningful relationships / to provide high quality relationally informed practice (6 x responses).
* Supported and supportive relationships
* Caseloads too large to allow maximum relationships to develop (2 x responses)
* Need to be human and not process driven / flexibility that does not stifle creativity (4 x responses).
* Consistency
* Permission to make relationships

**Lack of resources & funding is negatively impacting professionals’ abilities to respond to children & families’ needs**

* Resources – Money / skills / time / access to support / tension between resources and meeting needs (7 x responses).
* Limited resources force professionals to be resourceful and rely on local relationships.
* Funding (3 x responses)
* The need to have less resources that are time-limited and not geared to individual needs.
* The challenge of short-term decision making and this often being financially driven (2 x responses).
* Everyone thinking in the short-term.
* Over-worked / understaffed – not achieving what you really set out to do!!
* Apathy – associated with limited resources.

**Need to review how our services are organised and if professional boundaries are getting in the way of providing the best service**

* Multi-disciplinary team around child with common understanding (4 x responses).
* Integration – still cultural separation & does it bring a risk of referring on to every service – scatter gun approach rather than fully reflecting on the child’s needs.
* Are services really integrated?
* Fragmented systems of professionals delineating their professional boundaries but not understanding the role of others
* Need to overcome / step-out of ‘tribal boundaries to see holistically the child / family / community and the practitioners and structures around them.
* Integrations is a language not evidenced yet in practice.
* What drives work / priorities
* Collaborative working
* Systems don’t work together, come from different perspectives / silo working 4
* How we organise systems / deliver services that are responsive to need – focus on what we do or can do rather than what we can’t / don’t.

**Current system stifles creativity and flexibility and professionals’ abilities to respond to individuals’ needs**

* Ability to work differently is not always supported by organisations.
* Systems which enable not slow down.
* Bureaucracy gets in the way of good practice
* Sick of being stunted by the system.
* Need to stop being about outputs and focus on outcomes.
* Needs to stop being about targets for services.
* Systems – different needs to be met i.e. YP, families, organisational, carers etc. – systems are complex (3 x responses).
* Systemic tensions (2 x responses)
* Systems are the focus
* Systems – who is doing what – multi-disciplinary team around child.
* Systems stifle more human response – hope, flexible, joy, relationships-based
* Systems can exacerbate vulnerabilities.
* Need training on working within the system (2 x responses)
* Feel the wider system needs more help to understand.

**Need to seriously challenged our ‘risk’ and ‘blame’ culture**

* Fear of blame / not taking responsibility. Blaming each other / communication missing / Surveillance (4 x responses).
* Professionals need support and understanding, not blame or shame.
* Risk – aversion / over-reaction / formalising / holding onto negative/deficit rather than overcoming the challenge (3 x responses).
* Fear of failure – only human to make mistakes. Who supports adults to move on from this? Mistakes are the way we learn. End of the world before we get support.

**Professionalism in the context of an agenda around love**

* How do we balance love with professionalism?
* Seem to know love is needed but practitioners are waiting to be told it’s OK

**Other comments**

* Up to date information about initiatives taking place
* Correct information
* Clear guidance
* Transparency
* Access to more appropriate agencies
* The voices of children – inferred rather than known (assumption)

**2. What, if any, common themes are you seeing around how we need to organise our services? Are there additional things we should be thinking about? (Pink)**

**Looked after meetings**

* Can be tokenistic and punitive
* Needs to be more strength based.
* Focus on Children’s Hearings
* Over complicated – leaving people feeling powerless especially parents / carers
* Allow more time for proper discussion
* Too many
* Timings not suitable for YP
* No choice given

**Changing structure of service provision / Joined-up working**

* Stop talking about integration and consider what it means on the ground – integrated teams / relational / building trust and confidence in one another
* Real embedded integration has not been possible with austerity / savings – it distracts and distresses
* Integration of services – Looked after health in SW services
* Move towards integration of SW / Educ
* Close strategic working but could improve on ground.
* Physical location of managers.
* Systems should work better together
* More fluid services – moving in and out when needed
* All parties part of decision making
* Need to look at children who are ‘out of authority’ – differences in SW & Health
* Information sharing
* Multi-agency forums - purposeful
* More sharing of good practice
* Services need to be developed in more holistic and collaborative ways, rather than as piecemeal initiatives.

**More responsive to voice of children & young people**

* Embrace social media
* Impact of social media around contact
* Listen to what young people want
* Young people not having a voice – presumption workers know best
* Children given a false sense of power.
* Voice of young people still not getting through to many areas of public sector
* Need to build trust
* Token involvement with young people. Need to be careful how we unintentionally use young people to support an agenda no matter what the greater good appears to be.
* Over protection of young people by professionals – do not refer to Champions Boards etc. Also fear of being replaced.

**Resources need to be increased**

* Especially staffing
* Extra resources – a life-time of support
* Accessing resources in time of financial constraint
* Longer term funding necessary

**Systems need to become ‘more human’ / developmentally orientated**

* Need to put relationship based care front & centre
* Organised around professional need, budgets, resources not around children or families.
* Becomes ‘over-professionalised’ – lose our humanity and creativity
* Demarcation of professional roles / responsibilities that doesn’t allow for emotion.
* More of a self-directed support approach needed
* Needs to validate venting and not see it as ‘bad / wrong practice’
* Look at age / chronological boundaries in the ‘system’
* Move away from managing crisis.
* Need to take a more long term approach.
* Working out the boundaries of universal v specialist services and building links between
* Need more flexibility built in – account for the messy, complexities of developmental relationships
* Risk adverse system
* Priority is relational based practice

**Language**

* Use of work ‘contact’
* Use of jargon
* Is ACE language around trauma equally stigmatising?
* Shared language moving towards a shared narrative, all underpinned by a shared primary task

**Getting the workforce right**

* Invest in teams
* Supervision and coaching – building confidence and competence
* Nurture – containment across the system
* Celebrating good practice
* Professional development opportunities – access to expertise especially in ASN
* Build expertise and knowledge locally

**Residential services**

* Spare beds for people to come back

**Leaving Care**

* Need to move on to through-care & after-care support rather than care no matter what age.
* Move away from staying in the same place – residential care being seen as ‘part of a journey’
* Take all services up to 25/

**Standards across Scotland**

* Post code lottery not the same across Scotland

**Gaps in provision**

* Family Support work - need to look at the family as a whole
* Implementation gap - over-arching policies sound good but don’t translate
* Mental health services
* Investment in youth work – direct work with young people in the community
* Robust, meaningful data collection
* Availability of local placements

**Recording children’s narratives**

* Need to produce more personalised records
* Need to write more accessible reports

**Our responsibility**

* We can make changes now – relies on good will of individual to go the extra mile

**Other**

* How many other event and other organisations have asked these questions?
* How much more data needs to be gathered before change can be seen?!
* Challenge of sprawling legislative landscape
* Need to better understand what’s happening in detail – what do we know, what perspectives are valid, what data is collected to inform better systems.
* We need to develop a good evidence base to help organise our services

**3. What else caught your attention? (Yellow)**

* We don’t spend enough time / have permission to talk about really strong honest emotions (joy / anger / fear and understanding the impact of powerful emotions for staff engaged in relationship based practice.
* Narrative around the ‘every day’ and how important these interaction are.
* How complex it all is.
* Resources influence so much
* Flexibility / creativity – how can this be achieved in a culture of audit / registration
* What about children looked after at home
* Where are the ‘money people’ – not necessarily LA commissioning
* Disruption & change in systems takes our energy & focus away from families, children – especially when it’s predictably continuous.
* Very substantial differences in the ways that service are evaluated and valued in different sectors, leading to different issues in each sector.
* Constant change sets professionals up to fail.
* The ‘shadow side’ of organisational dynamics and of families and young people who are self-destructive.
* The concept of latent vulnerability.
* Children are defined by the services they receive.

**4. What is missing? (Orange)**

* Whole community responsibility for care experienced young people. Wider that named corporate parents. We need a society / culture change.
* We didn’t really talk about feelings – everyones – and how these are shared & heard & supported.
* Care available up to the age of 26. What does this really mean?
* Person-centred approach – the ability to actually work differently.
* How do we come together meaningfully as professionals / carers / children?
* Reflective work with children about their experiences ‘plan for future children’.
* How do we include those people who have responsibility for budget allocation – this different from budget holders. We need to find a way of helping the finance people to think about how to re-distribute money / resources.
* Certainty over funding.
* Certainty over change.
* Sophisticated evidence that focuses on the best outcomes for the individual child (not the typical research subject).
* None of this happens in isolation. We need everyone – including care experienced young people and decision makers and the public.