The importance of supports for children’s placements and for young people leaving care: A case of social justice


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The importance of supports for children’s placements and for young people leaving care:

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A case of social justice
Presentation

- Social justice
- The Care Pathways and Outcomes Study
- Young people’s diversity of needs
- Types and sources of support
- Satisfaction with support/services
- When placements break down
- Good practice
- Implications for practice and conclusions
Social justice constitutes one basic principle of social work.

Premise that all people must have access to the same rights and resources. How this can be achieved is contested.

Based on equality, solidarity and the value and recognition of human rights.
Genuine equality means not treating everyone the same, but attending equally to everyone's different needs. (Terry Eagleton)
The Care Pathways & Outcomes Study

Longitudinal study following 374 children who were in care on 31/3/00 in NI and under 5 yrs.

**Aim**: To find out what placements the children end up in; and whether placement type matters.

3 phases completed. On the fourth phase.

PI: Dominic McSherry
More about the study...

Percentages of children living in each placement type at five time points. Most children have ended up being adopted.

In 2016 or at age of 18, **85%** young people were living with the same parents/carers as in 2007.

In Phase 3 and Phase 4, we interviewed / are interviewing a sample of children/young people and their parents/carers.
IV: The Teens and Early Adulthood

ISSUES

METHODS

1st visit to families:

- Online survey on iPad: 1 for young people & 1 for carers/parents

2nd visit to families:

- Semi-structured interviews
Participants

60 participant families

- 39 both young people & parents/carers taking part
  - 36 completed all visits
  - 3 have only done the first.

- In 18 cases, only parents/carers have taken part
  - 12 completed all visits
  - 6 have only done the first.

- In 3 case, only young person has taken part
  - 2 completed visits
  - 1 has only done the first

51 families took part in previous phase (29 took part in all the phases)
9 new to the study

- 14 foster care
- 8 kinship care
- 20 adoption (1 fam)
- 14 Residence Order (5 fam)
- 4 birth parent
33% HAD A LONG-STANDING ILLNESS OR DISABILITY
10 of this 19 had been adopted

22% had a learning disability
19% were registered disabled

31% HAD A LONG-STANDING ILLNESS OR DISABILITY

8 of the 18 were/had been in long-term foster care

17% had a learning disability

28% HAD DEPRESSION / ANXIETY

47% of all those that had been adopted
50% of those that had been in long-term kinship
33% of those that had been in long-term foster

14% HAD BEHAVIOURAL PROBLEMS

17% had a learning disability

31% HAD A STATEMENT OF SPECIAL EDUCATIONAL NEED

33% of all those in long-term foster care
and 47% of those that had been adopted
CURRENT OVERALL YOUNG PERSON’S STATE OF HEALTH according to parents/carers

Half of the unhealthy group had been adopted

5 had been diagnosed with autism
And three others were suspected to have the condition

6 had been diagnosed with FAS
And another had cerebral palsy

HAD EVER SELF-HARMED, SUICIDAL THOUGHTS OR ATTEMPTED SUICIDE

50% of all those in long-term kinship care, 33% of those subject to RO, 21% adopted, 20% of all those that had been in foster care

DIVERSITY OF NEED
## Supports

### Types of Support
- Emotional support
- Practical support
- Therapeutic and specialised
- Financial support
- Educational support

### Sources of Support
- Social support
  - Family and friends
- Professional support
  - Counsellors, therapists, psychologists
  - Social Services – social workers, link workers, PAs
  - Others – GPs, classroom assistants ...
Support from family and friends key for both parents/carers and young people.
What about when social support is not enough / available?
We had four different appointments just [my husband] and I, telling them all about Edgar, telling them his difficulties, telling them about his self-harming, telling them about his - just destructiveness, and pulling his own teeth out- and we said look... this is heading to somewhere that we can’t cope with and we want help. [...] And I said right, what’s happening now? They said we are going to have a team meeting and then we will get back to you. So, they arranged a team meeting and I mistakenly was invited to it. [...] we went in and they were quite shocked that I was there but they decided that they would go on ahead and they said it’s been a mistake that you are here and you shouldn’t be here. I said ‘well I got an invite to be here so I’m here’; and they said ‘well at the end of the day we do not have the resources to see Edgar’. And it was as blunt as that. I said ‘excuse me?’, I said ‘say that again?’ She says, ‘we don’t have the resources to see Edgar’. I was so cross, I couldn’t speak, I said ‘you have had us in here for four different sessions, two hours at a time’, I said ‘we have cried with you, we have told you all his difficulties, we have told you he’s pulling his teeth out, I’ve said you’ve seen the marks on his arms where he’s self-harming!’ I said ‘what does a child need to do to get your resources? Be suicidal? Edgar is not suicidal’.
Families who were dealing with less challenges or/and had a greater network of support = more likely to be satisfied.

Sometimes, satisfied with a particular source of support but not with others.

Kinship carers not satisfied and struggling due to financial difficulties. Often, unaware of their rights and supports available.
The family were [supportive], but the system definitely wasn’t. It was a nightmare at times, like there was some good ones, don’t get me wrong, I went to the 16+ pathway team after, when I was 16 which is what you enrol in and they were… I got a woman in it and […] She helped me with the merchant navy, she helped me with… I still chat to her. […] she was brilliant at her job […] But anything prior to that, I couldn’t give you one social worker that was good now. And like I would have needed them back then in and around them years. […] There was so much going on that I would have been crying out for help unknowingly… Like when I was younger … a new social worker every month. It was awful… […] And they would come out, and even when they did chat to you, they never picked up on nothing…

Brandon, 23 years old, in foster care
WHEN PLACEMENTS BREAK DOWN

53 PLACEMENTS (out of 356) BROKE DOWN/DISRUPTED AFTER 2007 (& THERE WERE 5 PLANNED MOVES)

10 PLACEMENTS BROKE DOWN/DISRUPTED WHEN YOUNG PERSON WAS 13-17 YRS OLD.

7 still in touch, and most visiting regularly.

17% BEHAVIOURAL AND EMOTIONAL PROBLEMS AND RISK-TAKING BEHAVIOURS COMMON IN 8 PLACEMENTS.

THE PARENTS/CARERS OF 5 OF THESE YOUNG PEOPLE FELT THAT SS DIDN'T PROVIDE THE SUPPORT THEY NEEDED AT THE TIME, AND THUS DISRUPTION COULD HAVE BEEN PREVENTED.
Good practice examples

Facilitating long-standing relationships with practitioners.
Example of young girl allowed to keep seeing same counsellor after 18

Keeping in touch regularly, showing that you care, being available...

Giving opportunities to young people who wouldn’t have them otherwise (as their parents/carers wouldn’t be able to afford)
C maintained contact with us as a family, just cause she liked us! When I rang her and told her that D [my husband] wasn’t well. [...] And then I rang and let her know that D had passed away and then it was sort of......I mean it’s not every month, it’s a couple of times a year. [...] I thought it was amazing to start with, you know and when after D passed away and when things were getting to the stage they were at, it was more regular. And she didn’t have to do that, cause she’s now head of Family and Adoption in the X HSC Board, so I have her personal landline number, and she just says to me, just ring me anytime. [...] She’d became a friend, rather than just a Social Worker. I really valued her support and encouragement.

Orlagh (20 year old) ‘s adoptive mum
High levels of need

Outcomes = a very static/normative concept – BUT young people’s circumstances change. Supportive relationships can really make a difference, as well as socially just practices.

Differences found in the level of supports provided depending on placement type.
Nobody can go back and start a new beginning, but anyone can start today and make a new ending.

(Mary Robinson)
Implications for practice

Level of supports according to level of need. SHOULD NOT depend on placement type.

Need to **listen** to children, young people and carers/parents.

Importance of maintaining **long-lasting** positive/supportive relationships.
QUESTIONS?

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