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The marginalisation of care: young care leavers' experiences of professional relationships

Emma Davidson and Lisa Whittaker

Introduction

In 2003/04, there were more people in poverty aged over 65 than aged 16–25. The opposite is now true (MacInnes et al, 2015). Young people, as the other chapters in this collection reveal, are becoming the 'new poor' as they struggle to cope with increasingly precarious transitions into in(ter)dependent living. This chapter focuses on marginality within a specific group of young people: care leavers. This is a group internationally recognised as being among the most disadvantaged and excluded in society (Stein and Munro, 2008; Fernandez, 2010; Mendes, 2012; Van Breda, 2015) and therefore the most vulnerable to service cuts associated with austerity in the UK. Through retrospective biographical interviews with 15 care-experienced young adults and discussions with current practitioners, the authors explored the ways in which professional relationships in care can shape someone's identity and imagined futures. This chapter focuses specifically on the authors' interview data with young adults, giving prominence to their voices and experiences. The narratives collated emphasise the importance of long-term, personal relationships while in care – and their absence. Structural, organisational and attitudinal barriers contributed to a relational 'golden thread' (The Care Inquiry, 2013) being marginalised in corporate parenting, and challenging to maintain. Legislation is changing in recognition of the incompatibility of institutional relationships with young people's own need for support. These are positive changes, but ones which, in the economic context of austerity, may be limited in their capacity to shift the powerfully embedded inequalities faced by care leavers.

Marginalised relationships in care

There is a wealth of research and practitioner-based evidence on the importance of developing and maintaining positive relationships for, and with, young people in care (Ruch, 2005; Happer et al, 2006; Stein and Munro, 2008; Winter, 2009; Munro, 2011; Ryan, 2012). This body of work has repeatedly emphasised that positive, sustained relationships *in* care are vital if care leavers are to experience trusting relationships in adulthood. These relationships are often central to enabling young people to manage and overcome earlier traumatic experiences, while at the same time contributing to a sense of belonging and connectedness (Ward, 2011; Wilson and Milne, 2013). The absence of nurturing professional relationships has also been discussed as a contributing factor in care leaver outcomes (Stein, 2006; Rogers, 2011; National Audit Office, 2015; Scottish Government, 2016).

The comprehensive body of evidence on outcomes demonstrates that, in spite of recent improvements, care leavers are far more likely to have poorer outcomes when compared to peers who have not grown up in care: in education, employment, physical and mental health, housing and social relationships. At the same time, public sector budget cuts are continuing to place pressure on both care providers and vulnerable families, prompting concerns over local authorities' ability to safeguard young people in care (The Care Inquiry, 2013; Community Care, 2014; National Bureau for Children, 2015; Hastings et al, 2015).

Both legislation and policy are responding under the weight of this evidence. *Staying Put Scotland* (Scottish Government, 2013) emphasised the need for consistent positive relationships, which transcend both settings and roles. The Children and Young People Act (Scotland) 2014 has begun to take forward these commitments, by extending the right to continuing care to the age of 21 and the provision of advice, guidance and assistance to care leavers up to the age of 26. In England and Wales, local authorities have a statutory duty to 'monitor and support' staying put arrangements, enabling a young person to stay in their foster placement until they are 21, although the same options are not available to those in residential placements. While legislating extensions to care is critical, it has been suggested

that nurturing relationships in corporate care remain marginalised by an approach focused on outcomes, standards and regulation (Coady, 2014). This includes a creeping culture of managerialism that has required social workers to adopt more instrumental, bureaucratic and procedural approaches to their work (Gilligan, 2004; Meagher and Parton, 2004; Broadhurst et al, 2010a; Broadhurst et al, 2010b). Social work services are becoming increasingly risk averse, with the workforce's own vulnerability to allegations being cited as a reason for relational practices not being prioritised (Horwath, 2000; Cree and Wallace, 2009). Challenges remain, including: time constraints on staff; the movement of young people between multiple placements; a cultural focus on independence; and the inflexibility of professional relationships to move across organisational boundaries. These challenges discourage nurturing relationships from developing.

Defining a nurturing relationship

Relationship matter in care – but how are such relationships formed, and what qualities do they comprise? Research on relationships has looked at the family as the normative environment for nurturing young people. Family relations can provide the biographical origins of self (Mead, 1934; Erikson, 1951; Berger and Luckmann, 1967; Widmer and Jallinoja, 2008; McCarthy, 2012), and despite being renegotiated as young people grow up, for most they continue to be a condition of a secure sense of self and a scaffold for understandings of loyalty, fairness and responsibility. The home itself performs an ontological function, providing not only a place in which relationships and daily routines can be performed, but also a space in which a rooted sense of identity, belonging and stability can be developed (Cooper Marcus, 1995; Silva, 2007; Samuels, 2009). The nurtured young person moves from complete parental dependence, to being part of a network of interdependent relationships encompassing siblings, peers and other significant adults, with emotional bonds, love, warmth, stability and protection from harm all judged as key to facilitating positive outcomes (Lemay and Ghazal, 2007).

Relationships that matter do not necessarily map onto 'the family', with other significant relationships also capable of enabling a sense of belonging (Jamieson et al, 2006; Widmer and Jallinoja, 2008; Gabb, 2011). Close and special relationships are sustained by practices of intimacy (Jamieson, 2011), which can include giving and sharing, spending time with, knowing, practically caring for, feeling attachment and expressing affection. Intimate relationships also, like parent and youth relations, 'embody a temporal perspective, including a history and an imagined future' (Reis and Shaver, 1988, p383). They are built around an accumulation of past experiences – good and bad – and the anticipation of future events, where time together provokes qualities such as security, trust, mutual respect and dependability. Brownlie's (2011, 2014) research on 'being there' also highlights the significance of time and temporality in relational practices. 'Being there' can literally mean having a physical presence and can represent a more symbolic 'reachability' or the potential for an emotional connection. 'Being there' is thus about the mundane, everyday practice of relationships; built and sustained over time. Research with young people who are in care or who have experienced care shows that they desire intimacy, emotion and, critically, continuity from their corporate parents. Young people value workers who are honest, respectful and committed to supporting them 'through the best and worst of times' (Winter, 2011, p5). They value having an authentic caring relationship (McLeod, 2010), which is sustained and consistent over time (Schofield and Stevenson, 2009). In Bickel's (2015) research, young people voiced the desire for an adult figure whom they could trust to care for them 'genuinely' and who could help them to prepare emotionally for the transition out of care.

Research methods

The interview sample for this study consists of 15 young adults with experience of the Scottish care system. These experiences were diverse in terms of the duration of time spent in care, and the type of care received (residential care settings, foster care or a combination of both). The authors were interested in understanding the ways in which corporate care can affect a young person's transition into adulthood and, in turn, how it might shape an individual's prospective sense of who they are. The interviews were biographical, and provided participants with the opportunity to tell their story. The point of enquiry focused on how support – both informal and formal – featured in these storied

accounts of state care and the ways it mediated their 'future selves'. Temporality was thus a central component, both conceptually and methodologically. The approach was aware of time, and its passing, as being a subjective experience, where pace changes for different events and experiences, and memories are shaped by hindsight and a retrospective (re)evaluation of future prospects (Conrad, 2011). The research setting was Scotland, with all participants being recruited through a charity that works with young people in, and leaving, care.

Using a combination of residential and community-based support, the aim of the organisation is to enable young people to overcome social challenges, to make positive choices and to 'realise their potential'. All participants had taken part in one of the organisation's residential programmes (not together) in 2006, 2007 or 2008 as teenagers. This purposive sampling approach meant that participants were in their early 20s when they were interviewed in 2013 and, officially at least, had already completed their transition into adulthood. Moreover, participants would come from the same historical cohort and have a similar social and economic context underpinning their narratives. A further benefit of selecting participants involved with the same third sector intervention was that it provided a point of comparison across the cohort between statutory and third sector approaches to support.

The authors initially approached their data through multiple readings of the transcripts, followed by a process of open coding. What was most striking across all the narratives was the distinction that participants gave to caring for, and caring about. Thus, while practical acts of care were important, it was their relational and emotional content that was most valued. To explore this, additional focused coding centred on exploring the implicit content and form of the care practices described by participants.

Care in an institutional setting

Previous research has shown that the significant relationships of young people in care are shaped by the organisational structures that create them, and are therefore framed differently from familial relationships (Winter, 2009). The data from this study confirmed this. The most revealing expression of this finding was in young adults' use of institutional language to describe their experiences of care. Participants frequently used vocabulary not typically present in narratives of everyday life (Miller et al, 1990), referring for instance to 'life skills', 'identity work', 'risk assessments' and techniques of restraint. Meanwhile, examples of care often related to the bureaucratic and organisational aspects of corporate parenting, such as supervision meetings, behavioural contracts, structured routines and the function of professional roles (the social worker, 'the unit chef').

These narratives revealed an 'institutional othering' of corporate parents. Alison's account illustrates this phenomenon, although to some extent it was present in all our transcripts. Alison was 25 at the point of interview and had been in and out of foster care, secure care and children's homes. As a child she had experienced abuse, which she of her journey through care, she rarely gave names to the adults who were designated with her care. Rather, the institution of care was positioned as an 'other', responsible for doing things to, not for, her:

'They put me in secure [accommodation] for my own safety. That's what they say but I don't know. [I remember being restrained] and that just makes you worse. Somebody restraining you and then they take all your stuff out of your room and lock you in your, room, cell thing. [at 16] they put me in a hostel. They just dumped me.' (Alison)

Part of the relational distancing articulated by Alison was a consequence of the absence of continuity in her care, causing her to note: "it was different staff every day". This issue was familiar across the sample, but more pressing for those accommodated in residential units, where continuity related to both the stability of staff within units, and the number of placements that young people were allocated to. Stephen considered his move to foster care "lucky", describing his own experience of a children's home as the unhappiest he had ever been:

'I was put in a home and that was just a mental place. I can see the point why it exists, but it's just like a horrible place [...] I was living with 6, 7, 8 children at the same time. It was a battle. I can understand because I've been there, you just don't care. At that point, life is nothing, as a child. You've got nothing, you've got no parents or lack of them. You don't have that loving affection that most children do.' (Stephen)

Stephen's account implied that foster care is better placed to deliver care more akin to familial relations. This was articulated not as a need for practical help, but for love and affection from those caring about him. Yet the distinction between foster placements and residential units was not always clear. Foster care placements can be large. Stephen's foster placement, for example, included six other young people. The difference, he suggested, was that his foster parents "made him happy". Now, as an adult, they could be relied on to help him: he had recently returned home after a failed attempt to move to a large city. This supportive relationship was as much symbolic as it was material; simply knowing that he could 'fall back' on his foster parents was enough to provide him with order, continuity and ontological security (Giddens, 1991).

Another participant, Michael, lived in one foster placement from the age of 10. Like Stephen, it was a large household, but it differed in that multiple children "came and went" around him. At the age of 17 he moved out. He returned to visit his foster parents shortly after leaving, to find that they had moved house. He never saw them again:

Michael: 'When I turned 15 or 16, I had to basically do my own stuff, like washing and cooking sometimes. Things like that. They made me, got me ready for the big bad world, basically.'

Interviewer: 'Were you living with ... were there other young people in the family?'

Michael: 'There were, but they came and went. I was like 10 when I went there and they'd just moved to [area] too. I was there until I was basically 17. I think I was the longest kid they had there [...] They moved somewhere there or something after I left. That was the last time I saw them. I've not seen them since.'

The value of Michael's foster parents was that they provided practical skills for independence. Yet like Alison, Michael had no emotional or intimate connection to his corporate parents. Nor was there any continued relationship in adulthood. Michael left care and returned to the city where he was born: he stated that this was his return "home". He had found little stability, having moving almost 20 times, and had been unemployed for several years. However, he had developed, in his words, a "wee support network" of close friends. This friendship network was sustained not only by the practical help they gave each other (for example, borrowing money or providing a sofa to sleep on) and from their shared time socialising, but also by their knowledge that they had shared life experiences:

'The last couple of years, it's been more emotional between us, especially with his family background and that. He talks to me about all his problems and that, I'm happy to do that. We get drunk, get a case of beer and then he just talks about his problems. Sometimes I talk about mine, sometimes I don't. That's it.' (Michael)

A consistent theme was that the most important component of a relationship was an emotional or intimate connection. While receiving practical support was necessary, such acts carried far greater weight when they were associated with forms of care that were less explicit and were connected to trust, empathy and respect.

The importance of being there

There is a strong connectivity to how care-experienced young people define significant professional relationships as 'being there' (Brownlie, 2014). Three examples are discussed here: Billy, Summer and

Kyubbi. Billy talked about 'Jan', the manager of the residential unit who he said just 'got' what it meant for young people to be in care. Jan had worked with Billy over a long period, and had given him responsibility, respected his views and, crucially, had listened and acted on them.

'She came in and said, "Look, there's a new guy [staff member] coming. You've been here one of the longest, is it alright if we [make] him your key worker and you can show him the ropes?" She used to sit in the living room with us and we'd have meetings and that. She would openly turn around and say, "Is there any staff members you've got a problem with? Have any of them said anything?" It would be an open discussion.' (Billy)

Similarly, Summer described a significant relationship that, over time, she developed with keyworker 'Debbie'. Debbie was one of the few professionals whose advice and support Summer was willing (at this point in her life) to take. A large part of this related to the investment that Debbie gave to forming and sustaining a trusting relationship:

'She'd built up a working relationship with me. I trusted her, you know what I mean? She'd been there for me, consistently so it wasn't like, some of the workers that have come and gone or they were locums, so they were between different units. Or you'd see them once and then you wouldn't see them for another six months. She was there all the time.' (Summer)

Kyubbi had 18 different placements during her time in care, excluding the temporary ones. The majority of her time in care was, in her words, "hellish". However, in one of her many placements she developed a strong connection to her keyworker, and the unit overall. Her keyworker successfully managed to reignite Kyubbi's love of animals, and was the first to address her anger towards the care system:

'The care's different [in this unit]. They care. That was it. It was simple. They actually cared about ... like when they said to you, how are you feeling? They were actually genuinely concerned about how you were feeling.' (Kyubbi)

The research found that positive professional relationships had core characteristics:

- that young people in care felt they were being listened to;
- that they were trusted;
- that the relationships were formed not through a pre-existing script, but rather through a genuine desire to care for the young people.

Underpinning all this was that these relationships were the product of time, evolving organically through the accumulation of experiences; through sharing everyday activities like shopping or cooking; chatting and laughing together; and mutual experiences (for example, weekend trips or shared activities such as caring for an animal). Where these relationships failed was in ensuring that their significance was recognised and invested in. As a result, positive relationships ended abruptly when young people moved into new placements or into supported accommodation, or when staff moved to a new position. The formation of more emotional or intimate bonds were also restricted by perceived bureaucratic procedures and risk assessment protocols, with relationships in two cases being forced to end as a result of them being judged 'inappropriate' by senior workers. In Summer's case, the difficulty came with trying to define, and control, what type of relationship a corporate parent should have. For her, the relationship ending made little sense, since it was as meaningful as any she had yet to experience:

'They tried to discourage it [maintaining contact after Debbie moved post] because I was a young person and she was a professional. It wasn't an "appropriate relationship" they said. I was like, "Well, hold on a minute, it's not like ... it's somebody that's been a significant part of my life. That's done quite a lot of intensive work with me. How can you say that's not a proper relationship?'" (Summer)

In such endings, young people rarely had any involvement in decision making, which led to feelings of confusion and resentment towards the care system and professionals providing ongoing care. Emotional

trauma was a commonly mentioned consequence of a relationship ending. For some, this continued into their adult life and future relationships.

Marginalised identities

The beginning of this chapter discussed the focus given to the outcomes of care leavers. Such indicators are critical, since they demonstrate the structural marginalisation that young people can face after leaving care, and are a means for measuring the extent to which this is changing over time. This research revealed that outcome measures were closely associated with participants' own care identities and their relationships in adulthood. Care-experienced adults were aware of their unequal life chances, with two specifically highlighting national care leaver statistics to illustrate their own employment situations. However, it was not simply that young adults were aware of care leavers' (and therefore their own) economic and social marginalisation, but also that these outcomes formed part of a deeper rhetoric about how being care experienced was perceived. This, in turn, shaped how care-experienced adults saw themselves, and how they related to others:

'I think you know. You feel it your whole life. You are always separated from your peers [...]. Regardless of your background or how much you try and put in, you're always going to be stigmatised.' (Vanessa)

This notion of the care identity being 'felt' was expressed by several other participants, with it being a recognisable source of stigma and embodied source of self-recognition. Some participants went as far as to actively conceal their care experience in their adult relationships, due to embarrassment about their past or fear of being labelled a troublemaker:

'I've always felt ashamed of my past growing up. Like, I always felt ashamed to say that I was in care.' (Susan)

Others translated care leaver marginalisation as something they needed to challenge as an adult. Participants spoke, for example, about the need to "prove them wrong" or the need to "do it for myself". For Grant, he needed to "work hard":

'When I left care I was very clear that there was two roads that I could have went down. I could have went down the road that people expect you to go down or I can work hard not to go down that road.' (Grant)

What is notable in these data is the notion of individualism, where the care leaver is depicted as someone who needs to fight against the system in order to succeed. Comments such as "it is down to me" or "I can only rely on myself" were commonly used by young adults to describe expectations for their 'future self'. Many were, at the point of interview, dealing with loneliness, social isolation, mental health issues and limited supportive social networks. This finding directly links to The Care Inquiry (2013, pp8-9), which found that past relationships affected care leavers' confidence in forming and sustaining relationships in adulthood. While it is not possible to assume a causal link, it is reasonable to suggest that these narratives are associated with the focus given to preparing care leavers for *independent* living. While practical skills are clearly important, a gap remains in enabling interdependence, which emphasises relationships, emotions, intimacy, making positive connections and fitting in with one's social context.

Prioritising relationships in austerity

Young people in, and leaving, care are the most vulnerable in society, marginalised within many domains of society. Data for England show that the number of looked-after children is now higher than at any point since 1985 (Stevenson, 2015), a trend worryingly linked to austerity. This chapter has focused broadly on the marginalisation of relational practices in corporate parenting. The young care leavers interviewed consistently reported the absence of someone who was there for them. 'Being there' was not just a physical presence, but rather a relationship formed through common activities, events,

practices and, importantly, over time. Consistency in support was critical, yet concerns about professional boundaries were described as preventing ongoing nurturing relationships. Emotional distance was a consequence of supportive relationships not being appropriate to the caring role, or unable to continue across transition points. This resulted in valued and trusting relationships ending in a way that was unnatural to young people. Many spoke about leaving care with a lack of trust and feelings of anger, rage or frustration, while others struggled to maintain positive relationships outside the care system.

Several leading charities are campaigning for increased support for young people leaving care in the UK. The NSPCC found that the emotional health of looked-after young people was often regarded as the responsibility of specialist mental health services; it calls for a relational approach which gives young people voice and supports their social and emotional needs (Bazalgette et al, 2015). Barnardo's research sets out the financial cost of supported and unsupported journeys through care, emphasising the substantial consequences that continued support has on a young person's emotional wellbeing, and resultant savings to the public purse (Brady, 2014). The inequalities faced by young people, both in and leaving care, are complex and varied. Although austerity adds to this complexity, it does not justify the marginalisation of relational practices; it supports it. Young people who have experiences of the care system require quality, consistent relationships and support, driven by their individual needs.

Conclusion

This research demonstrates that there is a place for emotion, love and permanence in corporate parenting. Young people know the difference in significant others who care 'for' them versus caring 'about' them. Past experiences in care leave a mark on present and imagined futures. There is a need to support relationality: to raise expectations, change cultures and prioritise resources. It is important not to define young people based on their experience of care. However, growing up in care has a major influence on young people's lives, including the relationships they form and the support they access. Policy makers and those working in the care system have a huge responsibility to young people. The challenge now moves to putting the new commitments to care leavers into practice. That is not always easy, especially during times of austerity and funding cuts. Relationships – loving ones – are key to a successful care experience, which poses challenges for services and the workers. Young people want positive relationships with the workers and carers in their lives that are genuine and not time limited. There is no quick fix. The care system requires long-term investment – social, emotional and financial – if it is to fulfil its policy commitments.

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