

Slipping through the Cracks

Comparing Media and Organisational Discourse on the Children's Care System in Scotland

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A FrameWorks Research Report

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Introduction

Scotland's ongoing 'root and branch' review of the care system represents an important opportunity to make positive and enduring changes in the lives of children and families. A growing body of research about child development, the effects of childhood trauma and adversity and the role of systems and policies in fostering positive developmental outcomes has bolstered the case for systemic reform. This research speaks to the importance of stability and continuity in care placements, children's need for nurturing and loving relationships and effective ways of addressing backgrounds of complex trauma.¹

The political climate for comprehensive reform of Scotland's care system is certainly promising. However, advocates face a key challenge: the problematic representation of the children's care system and care-experienced individuals in public discourse. This report, which documents both media and organisational communications strategies related to children in care, is one step in addressing this challenge.

Media coverage of the children's care system, in particular, plays an important role in determining how the public understands and responds to calls to improve the child welfare system. This is because media stories, public thinking and policy are interdependent. For example, crisis- or problem-oriented framing shapes people's beliefs and attitudes about the children's care system by repeating certain stories and frames while excluding others – a phenomenon researchers refer to as the 'drip, drip' effect.² As this report documents, and as other scholars have noted, negative depictions of children in care shape the public's thinking and action, sustaining and reinforcing problematic stereotypes, attitudes and behaviours.

The media, however, are not the public's sole source of information about this issue. Advocacy, policy and research organisations may communicate directly with members of the public about the children's care system, as well as indirectly via their work with the media. While their platforms may not be as powerful or popular as the media, they nevertheless frame information for members of the public about care-experienced children, what the care system is and how it might be improved.

This report identifies dominant frames related to care-experienced children and the care system in the media and in advocacy, policy and research organisations. It is designed to provide experts and advocates with a detailed understanding of the existing communications environment. It also analyses how media and organisations' communications practices are likely to impact public thinking. Media coverage can be harmful and misleading – or informative and productive. Organisations can impact the character of that coverage, but not without a deep understanding of the structure of media stories about their issue. This report is designed to provide this understanding and to offer initial recommendations about how experts and advocates might shift the shape of stories about the children's care system.

Executive Summary

Our research shows that members of the Scottish public have a limited understanding of care experience and the children's care system. According to the public perspective, individuals in the system have experienced significant trauma with long-term effects. Entry into care is viewed as a problem of selfish parents and deficient communities, neither of which is amenable to change. And the need to effectively support those in care is understood to be narrowly about individual outcomes, not collective benefits.

To better understand why these gaps in understanding exist, and to help advocates communicate more effectively, FrameWorks' researchers analysed a sample of 359 media and organisational materials that appeared between 11 December 2015 and 11 December 2017.

Key Findings and Implications

This report identifies the types of narrative and issue framing approaches that compete to shape public thinking and action on issues related to care experience and the care system. Our analysis also explains the findings' implications for public understanding and policy support.

- The media focus extensively on the care system's failure to effectively look after children. News stories reinforce the public's belief that the care system is dysfunctional, fundamentally unable to support all children in need of care and destined to let many 'slip through the cracks'.
- Media and organisational materials rarely describe how the care system impacts society or the collective benefits of improving it. By telling individualised stories, communicators are undermining efforts to help the public see care as a social issue with social solutions.
- Media and organisational materials reinforce negative stereotypes of care-experienced individuals by focusing almost exclusively on negative outcomes. Without a countervailing explanation of the ways that the system supports *positive* child outcomes, the public will continue to see care-experienced individuals as irreparably damaged.
- Media and organisational materials consistently hold government accountable for identifying and addressing problems within the care system. However, these materials lack specificity about governmental actions that help the public understand how laws and policies deliver positive change for care-experienced individuals.
- Organisational materials often incorporate the perspectives and voices of young people with care experience into their public-facing communications. This type of coverage focuses attention on individual agency and positions care-experienced individuals as drivers of reform.

Next Steps and Initial Recommendations

The analysis presented here yields initial strategies that advocates can use to improve messaging. The analysis suggests that advocates should:

- Tell complete stories that include the constituent elements of an effective narrative: a value, a causal explanation, a desirable outcome, and a solution statement that matches the scope of the problem and provides concrete steps to improve outcomes.
- Define the system widely and help people see the range of services it provides.
- When discussing the care system, describe how and why care-experienced children's wellbeing affects all of society – why this is a *social* issue.
- Communicate that outcomes for care-experienced people vary widely and draw attention to the extrinsic and external factors that support resilience.
- Continue to bring care-experienced voices into communications materials wherever possible.
- Avoid simply asserting the connections between causes, consequences and solutions. Instead, *explain* how they are connected in a clear, logical, step-by-step fashion.

Methods and Data

This research was designed to answer four questions:

1. What kinds of stories and which framing strategies are advocacy, policy and research organisations currently using to communicate about the children's care system?
2. How are the media currently framing the children's care system?
3. What are the similarities and differences between the stories told by the media and organisations?
4. How can advocates for care-experienced children shift media narratives to expand public understanding and build support for systemic change?

The media sample includes articles taken from the following newspapers in Scotland: the *Daily Record*, *The Herald*, *The National*, *The Scotsman*, *The Guardian*, the *Aberdeen Evening Express*, the *East Lothian Courier*, the *Edinburgh Evening News*, the *Paisley Daily Express*, the *Greenock Telegraph*, the *Sunday Sun* and the Scottish editions of the *Daily Mail*, *Daily Express* and *Daily Telegraph*. Researchers selected sources based on their circulation in Scotland and ensured the sample contained both national and regional publications.

While this analysis focuses on print and/or online news media, we acknowledge that other forms of media (including television, film, radio and literature) play an important role in shaping public attitudes towards care. However, research shows that the news media continue to shape the national conversation about important public policy issues and influence other forms of media as well (e.g. social media).³

Using the LexisNexis database, researchers at the FrameWorks Institute searched for and downloaded articles from these sources using a search strategy designed to capture a broad range of topics relating to the children's care system.⁴ The searches were limited to articles that appeared between 11 December 2015 and 11 December 2017. Researchers reviewed all articles to remove duplicates (the same article published in multiple news outlets) and media pieces that did not deal substantively with the children's care system. From this corpus of news stories, researchers randomly selected a subsample of 200 articles and coded and analysed the text of each article. (Images and other non-textual information were not coded.)

FrameWorks' staff also gathered materials from organisations that communicate in some fashion with members of the public about the children's care system (see Appendix for a full list)⁵. In collaboration with project partners, FrameWorks' researchers created a list of advocacy, policy and research organisations and entered them into IssueCrawler, a web-based application that 'crawls' an identified set of organisations' websites and compiles the shared links among them. IssueCrawler then uses a method called 'link analysis' to determine the 'network' of influential organisations for a given issue.

This link analysis, in conjunction with the initial list of seed organisations, yielded a sample of 33 organisations. Researchers then sampled public-facing communications materials from each organisation. Materials included press releases, reports, 'About Us' web pages and other communications, and were selected because they contain content about how each organisation describes its mission and specific orientation towards the children's care system. In total, the sample consisted of 159 materials.

Analysis

Researchers coded each media and advocacy document to identify the presence or absence of each of the narrative components shown in Table 1.

Table 1: Examples of Codes

NARRATIVE COMPONENT	BRIEF DESCRIPTION	EXAMPLES OF CODES ⁶
Topic	What is the overarching issue discussed?	<ul style="list-style-type: none"> • Trauma and/or trauma-informed care • Care leavers • Failures of the care system • Stability or instability of placements
Setting	What setting and/or care context is mentioned?	<ul style="list-style-type: none"> • Kinship care • Foster care • Residential care homes • Looked after at home
Causal factors	Why do children enter the care system?	<ul style="list-style-type: none"> • Systems-level causes (e.g. poverty, unemployment, child trafficking) • Individual-level causes (e.g. parental loss, child behavioural issues)
Consequences	What are the effects of care experience?	<ul style="list-style-type: none"> • Individual-level (e.g. positive and negative effects on mental health, physical health, education, employment, etc.) • Societal (e.g. costs to criminal justice system, economy, etc.)
Messengers	Who are the people and/or organisations quoted in the article?	<ul style="list-style-type: none"> • Politicians and government officials • Care-experienced young people • Organisational spokespeople
Solutions and policies	What is being done – or should be done – to improve the care system?	<ul style="list-style-type: none"> • Emphasis on prevention • Support care leavers • Improve stability of placements
Responsibility	Who is responsible for improving issues in the care system?	<ul style="list-style-type: none"> • Government • Family (parents, etc.) • Society/communities

After coding the data, analysis proceeded in three stages:

1. **Frequency analysis.** To begin, researchers examined the frequency of each code among media and organisational materials, inspecting the absence or presence of individual codes across the sample. This type of analysis explored the frequency with which specific narrative components appeared in media and organisational communications.

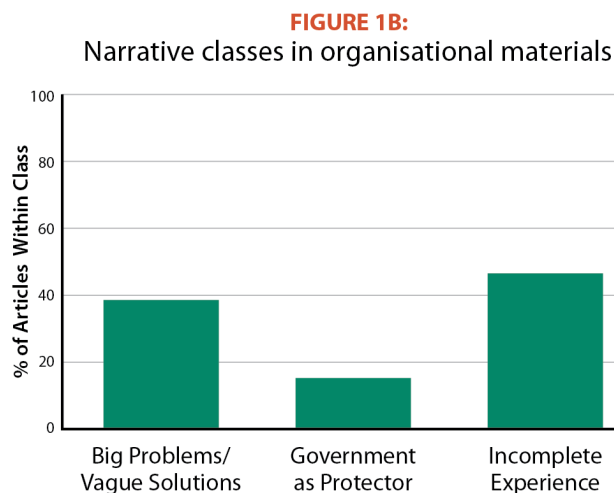
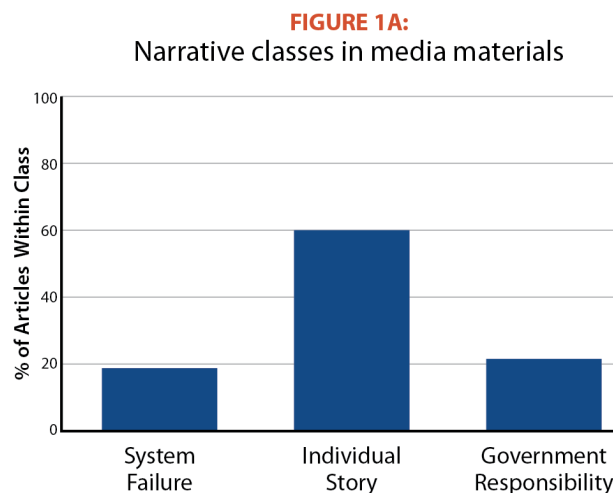
2. **Latent class analysis.** Next, researchers used a statistical method called latent class analysis (LCA) to identify mutually exclusive subgroups (or ‘classes’) within the sample. LCA is used to discover whether a sample of observations (in this case, a selection of media or organisational articles) can be divided into a smaller number of distinct groups based on categorical data (in this case, the presence or absence of the aforementioned codes). Here, the term ‘class’ refers to a specific kind of *narrative* being told about care-experienced young people and the care system.⁷ To improve the stability of the model, the researchers omitted codes with less than 10 percent prevalence, or collapsed them with other thematically related codes. The final number of classes, or narratives, was selected based on statistical criteria and ease of interpretation.⁸
3. **Cognitive analysis.** Finally, researchers examined the implications of the findings against the backdrop of the public’s deep assumptions and implicit understandings about the children’s care system, which were identified in another part of the larger project. This analysis identified how frames embedded within media and organisational materials are likely to affect public understanding. The concluding sections of this report offer initial communications recommendations.

Research Findings

FrameWorks’ researchers identified patterns of framing and storytelling in media and organisational materials. This process revealed what was being said in, and what was absent from, discourse about the children’s care system. It also shed light on how different frame elements were combined and integrated to form a consistent set of narratives.

People use narratives to make sense of, remember and transmit information. In keeping with the scholarly literature on narrative and framing, FrameWorks defines a complete social issue narrative as one that describes a problem or issue, states why the issue is a matter of concern, explains who or what causes the problem, provides a clear vision of a change or improvement in outcome and delineates actions that can be taken to create change.

In addition to looking at the presence or absence of codes in the sample, researchers used LCA to explore how and whether codes co-occur together to form narratives. This allowed researchers to answer key questions, such as: Which types of causes tend to appear with which types of solutions within a single communication? Do articles that address the issue of care leavers, for example, also use care-experienced young people as messengers within these communications? In this way, LCA identified narratives that were present across the sample. Figure 1 presents a summary of each class identified in the media and organisational data, along with the proportion of coded articles that fell within each class.



The sections below present the key findings from the frequency and LCA for both media and organisational materials.

The media focus on the failures of the children’s care system.

To a striking extent, media stories depicted the children’s care system as an incompetent bureaucracy that routinely fails in its duty to protect children. These lapses were often blamed on the systematic failures of local councils and their inability to look after children in their charge. In the frequency analysis, almost 50 per cent of the stories in the media were determined to be about this issue in some way.

In addition to these mentions of system failures, the LCA identified a narrative pattern in which specific ideas about systems failure came together to form a coherent narrative, which researchers called the *Systems Failure* narrative. Stories in this narrative class described serious oversights by social workers and child protection agencies that resulted in significant harm to the child (and, in some cases, death). Phrases such as ‘dropped off the radar’, ‘slipped through the net’ or ‘a catalogue of missed opportunities’ were used to reinforce the idea that local councils or individual child protection workers were culpable for these grave errors. This was typified in discussions about Liam Fee, a toddler from Fife who was abused and killed by his parents. Consider, for example, the following extract about this case:

A social worker involved with Liam Fee and Mikaeel Kular in the months before they died has been accused of bungling the cases of 16 children. Lesley Bate was part of the Fife social work team responsible for the little boys’ welfare shortly before both were killed by their parents. Liam, two, was murdered by his mother Rachel and her sadistic civil partner Nyomi while three-year-old Mikaeel died two days after being beaten by his mother Rosdeep Adekoya. Bate, 60, faces 13 charges of failing to properly handle the cases of 16 children aged from one to 15.⁹

The charges relate to the period between December 2011 and August 2014, when she was employed by Fife Council in the child protection team in Glenrothes and the children and families team in Dunfermline as a social worker.

As demonstrated above, these kinds of media stories often assign responsibility for errors to individual professionals or system leaders, who are assumed to be either malicious, lazy or incompetent. Consequently, stories in the *Systems Failure* class endorsed a set of solutions that focus on managing risk and averting harm, including better oversight of professionals, naming and shaming responsible staff or local authorities or setting up a system-wide review to establish ‘what happened’.

Organisational materials lack of alignment between causes and solutions.

Organisations’ discussions of the children’s care system tended to show an imbalance between the diagnosis of and emphasis on the problem on one hand, and the proposal and explanation of solutions on the other. In this *Big Problems/Vague Solutions* narrative, organisations focus on the scale of problems that care-experienced young people face and inadequacies in the child welfare system but propose infrequent and vague solutions that don’t match the scale of the problems presented.

The *Big Problems/Vague Solutions* narrative is intended to bring awareness of problems to the general public (rather than provide information to people directly involved in the system). The article excerpted below exemplifies this narrative:

Mental health is a key issue for young people with experience of care; we should find ways to support them for this through their interaction with care and support services, rather than relying on CAMHS [Child and Adolescent Mental Health Services]. Young people in care acting out their distress often end up part of the justice system, and this can have a major impact. Young people who are looked after are often disenfranchised and can have poor role models with regard to employment – they would benefit from specialist employability support.¹⁰

Articles that tell this narrative describe challenges that care-experienced young people face, particularly when they leave care, and explain the elevated risk for negative outcomes, such as mental health conditions and involvement in the justice system. But these stories generally lack a clear and robust discussion of solutions that match the magnitude of the problems presented. In the passage above, the proposed solutions involve increased interactions with support services, including employment support. However, these proposals lack deeper explanation of how these interactions might prevent negative consequences.

Structural causes and consequences of care experience are generally absent from both media and organisational materials.

Media and organisational materials often failed to discuss the systemic causes and consequences of care experience (see Table 2). Structural factors that increase the likelihood of entry into care – such as social

marginalisation, unemployment, poverty or lack of community resources – were largely absent. More than 80 per cent of media materials and almost 90 per cent of sector pieces did not discuss the way in which social factors and inequalities place children and families at risk.

This inattention to systems was also seen in the absence of information about the effects of care experience on communities and society. Media and organisational stories rarely described the societal impact of care experience; only 24 per cent of media materials and 11 per cent of organisational materials described the health, welfare and criminal justice system effects associated with care experience. As a point of contrast, a much greater proportion of articles in the sample described *individual* or *family-level* causes and consequences of care experience (42 per cent and 59 per cent, respectively). These included factors such as a child’s exposure to trauma (for example, abuse, neglect or exposure to domestic violence), parental loss, challenging child behaviour and parental struggles.

Table 2: Prevalence of Systems-Level Causes in Media and Organisational Materials

CAUSE	PER CENT OF MEDIA ARTICLES	PER CENT OF ORGANISATIONAL MATERIALS
Social/systemic causes of care experience		
Poverty	5.5%	5.1%
Unemployment	0.5%	1.9%
Welfare system	2.5%	3.8%
Under-resourced communities	2.0%	1.9%
Refugees/trafficking	4.0%	1.3%
None mentioned	82.5%	89.2%
Social/systemic consequences of care experience		
Justice system	2.0%	3.2%
Health care	0.5%	3.1%
Welfare system	13.0%	5.7%
Economy	9.0%	3.8%
None mentioned	76.0%	88.6%

Media discussions of the care system are individualised and ‘episodic’.

Individualistic thinking clearly shapes how the media portray the care system and care experience. This storytelling approach looks at individual actors’ characters and situations but leaves the broader social context out of view. The LCA revealed that a majority of articles in the sample, almost 60 per cent,

advanced an *Individual Story* narrative. Stories that fell into this narrative cluster often focused on specific care-experienced young people, describing the effects of care experience on individual outcomes such as homelessness, low educational attainment and lack of employment. Care experience, by extension, was depicted as an individual rather than a social problem. The following article exemplifies stories within this narrative:

Aged just 16 when she had her first child, Chloe, now 22, had been in local authority care since she was 11. She cannot count how many times she was moved in foster placements. Her sons were all fathered by the same violent man; he tried to kill her on one occasion, and controlled her so effectively she found it impossible to envisage a life on her own. Distraught after her first child was removed at a few months old, Chloe went back to her boyfriend. The abuse restarted and she was trapped.¹¹

Other stories in this narrative class focused on the experience of carers themselves, describing the levels of self-sacrifice and commitment needed to make a positive impact on children's lives. An article in *The Guardian*, which describes a social worker's experiences and personal sacrifices, is particularly illustrative:

The short walk down Yvette Collier's path to the front door of her modern terraced house is unremarkable, but for the new mothers who make it with their babies, accompanied by one, sometimes two, social workers, it's a profound one. Yvette's job is to put them through a crash course in parenting. Pass, and they will leave together to start a new life as an independent family unit. Fail and the child will be taken away – into care or put up for adoption.¹²

The passage above demonstrates the individual focus of stories about the care system. These stories do not discuss the wider, contextual forces at play in shaping the care system and the outcomes of those within it. Even stories that could provide a deeper understanding of how the care system works tend to narrowly focus on the individuals who make up that system and their character attributes.

Outcomes of care experience are described in wholly negative terms.

When media and organisational materials described the outcomes associated with care experience, they nearly always focused on negative outcomes (for example, involvement in the justice system, poor mental and physical health, educational underachievement and relationship problems) (see Table 3). For example, while 47 per cent of media articles described at least one negative outcome for care-experienced individuals, only 4.5 per cent described a positive outcome. This imbalance was also apparent in organisational materials: Over 43 per cent described at least one negative consequence of care experience, compared to 14 per cent of articles that mentioned positive outcomes.

Table 3: Individual-Level Outcomes (Positive and Negative)

Individual consequence	PER CENT OF MEDIA ARTICLES		PER CENT OF ORGANISATIONAL MATERIALS	
	Positive effect	Negative effect	Positive effect	Negative effect
Stigma	0.0%	3.5%	0.6%	10.1%
Criminality	0.0%	4.5%	1.9%	7.0%
Mental health	1.0%	15.5%	8.2%	25.3%
Physical health	1.0%	27.0%	5.1%	11.4%
Education	1.5%	7.5%	7.0%	19.6%
Employment	1.0%	3.5%	3.8%	10.8%
Relationships	2.5%	8.5%	5.7%	0.6%
Homelessness	0.0%	6.5%	0.6%	7.6%

Media materials about children looked after at home rarely mention the phrase ‘care system’.

Twenty per cent of the articles described in-home, supervised care experiences – where children remain with their birth parents but are supervised by a social worker. However, only 22 per cent of these articles used the term ‘care system’ or ‘in care’. In short, media articles that discussed in-home care experiences did not frame these experiences as being part of the care system.

The voices of young people are absent from media discourse about the care system but well represented in organisational materials.

The voices and perspectives of care-experienced individuals are largely absent from the media. Among the articles analysed, only 8 per cent used care-experienced individuals as messengers, and only 5 per cent described those individuals’ roles in informing how the children’s care system should be reformed. By contrast, organisational materials centred the perspectives of care-experienced children and adults in their materials. Organisational communications not only focused on the experiences of children currently in the system but also provided information about what happens to young people when they leave the system. Sector materials also consistently advanced the need to amplify the voices of those with experience in the care system and to include their feedback when considering changes to it. Over a quarter of organisational sector materials cited young people’s involvement as a potential solution to problems associated with the care system (see Table 4). Interestingly, however, only 15 per cent of organisational materials regularly featured care-experienced individuals as messengers (see Table 5).

Table 4: Prevalence of Solutions in Media and Organisational Materials

SOLUTION	PER CENT OF MEDIA ARTICLES	PER CENT OF ORGANISATIONAL MATERIALS
More focus on prevention	9.5%	10.1%
Greater support for care leavers	6.5%	31.0%
Increase funding	13.5%	14.6%
Improve training and support for carers	14.5%	26.6%
Greater stability of care placements	5.5%	11.4%
Increase community engagement	3.0%	13.9%
More careful care system review	13.0%	12.7%
Include the voices and perspectives of care-experienced individuals	4.5%	27.8%
No solution mentioned	27%	23.4%

Table 5: Messengers Featured in Media and Organisational Materials

MESSENGER	PER CENT OF MEDIA ARTICLES	PER CENT OF ORGANISATIONAL MATERIALS
Carers	15.0%	2.5%
Care-experienced young people	8.0%	15.2%
Parents	5.0%	1.3%
Government officials	41.5%	10.8%
Third-sector officials	28.5%	19.6%
Researchers	7.5%	4.4%
No messenger quoted	23.0%	63.3%

Organisational materials aimed at care-experienced individuals rarely discuss causes or effects.

Organisational communications directed towards those with care experience often tell incomplete stories. The LCA identified a narrative that appeared in over half of the organisational materials in the entire sample (53 per cent). The defining features of this narrative, which researchers named the *Incomplete Experience* narrative, are that it describes the experience of being in care, details the experiences of leaving care and is clearly directed at those with care experience. However, the materials that advanced this story

were unlikely to include any explanation or description of the *causes* or *consequences* of care involvement. The excerpt below exemplifies the type of organisational materials that belong to this class:

In 2014, the Scottish Government passed a law that made some important changes for care experienced young people. You may hear about your rights to ‘Continuing Care’ and ‘Aftercare’. It’s important that you know about these rights so that you get all the help you want and need. Your council is a ‘corporate parent’ and should do all they can to look after, encourage and support you. They have a responsibility to promote your wellbeing and that includes keeping you safe and healthy and helping you access opportunities and support, such as housing and education. This care and support does not end when you leave care.¹³

While the above example is intended to inform care-experienced young people of their rights, it – and other pieces like it – misses the opportunity to frame a broader narrative about care experience. This broader narrative might point to more systemic causes associated with problems in the care system and explain the (positive) consequences of care-experienced individuals accessing services and supports.

Both media and organisational materials assign responsibility to the government but do not fill in cause or consequence.

Attribution of responsibility refers to the way in which information, emphasis, language or sentence structure suggests who or what causes a problem, who is affected by it and who is responsible for fixing it. Both media and organisational materials consistently hold government accountable for identifying and addressing problems within the children’s care system. This was most evident in the frequency analysis, which showed that 61 per cent of organisational materials and 41 per cent of media materials explicitly assigned responsibility to the government (Table 6). These articles tended to understand responsibility as fiscal in nature; in other words, the government’s role is to provide the care system with the resources it needs and to fund programmes, services and policies that can improve its outcomes.

Table 6: Attributions of Responsibility in Media and Organisational Materials

ATTRIBUTION OF RESPONSIBILITY	PER CENT OF MEDIA ARTICLES	PER CENT OF ORGANISATIONAL MATERIALS
Government	41%	60.8%
Family	5.5%	10.8%
Other carers	24.5%	27.2%
Children	1.0%	10.8%
Society	6.5%	18.4%
None mentioned	37.5%	27.8%

In addition to the frequency analysis, the LCA enabled researchers to identify a *Government Responsibility* narrative. In this narrative, advanced in approximately 20 per cent of the sample, specific ideas about the role of government action came together in a coherent way. This narrative focuses on the role of local authorities and the government in supporting care-experienced children and their families. Again, responsibility was largely framed in fiscal terms – that the government bears responsibility for funding the care system and the programmes and services that could improve it. In some cases, articles within this narrative class were closely aligned with expert perspectives; these described legislative actions, such as the importance of extending support for care leavers or the need to invest in preventative services for struggling families.

However, analysis showed that while the *Government Responsibility* narrative was clear in its attribution of responsibility, it frequently lacked discussions of the causes and consequences of care experience. This is demonstrated in the following extract:

Ministers Can't Wring Their Hands Over Children's Social Care If They Won't Fund It.

David Cameron has said he wants social workers to act more like parents, which sounds great in theory, but I think he is referring to a particular type of parent. He wants social workers to be like parents who are willing, or able, to put the needs of their children above their own. The parents who are not abusing substances, are not victims of domestic abuse, or do not have unmet mental health needs that are affecting their ability to prioritise their child's needs. I am sure he does not want us to be like many of the parents that we work with in the child protection arena.

The trouble is that, just as those parents we work with struggle to focus on their children and prioritise their needs, if you constantly strip away the funding that children's social workers require in order to do their job effectively, and at the same time their workloads increase dramatically, they will continue to 'fail', as Mr. Cameron puts it.¹⁴

In this example, the author discusses the need for increased funding but does not describe how it should be used, what problem it would try to address or what outcomes it would bring about. In leaving out this information, this story – and others like it – lacks the specificity and concreteness that would help non-experts understand *how* laws and policies can deliver positive change for care-experienced individuals.

A comparable government narrative was found in organisational materials: the *Government as Protector* narrative. This narrative consisted of informational materials directed towards people who are part of the care system but not in care themselves, such as social workers, carers and parents. The articles were designed to help people navigate through various parts of the system, specifically legal hearings. The narrative positions government intervention as an appropriate and important mode of action for children who are in care. However, this narrative is primarily directed towards individuals so that they might take a specific course of action. The following excerpt is illustrative of articles that advanced the *Government as Protector* narrative.

The circumstances in which it is considered necessary for a child to become looked after and remain at home can vary widely – from specific short-term support for one particular problem to other wider or numerous issues. There are many reasons why children and young people become looked after. Some have experienced neglect; some have experienced mental, physical or emotional abuse; some parents are unable to look after their children because of their own substance or alcohol misuse or poor parenting skills.¹⁵

Phrases like ‘parents unable to look after their children’ and ‘poor parenting skills’ locate the source of the problems in parents’ deficiencies and obscure the wider social context. The *Government as Protector* narrative frames government’s role as intervening *after* care system involvement occurs. Other kinds of governmental action beyond intervention during periods of crisis or trauma – such as upstream interventions designed to prevent abuse by providing caregiver supports and training – are largely left out of organisational materials.

While there are important differences between media and organisational materials, this analysis identified several important commonalities: the absence of systemic causes and consequences of problems associated with the care system, the tendency towards problem-focused or crisis-oriented stories, the overwhelming focus on negative outcomes for care-experienced young people and the lack of a role for government in preventing and solving problems. These similarities converge to present the public with a relatively consistent story about care-experienced young people – and the care system more generally. The following section examines the likely impacts of this steady diet of stories.

Implications

Based on [FrameWorks’ analysis of the cultural models](#) that the Scottish public uses to reason about care-experienced children and the care system, exposure to the frames and narratives described above is likely to have the following effects on thinking:

- 1. Stories that focus on failures, or that fail to offer solutions that match the scale of the problem, foster fatalism.** Media articles tend to emphasise the failures of the children’s care system, describing, for example, serious oversights by care workers that result in harm to a child in the system. While not as explicitly focused on systemic failures, organisational materials describe problems of a scope that far outweigh the scale of the solutions they offer; in other words, they present macro problems and propose to solve them via micro solutions. These stories reinforce the public’s understanding that the care system is dysfunctional, fundamentally unable to support all children and destined to let many ‘slip through the cracks’. Stories like this constrain the public’s understanding of what can be done to improve the care system. They also focus attention on a set of solutions (such as being more vigilant about ineffective carers) that on their own will not address the problems that the care system, or those in it, face.

- 2. The absence of a care-experienced perspective in the media further marginalises this group.** Care-experienced voices are important to include in the public discourse about the care system. If people better understand care-experienced individuals' experiences and perspectives, they will be less likely to hold negative stereotypes of them, and more likely to engage in conversation about how to support their development. In addition, efforts to include the care-experienced voice in the media can help position these people as active partners in system reform, rather than as passive beneficiaries of it.
- 3. Organisational materials counter stigma by advancing the perspectives and voices of young people with care experience.** In contrast to the media, organisational materials frequently use messages to elevate care-experienced young people's voices and perspectives. This is an important communications opportunity, but the sector will need to ensure those perspectives are embedded in a larger, more systemic narrative about the children's care system.
- 4. Incomplete stories leave space for unproductive ways of thinking.** Despite the very promising practice of including the voices of young people with care experience in communications, there is a tendency in organisational materials to tell incomplete stories about this experience. These stories lack adequate causal explanations and discussions of the consequences of care. Without this added context, audiences are likely to default to unproductive patterns of thinking about why children enter into care, including perceptions that stigmatise both parents and care-experienced people themselves. The negative framing effect of these incomplete stories is likely to counteract the positive effects that result from including these perspectives.
- 5. Without an understanding that children who are looked after at home are part of the care system, people have a narrow view of the care system.** Members of the public have difficulty recognising that children living at home with their parents can be, under certain circumstances, 'in care'. By failing to include such situations as part of the care system, media and organisational materials let this understanding go unchecked. Indeed, that lack of association between in-home care and 'the care system' may actually reinforce people's understanding that the care system is, by definition, non-home-based care.
- 6. Focusing on individual-level stories obscures the societal implications of the care system.** The public is not informed, by either media or organisational materials, about how the care system impacts society or about the social effects of improving it. By telling individual stories, the media may be undermining efforts to help the public see care as a social issue with social solutions. For example, stories of 'exceptional carers' reinforce the public's understanding of effective caring as a form of heroic sacrifice, not something that can be cultivated through training and education. Similarly, media narratives that focus on ineffective or undedicated carers set up an understanding that the system can be fixed by vetting staff better, rather than by deeper, more systemic change.

7. **In some ways, media and organisational narratives reinforce negative stereotypes of care-experienced children.** By focusing almost exclusively on the negative outcomes associated with care experience – such as criminal behaviour, mental illness, unemployment or dysfunctional personal relationships – media and organisational narratives are likely to contribute to the ongoing stigmatisation of care-experienced individuals. Without a countervailing explanation of the ways that interventions can address trauma and lead to positive child outcomes, the public is likely to continue to see individuals with care experience as damaged and ‘other’.
8. **The focus on government responsibility has mixed implications.** In both media and organisational materials, it is promising that the government is ascribed significant responsibility for addressing issues with the children’s care system. However, when responsibility is limited to funding and does not extend to the need to make substantive changes to the practices and policies that underlie how the system operates, communicators are missing opportunities to build understanding of *how* the system should be changed.

Recommendations

The following recommendations address the challenges enumerated above and provide opportunities for those working in the sector to enhance the impact of their communications activities. Shifting the media discourse and public conversations about the children’s care system is a challenging task. However, as FrameWorks has seen in its work on early childhood (as well as across many other issue areas), an effective core story that is consistently told by different people and backed by important, influential organisations can bring about changes in public conversations over time.¹⁶ The following recommendations are offered with the intention of beginning that process.

- **Tell complete stories that identify and align causes, consequences and solutions.** For example, if the causal component is missing and people aren’t given an understanding of the structural issues that contribute to children’s entry into care, public support for addressing these underlying systemic causes will remain low. Similarly, stories without tangible, actionable ways to improve the children’s care system are likely to leave people with a deep sense of fatalism about the potential for change. Complete stories are necessary to build public understanding of how problems arise *and* how they can be addressed.
- **Define the care system widely and consistently.** For the public to understand the care system as a set of interconnected, integrated programmes and services, communicators should use every opportunity to widely define the system and help people see the range of services it provides. This will involve using a range of examples in communications and connecting the term ‘care system’

to care contexts that the public tends to not think about as being ‘in care’ (such as children who are looked after at home).

- **Lead with a collective action frame.** In discussions of the children’s care system, media and organisational materials often fail to describe why the wellbeing of care-experienced children affects all of society – why this is a *social* issue. To counter the public’s tendency to see causes and impacts at the individual level, communicators should speak to values that collectivise responsibility for supporting those within the care system. Other work in this project has shown that members of the Scottish public *can* think about children and care through a social lens, suggesting that media and sector frames can ‘activate’ this way of thinking. In addition to using values, communicators should reinforce the role of communities and society in supporting care-experienced young people and emphasise the collective benefits of a well-functioning system.
- **Broaden public understanding of the outcomes associated with care experience.** While it may often be appropriate to call attention to the negative outcomes associated with care experience, it must complement a broader strategy of speaking to both risk *and* resilience. The public’s perception of care-experienced people as ‘broken’ is powerful and easily cued, and can lead to unproductive thinking about causes, consequences and solutions. The media and sector agencies should make efforts to communicate that outcomes for care-experienced individuals vary widely and draw attention to the extrinsic and external factors that support resilient outcomes.
- **Incorporate the perspectives of care-experienced individuals consistently and fully.** Experts and advocates underscore the idea that lasting change for Scotland’s care-experienced population cannot be achieved without elevating the voices and wisdom of those with firsthand experience of the system. Communicators should continue to make efforts to bring care-experienced voices into their communications wherever possible, including as messengers in communications with the public. Like any other frame element, messengers shape how members of the public understand and interpret messages, helping them answer questions like: ‘Who says this is a problem and why should I pay attention to it?’, or: ‘How do I know the source is credible?’. Campaigners should strive to include care-experienced people in their own communications materials and in the media. In this context, it is important that they are represented as individuals with agency, rather than as passive objects to whom negative events and outcomes accrue.
- **Use the power of explanation to connect causes and solutions.** Media and organisational materials often *describe* a problem or situation (for example, by using lists), without *explaining* how it works. Communicators should not simply assert the connections between causes, consequences and solutions but rather provide *explanations* of how they are connected – in a clear, logical, step-by-step fashion. This includes making each causal chain in the link explicit; for example, explaining the sequence of events that connects systemic inequalities, like poverty, with

parenting behaviours. This will provide a more robust account of *why* and *how* children enter the care system and how specific solutions can address these underlying issues.

Conclusion

Experts and advocates working to improve the child welfare system face many communications challenges. Chief among them is the ability to not only accurately and effectively explain current problems impacting the system – and their effects on care-experienced young people – but also clearly propose how to address and prevent those issues.

The analysis presented here indicates that the public is receiving information about the problems associated with the system from both media and organisational materials. However, these sources veer towards crisis language – the child welfare system is described as a failure of the Scottish government – or assert problems without presenting solutions of appropriate scale. Furthermore, neither media nor organizational materials explain that addressing problems is a matter of collective responsibility and concern. There is also a dearth of stories about positive outcomes in the system.

This report provides guidance on how to address these problems by telling new stories. These new stories will not only help galvanise public support for changes to the child welfare system but can also reduce stigma and improve how care-experienced people see themselves. Understanding the stories that are currently being told is the first step to telling new ones.

Appendix

Our organisational sample included materials from the following advocacy, policy, research and governmental websites:

- Aberlour
- Action for Children
- Barnardos
- Buttle UK
- Care Inspectorate
- CELCIS
- Center for Youth and Criminal Justice
- Children 1st
- Children in Scotland
- Children's Hearings Scotland
- Citizens Advice Scotland
- Coalition of Care and Support Providers Scotland
- Convention of Scottish Local Authorities
- CrossReach
- Includem
- Institute for Research in Social Services
- Joseph Rowntree Foundation
- Life Changes Trust
- NHS Health Scotland
- NSPCC
- Prince's Trust
- Robertson Trust
- Scotland's Commissioner for Children and Young People
- Scottish Government
- Scottish Parliament
- Scottish Social Services Council
- Scottish Throughcare and Aftercare Forum
- Scottish Children's Reporter Administration
- Shelter Scotland
- Social Work Scotland
- The Fostering Network
- Who Cares Scotland
- Young Scot



About the FrameWorks Institute

The FrameWorks Institute is a think tank that advances the nonprofit sector's communications capacity by framing the public discourse about social problems. Its work is based on Strategic Frame Analysis®, a multi-method, multidisciplinary approach to empirical research. FrameWorks designs, conducts, publishes, explains and applies communications research to prepare nonprofit organizations to expand their constituency base, build public will, and further public understanding of specific social issues – the environment, government, race, children's issues and health care, among others. Its work is unique in its breadth, ranging from qualitative, quantitative and experimental research to applied communications toolkits, eWorkshops, advertising campaigns, FrameChecks® and in-depth study engagements. In 2015, it was named one of nine organizations worldwide to receive the MacArthur Foundation's Award for Creative & Effective Institutions. Learn more at www.frameworksinstitute.org.

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Endnotes

- ¹ For more information, see the ‘expert story’ of care experience and the children’s care system in Scotland: Gerstein Pineau, M., Kendall-Taylor, N., L’Hote, E. & Busso, D. (2018). *Seeing and Shifting the Roots of Opinion: Mapping the Gaps between Expert and Public Understandings of Care Experience and the Care System in Scotland*. Washington, DC: FrameWorks Institute.
- ² Gerbner, G., Gross, L., Morgan, M. & Signorielli, N. (1994). Growing up with television: The cultivation perspective. In J. Bryant & D. Zillmann (Eds.). *Media Effects: Advances in Theory and Research* (pp. 17–41). Hillsdale, NJ: Lawrence Erlbaum Associates.
- ³ King, G., Scheer, B., & White, A. (2017). How the news media activate public expression and influence national agendas. *Science*, 358(6364), pp. 776-780.
- ⁴ Using LexisNexis, the following search terms (including inflection for plural versions etc.) were used to construct the sample: looked after child, care-experienced, foster*, care system, secure unit, residential care, kinship care, child in care, children’s care, young person in care, care leavers, children’s home and social work*.
- ⁵ This report refers to these items as ‘organisational materials’.
- ⁶ Please note that up to 18 possible codes were available for each narrative component, depending on the component. The examples listed here are only a short subset of the full codebook. Multiple codes of the same type may be applied to a single document. For example, an article that describes both foster care and residential care homes will have both of these ‘setting’ codes applied to it.
- ⁷ This section refers to items in the samples as ‘materials’ and, occasionally, as ‘communications’ (to refer to an article, blog post, web page or any variety of text included in the analysis).
- ⁸ To select the appropriate number of classes, a two-class model was fit first and then compared to successive classes to determine the best model fit (up to five latent classes), separately for media and organizational articles. Bayesian Information Criterion and Akaike’s Information Criterion, as well as the interpretability of each solution, were used to guide the final selection of classes. Using posterior probabilities, each article was assigned to a class based on the highest probability of class membership.
- ⁹ Moncur, J. (2016, 20 Aug.). ‘Social worker involved with tragic tot Liam Fee accused of bungling cases of SIXTEEN children.’ *Daily Record & Sunday Mail*. Retrieved from <https://www.dailyrecord.co.uk/news/scottish-news/liam-fee-social-worker-accused-8666589>
- ¹⁰ Barnardo’s Scotland. (2016, 20 Dec.). Barnardo’s Scotland briefing for Scottish Government debate on: Improving the care experience for looked after children. Edinburgh: Barnardo’s Scotland. Retrieved from http://www.barnardos.org.uk/cym/barnardo__8217_s_scotland_briefing_for_scottish_government_debate_on_improving_the_care_experience_for_looked_after_children.pdf.
- ¹¹ Tickle, L. (2016, 7 Jan.). ‘The young mothers trapped in a cycle of having babies removed’. *The Guardian*. Retrieved from <https://www.theguardian.com/social-care-network/2016/jan/07/young-mothers-trapped-cycle-babies-removed>
- ¹² Gill, N. (2016, 28 Jun.). ‘Only about Half the Mums Who Come through My Door Leave with Their Baby’ *The Guardian*. Retrieved from <https://www.theguardian.com/lifeandstyle/2016/jun/25/only-about-half-the-mums-who-come-through-my-door-leave-with-their-baby>.

- ¹³ Children and Young People's Commissioner Scotland and Who Cares? Scotland 'We have rights to care'. Edinburgh: Children and Young People's Commissioner Scotland and Who Cares? Scotland. Retrieved from <https://www.cypcs.org.uk/rights/your-rights-to-care>
- ¹⁴ Nicolas, J. (2015, 15 Dec.). 'Ministers Can't Wring Their Hands over Children's Social Care If They Won't Fund It.' *The Guardian*. Retrieved from <https://www.theguardian.com/commentisfree/2015/dec/15/ministers-childrens-social-care-welfare-david-cameron-funding>
- ¹⁵ Scottish Government. (2017, 17 Aug.). *Why Do We Have Children Subject to Home Supervision?* Retrieved from Scottish Government website <https://beta.gov.scot/policies/looked-after-children/children-looked-after-at-home/>.
- ¹⁶ Lorick-Wilmot, Y. (2011). *Speaking a Common Language: Building a Community of Effective Framers in Alberta, Canada*. Washington, DC: FrameWorks Institute.