

Each and Every Child: How to Talk About Care Experience in Scotland

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**FRAME
WORKS**

Introduction

How we talk about care experience matters.

We know that – with the right support – each and every child in Scotland can thrive.

But public understanding of people with care experience is rarely separated from the system seen to have shaped that experience. The public does not see the potential of a responsive care system. And this is closely connected to negative attitudes towards children and young people who are care experienced.

Through research with the public, we've learned that three closely interlinked narratives drive this response:

1. That children who experience care are irreversibly damaged
2. That this damage happens when selfish parents make poor choices
3. That it's made worse by a care system that is fundamentally unable to care for children.

Shifting public attitudes is a vital component of addressing stigma and creating systemic change at all levels of society.

In February 2020, the Independent Care Review called for foundational reform of care experience in Scotland. For a transformation of the system that creates it. And for an end to the stigma faced by care experienced people. Shifting public attitudes is a vital component of addressing stigma and creating systemic change at all levels of society.

To build public support for reform, and to encourage positive action, we need to

tell a new story. One that shifts the dominant narrative on care experience from 'the forever damaged other' to 'what all children need to thrive'.

To tackle stigma, we need to help people think differently about how the care system can and should work for children – and explain how and why people stigmatise in the first place.

To make this shift, we need to:

1. **Centre** children's care on healthy development
2. **Explain** the systemic factors that shape care experience – and how the care system can itself be shaped to ensure healthy development
3. **Connect** children's healthy development to healthy community ties – and our collective responsibility to build and maintain those ties.

This strategic brief outlines how, together, we can do this. It:

- Outlines the most effective ways to change perceptions and build support for reform
- Gives examples of what this looks like in practice
- Briefly explains the research that underlies each recommendation.

More information on the research basis for this brief is in *Reframing Children's Care in Scotland: Research Report*.

What is framing?

Framing means making choices about what we say, and how we say it.

Reframing an issue means taking a different approach to standard awareness raising or campaigning work. Using effective frames over time changes the way all of us think about a particular issue – and the way we think about the people who experience that issue.¹

This reframing strategy will build public understanding of care experience in Scotland. It will help anyone talking about care experience and the care system to communicate more effectively with non-experts – and reach beyond the usual suspects.

This reframing strategy will build support for a system – and a care experience – that's right for each and every child.

Step One: Centre children's care on healthy development.

Recommendation #1: Lead with what *all* children need to thrive.

The Scottish public thinks about care experience in narrow and stigmatising ways. By leading with what **all** children need for healthy development, we can have a different kind of conversation.

We can bypass people's tendency to 'other' care experienced children and young people by focusing on the support **every** child needs to thrive – before narrowing in on the care system as one way to provide this.

How to do it

| Instead of this ... | Try this ... |
|--|---|
| Children in care are Scotland's most vulnerable children – they face unprecedented stigma, family separation and poverty. The care system needs to meet the unique needs of each and every vulnerable child – and our society needs to recognise the lasting trauma they have experienced. | All of Scotland's children need the same things to thrive: a stable home, strong support and steady, loving relationships. Our care system can and should provide this. |

- **DO emphasise the common processes of child development.** Make care experience – and improving the care system – about making sure that **all** children have what they need to thrive. Use this frame early and often to get people thinking about our collective responsibility towards children, whether they are in care or not.
- **DO be aspirational, as well as realistic.** Use terms like 'can' and 'should' rather than 'will'. This avoids both fatalism (the idea that nothing can be done) and the risk of being dismissed as unrealistic.
- **DON'T emphasise the ways in which children in care are particularly vulnerable** in such a way that makes 'them' seem fundamentally different. This is likely to reinforce the 'otherness' of people with care experience. Focus on shared needs first.

Why this works

When we lead with the particular needs and vulnerability of care experienced children, we activate certain deeply held ways of thinking. In particular:

- That family separation and/or becoming involved with the care system causes irreparable trauma
- That people with care experience are therefore forever damaged and different.

When these ways of thinking are active, stigma is an inevitable response to the perceived otherness of care experienced young people.

By naming the things that all children need to thrive – like responsive and loving caregiving, and supportive environments – we counter the idea that children and young people in care are fundamentally different. This in turn sets up deeper conversations about what the care system can – and should – provide.

Recommendation #2: Talk about how Scotland’s care system can lead to healthy development.

Link improvements in the care system to children’s healthy development, and how this leads to positive outcomes in later life.

People recognise the harm caused when children in care don’t get what they need, but don’t often think about the alternative. When we talk about how the care system can – and should – support children to thrive, we build support for the policies that improve it.

How to do it

| Instead of this ... | Try this ... |
|--|---|
| Children in care suffer lifelong disadvantage: they’re more likely to do badly in school, face mental illness and experience chronic unemployment. Scotland’s care system is failing children. We need to make changes before more young people are put at risk. | Scotland’s care system could set children up for life. When we get it right, children in care can thrive throughout their lives: they can do well in school, have good mental health and succeed at work. We need to make changes so that all Scotland’s young people can flourish. |

- **DO connect healthy development to preventive services for families.** When possible, talk about the ways in which support for families leads to healthy development. Make sure to explain why and how these preventive services are part of the overall mission to make sure all children thrive.
- **DO link children’s healthy development to longer term opportunities for success,** like doing well in school and stable employment. Use words like ‘opportunities’ and ‘options’ to emphasise the collective benefits for all children in care.
- **DO include healthy emotional and psychological development.** People recognise that mental health, happiness, and overall wellbeing are an important part of healthy development. Highlight the ways in which children’s care can improve these outcomes, like with services to address trauma or deepen social skills.
- **DO connect healthy outcomes to improvements in the children’s care system.** People assume that children’s care cannot help children overcome the trauma they experienced before being taken into care, and that involvement with the care system itself is traumatising. Make a clear case that improving the care system will help create more positive outcomes.

Why this works

When we only talk about harm caused by the care system, people become deeply fatalistic about the future of care experienced children. Public understanding of people with care experience is rarely separated from the system seen to have shaped that experience.

By talking instead about how the care system can be designed to promote positive development, we can bypass public fatalism, improve people's perceptions of people with care experience, and reduce the tendency to stigmatise.

Recommendation #3: Use the *Scaffolding* metaphor to explain how an effective care system supports healthy development.

Use the *Scaffolding* metaphor to explain the range of different experiences of support an effective care system can provide.

How to do it

| Instead of this ... | Try this ... |
|--|--|
| The care system needs to provide intensive support, targeted intervention, life skills and education for all children. | Our care system needs to provide scaffolding to help children build their lives, providing stability as and when they need it. |

- **DO bring this metaphor to life in different ways.** Draw on a range of ideas and images associated with scaffolding and building to talk about how children's care can support healthy development. Use words like 'construct', 'foundation' and 'repair' to create useful associations.
- **DO use this metaphor to explain the potential flexibility of children's care.** Explain the different ways in which care can be constructed to suit children's individual needs, just as scaffolding can be built to match the needs of a project.
- **DO leave room for agency.** Talk about scaffolding as a supportive structure that children in care need **now** so they can develop resilience and build strong relationships in future. As one research participant with care experience said, "Scaffolding is given to [you] ... and the conditions are in place for you to pursue your own path."

Why this works

Metaphors are powerful tools to explain complex or abstract concepts by likening them to something more concrete and familiar.² They guide thinking and are memorable and shareable.

The Scottish public believes that the care system takes a one-size-fits-all approach to meeting children’s specific developmental needs. When this way of thinking is active, people reason that a standardised system is unable to provide bespoke care.

By positioning an effective care system as scaffolding, designed to flex and provide support where needed, we bypass this belief. Just as scaffolding can be tailored to fit a given building, so the care system can (and should) adapt to a child’s individual developmental needs.

Step Two: Explain the systemic factors that shape care experience – and how the care system can itself be shaped to ensure healthy development.

Recommendation #4: Explain how social factors can lead to involvement with the care system using the *Navigating Waters* metaphor.

Use the *Navigating Waters* metaphor to explain how social factors can make it hard for parents to ‘stay afloat’ and provide the best kind of care for children.

Using this metaphor helps people to focus on the systemic and social factors that can lead to involvement with the care system – and reduces the tendency to blame individual parents. This sets up discussions about the importance of upstream support – and systems-level solutions.

How to do it

Instead of this ...

Children are taken into care when parents can no longer look after them and their home is unsafe. This could be due to abuse, drugs, neglect or family breakdown.

Try this ...

Children become involved with the care system when parents struggle to navigate tough times. This could be chronic illness, mental health problems or a death in the family – all things that can make it harder to give children the best care and support.

- **DO use this metaphor to explain why upstream support is important.** Use the metaphor to talk about how and why families become involved with the care system and the importance of early support. Link these explanations to the programmes and ‘safe harbours’ that can help families ‘navigate’ difficulties before they become serious enough to need the care system.
- **DO name social factors** such as poverty, unemployment or lack of affordable housing. Talk about **how they make it difficult for families to stay afloat**, and how this can affect children.
- **DON’T use this metaphor to paint a shocking portrait of families involved in care.** It’s easy for people to ‘otherise’ those who are most affected by social problems like poverty. Shocking details about families living in difficult circumstances may reinforce negative views of already marginalised parents. Instead, focus attention on external factors – like the ‘stormy weather’ that can make it harder to care and provide for children.
- **DO be creative and use this metaphor in lots of different ways**, including images. Repetition is powerful and necessary to move thinking towards more structural understandings of the causes of care involvement.

Why this works

People tend to think that children enter the care system when selfish parents make bad choices. This assumption is more problematic when people think about poverty’s role in care experience: without careful framing, people reason that parents without resources are even more selfish – they should not have children they cannot support. When this way of thinking is active, people focus narrowly on how we ‘fix bad parents’.

The *Navigating Waters* metaphor helps people better understand the systemic factors that can lead to care experience. As a result, it reduces peoples’ tendency to rely on individualistic assumptions and increases their support for policies that address poverty and housing. With this metaphor, we can avoid ‘bad apple’ stories and focus public attention squarely on the need to improve circumstances.

Recommendation #5: Don’t talk about – or lead with – stigma without explaining how stigma works.

Experts and advocates agree that stigma is pervasive and lifelong, with profound negative impacts on people with care experience. Members of the public do not recognise and understand this. They fail to recognise stigma and their own role in the stigmatisation of people with care experience. Telling people that stigma exists and saying we must end it does not overcome this and often backfires, making people **more** likely to think in stigmatising ways.

“Stigma is becoming a past thing. There are fewer and fewer stigmas now because overall we’re becoming more tolerant.” – **Participant, focus group**

“If someone’s behaviour – because they’ve been in care – was different then I think that is where the stigma would arise. Rather than the actual act of being in care. I don’t think among most people there’s a stigma around that.” – **Participant, focus group**

Continuous exposure to negative images and representations in culture means we develop patterned, unconscious ways of thinking. This is called implicit bias. Explaining how this process works helps people understand that stigma against people with care experience is real and widespread. It also helps people see the need to change cultural representations – the stories we tell ourselves about care experience – in order to end stigma.

What it looks like

| Instead of this ... | Try this ... |
|---|---|
| Stigma follows care experienced people throughout their lives, with profound and tragic consequences. We must end stigma against people with care experience now. | Our media churns out stereotypes of children in care as lost causes. This affects our attitudes and behaviours, in ways that we often don’t even realise. This stigma and discrimination affects people with care experience in all areas of life. It’s time to change the story. |

- **DON’T start with stigma.** The word ‘stigma’ when introduced too early, creates a backfire effect. People either reject the idea that stigma exists or become fatalistic about ever addressing it. If stigma needs to be discussed, communicators should do so through a clear explanation of the origins of stigma, and then its effects.
- If you need to talk about stigma, **DO walk through how implicit bias works.** People are unfamiliar with the concept of implicit bias, but once it is explained they recognise its importance and damaging effects. Communicators don’t have to use the term ‘implicit bias’ but do need to walk through how and why it occurs, and only then connect it to outcomes for care experienced people. Explaining stigma in this way is an opportunity to improve both attitudes and understanding.
- If you need to talk about stigma, **DO make media and cultural representations, like TV or news coverage, the source of that stigma.** This helps avoid fatalistic responses and the assumption that it is impossible to fix bad or judgemental people.

Why this works

People have two opposing views about the effects of care experience. On the one hand, they believe that the care experience is so traumatic that children in the care system are irreparably damaged. On the other hand, they believe that children are infinitely resilient. They assume that by the force of their own will, people can overcome any trauma associated with care experience. They do not take the impacts of stigma seriously and fail to see the harm it causes.

When we explain implicit bias (as opposed to simply asserting the fact that children in care experience stigma), we increase people's positive perceptions of children in care. This explanation helps people understand why stigma happens and how it affects people. People are more likely to understand that it is something we **all** need to address in order to improve lives for people with care experience.

Recommendation #6: Place individual stories in context to show how care experienced young people can thrive.

People often assume success or hardship is the result of individual actions. This tendency is especially strong when people think about older children. This perception obscures the role of context and circumstance.

Add context to individual stories to bring systemic factors to light. To make sure that stories aren't dismissed as exceptional or rare. And to explain how an effective care system can play a critical role in helping all young people to thrive.

What it looks like

| Instead of this ... | Try this ... |
|--|---|
| Every person with care experience can go on to become the best version of themselves. We often forget how hard young people like Dave have to fight to overcome difficult childhoods and early trauma. His story reminds us that it is possible for care experienced children to thrive. | With the right support, every person with care experience can thrive as they move into adult life. Support like stable homes, caring relationships and services to address difficult childhoods and early trauma. Dave's story reminds us that, when our care system is working well, care experienced children can thrive. |

- **DON'T focus on individuals overcoming extreme hardship alone.** Instead highlight the factors that helped that individual to thrive – and the care system that can and should provide the basis for long-term positive outcomes.
- **DO offer larger context.** Use the *Navigating Waters* metaphor to explain how systemic factors (like unemployment, or a lack of affordable housing) can lead to care involvement and make it harder to escape existing circumstances.

- **DO tie individual stories to others in similar circumstances.** It can be hard for people to connect one person’s story to wider social trends. Use phrases like ‘Like a lot of people in [location]’ or ‘[Issue] is widespread’ to make these connections explicit.

Why this works

When we highlight context and circumstance – and explain how these affect every stage of care experience – we show that systems change is needed to help children thrive.

Without this context, individual stories can actively increase negative perceptions of children in care. These kinds of stories become the exception that proves the rule. People use the story they hear as a yardstick to measure other people with care experience who are going through challenges and difficulties in life. According to this way of thinking, if one person with care experience overcomes their difficult childhood, why can’t everyone?

Step Three: Connect children’s healthy development to healthy community ties – and our collective responsibility to build and maintain those ties.

Recommendation #7: Connect poor care experience to weakened community ties – and show that by improving one, we strengthen the other.

Appeal to the public’s shared sense that our communities are weakened when children don’t get the support they need.

People struggle to connect the experience of children and young people in care with broader, community-level outcomes. We need to activate the idea that when children in care can do well, community bonds are strengthened (and vice versa).

This positions improvements to the care system as a collective good – and gives everyone a stake in creating change.

What it looks like

| Instead of this ... | Try this ... |
|--|---|
| The care system is struggling to cope and too many children are left isolated and excluded. Improvements are desperately needed. | No child should feel isolated or excluded from our community. A stronger children's care system will help restore social ties and bring our community together. |

- **DO emphasise that improving the children's care system matters to everyone** by creating stronger connections within our communities.
- **DO activate our collective responsibility to act.** Stress that we are all responsible for improving children's care and welcoming children into communities – and that we all benefit from these changes as community ties grow stronger. Use an inclusive 'we' – one that refers to everyone, not just an organisation or a specific group – to activate people's sense of collective responsibility.
- **DO combine this recommendation with *Navigating Waters* to build support for policies that work upstream,** like affordable housing and financial support. Explain that policies that address upstream causal factors also strengthen community cohesion.
- **DO be aspirational, as well as realistic.** Talk about how things 'could' and 'should' be in our communities – and that strengthening children's care helps build (or rebuild) community ties that may have been lost.

Why this works

People value community ties in Scotland, but there's a shared sense that these ties have deteriorated over time. We can build on this by framing children's care as a way to rebuild and strengthen community ties – something that happens when children with care experience can fully take part in communities and have what they need to thrive.

Activating this collective responsibility – and being explicit about the collective benefits of a well-functioning care system – navigates the idea that the care system only affects other people. And it also avoids the paternalism often triggered when we only talk about benefits to people with direct experience of an issue.

Recommendation #8: Show that change is possible (and not just necessary) with concrete solutions.

Balance efficacy (‘something can be done to improve care’) and urgency (‘something must be done to improve care’) in calls for change. And include concrete, actionable solutions.

We can build support for change by explaining exactly how our care system can help children in Scotland to thrive.

What it looks like

| Instead of this ... | Try this ... |
|--|--|
| The care system is letting down Scotland’s children and condemning them to a lifetime of disadvantage. It urgently needs reform – its current state is simply not fit for purpose. | A stronger care system strengthens our community. With more of the right support – like family support, stable homes, caring relationships and services to address early trauma – our care system can provide the stable foundation every child needs to flourish. |

- **DO start with opportunities for healthy development, not the risk of harm.** Emphasise that every child in care can thrive with the right support, even in messages that focus on problems with the care system (or entry into it). Talk about how things should be to hold the current system to account.
- **DO explain how the care system can be strengthened, don’t just assert that change is necessary.** When we connect causes with consequences and explain how one thing affects another, we significantly increase public understanding and support for solutions.³
- **DO be specific about the changes being put forward and their link to long-term improvements.** Always explain how they work, who would be responsible, and how these changes help both communities and people with care experience.
- **DON’T get stuck in conversations about a broken system.** In most cases, the communications challenge is not to convince people that a problem exists; it’s to convince them that it can be solved. Keep a can-do tone to build confidence and hope in our collective ability to put things right.

Why this works

When concrete improvements are at the core of a message, people focus on what can be achieved and are more confident that we can put things right. It bypasses the deeply held sense of fatalism about children's care – and the care system's ability to provide what children need.

Focusing on concrete solutions and action is the most effective way for us to move away from discussions about a 'broken system' and 'irresponsible families', and towards the ways in which the children's care system can and should set children up to thrive.

Final Call to Action: Harness the Power of Repetition to Change Hearts and Minds

The frames and strategies recommended here are powerful tools that can help create change.

To build support for the scale of change needed, this new story must be heard many times over an extended period.

Why this works

Unhelpful ways of thinking about care experience are deeply ingrained and get reinforced by unproductive trends in public, political and professional discourse that focus on individual responsibility for the issue.

The more often people hear a frame, the more powerful it becomes. Repeating ideas has the power to change the brain's patterns and, as a result, change people's default ways of reasoning about an issue.⁴

To change how people think about care experience, we need to establish a new normal in how we talk about it. This reframing strategy will build support for a care experience and system that's right for each and every child.

For advice and support to use framing, or any of the insights in this brief, get in touch:
info@frameworksinstitute.org

Endnotes

1. “When a sentence is repeated several times, the neural circuits that compute its meaning are activated repeatedly in the brain. Synapses connecting the neurons in the circuits get stronger and circuits may become permanent.”
Lakoff, G. (2006). *Whose Freedom? The Battle over America’s Most Important Idea*, 1st ed. New York, NY: Farrar, Straus and Giroux. p.10; see also Bybee, J. (2006). From Usage to Grammar: The Mind’s Response to Repetition. *Language* 82(4), 711–33.
2. For more information on conceptual metaphor theory, see Lakoff, G. & Johnson, M. (2003). *Metaphors We Live By*. Chicago, IL: University of Chicago Press; see also Semino, E. (2008). *Metaphor in Discourse*. Cambridge, UK: Cambridge University Press; see also Grady, J. (1997). THEORIES ARE BUILDINGS Revisited. *Cognitive Linguistics* 8(4), 267–90.
3. See notably, FrameWorks Institute (2019). *Unleashing the power of how: An explanation declaration*. Washington, DC: FrameWorks Institute.
4. “When a sentence is repeated several times, the neural circuits that compute its meaning are activated repeatedly in the brain. Synapses connecting the neurons in the circuits get stronger and circuits may become permanent.”
Lakoff, G. (2006). *Whose Freedom? The Battle over America’s Most Important Idea*, 1st ed. New York, NY: Farrar, Straus and Giroux. p.10; see also Bybee, J. (2006). From Usage to Grammar: The Mind’s Response to Repetition. *Language* 82(4), 711–33.

About FrameWorks

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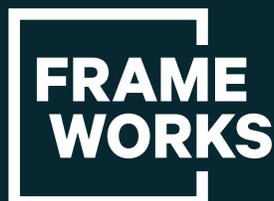
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