



ScotCen
Social Research



Public attitudes to care experienced young people

ScotCen Panel
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Responsibility for the opinions expressed in this report, and for all interpretation of the data, lies solely with the authors.

Foreword

The Life Changes Trust is proud to have funded Scotland's first major survey on public attitudes towards people with experience of care. While care experienced young people have increasingly occupied a steady place in the public eye since the 2016 announcement of the Independent Review of Care, we have never had a baseline against which to measure progress in shifting attitudes and perceptions towards care experienced young people – until now.

The results of this study are timely and important, as they provide not only a glimpse into people's assumptions and understandings of being in care, but also provide the first rigorous estimate of what percentage of people in Scotland identify as having been 'in care'.

Findings of this survey suggest there is cause for optimism; most people in Scotland would be happy for their child to be friends with a child in care, to work alongside someone with care experience, or for a relative to marry someone who has experience of care.

However, there is still a significant minority within our society that hold beliefs and attitudes that could easily translate into prejudice and discrimination. Nearly one in 10 people said they would be unhappy if their child befriended a child in foster or residential care. While it sounds like a small number, we must remember that in a classroom of 20 students, that means two families that may be actively discriminating against a child.

The results of this survey mark the beginning of a journey. Like all good research, much of the data raises more questions than answers. This survey highlights how much more work there is to do before we can truly understand the cause of attitudes towards care experienced young people in Scotland.

One of the main obstacles towards understanding what is at the root of attitudes may be the way in which outcomes are measured and reported on, and the assumption that negative outcomes are caused by care. There is still a lack of rigorous studies examining the causes of these negative outcomes.

There is also more work to do before we can determine to what extent negative responses to this survey reflect a belief based on knowledge about the subject instead of just attitudes about care experienced young people. In this survey, for example, people who work with children and young people in care were more likely to believe that children in care are worse behaved than other children. This may be reflective of prejudice, but this may also reflect an understanding of trauma, as acting out and poor behaviour can be a response to a traumatic event. Those who work with care experienced young people may therefore be responding from a place of understanding and care, not a place of prejudice. Determining whether these attitudes are based on belief or perceived knowledge is a complex task, and one that is far from complete at the end of this survey.

We must take care to remain humble about our own knowledge and understanding as we interpret the results of this survey. We seek to understand, and these results are a jumping off point for future research, not a conclusive answer.

We hope this first attempt can bring attention and further study of this complex and important issue in the future.

Heather Coady
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Life Changes Trust

Executive Summary

Introduction

There are around 15,000 looked-after young people in Scotland, representing approximately 2% of the young population (Scottish Government, 2018). Young people become looked after for a variety of reasons (Hannon et al, 2010), and while many looked-after young people go on to achieve positive outcomes (Alliance for Children in Care and Care Leavers, 2016), this is often not the case. Due to a range of complex structural and systemic factors, looked-after young people overall do not enjoy the same positive advantages, experiences and outcomes as other children (CELCIS, 2018).

This report looks at public attitudes to care experienced young people, perceptions on why they end up in care, and views on forming relationships with care experienced young people across different groups in Scottish society. Understanding these attitudes can inform work around reducing the level of stigma faced by those who are care experienced.¹

Methodology

The findings included in this report were all collected from a survey conducted using the ScotCen Panel, a random-probability online and telephone survey utilising a sample drawn from the high-quality Scottish Social Attitudes (SSA) survey. 1,031 adults aged 16 and over were interviewed between 19 April and 20 May 2018, with data weighted to take into account both non-response bias and the age and gender profile of the Scottish population.

Knowing someone with care experience

Nearly 6 in 10 people in Scotland know someone who has been in care, or have been in care themselves. The findings also show that an estimated 5% of people in Scotland have, themselves, had some experience of being in care. This estimate, however, needs to be treated with caution because of the level of uncertainty due to the relatively small sample size.² A quarter have a friend who has been in care and around 1 in 10 have a family member, know someone at work who has been in care or have a job working with people in care. Women and people under 40 are more likely to know someone who has been in care compared with men and those aged 65 and over.

¹ By care experienced we mean both young people who are currently in care, and adults who have spent their childhood in care.

² The actual proportion is estimated to fall within the range 2.6% to 8.3% of people in Scotland who have had some care experience.

Views on reasons young people might be in care

The ScotCen Panel explored people's views on the possible reasons why children might be in care: one relating to parental behaviour, one relating to the child's behaviour and the parents' inability to cope with it and one relating to the lack of government support for families leading to young people going into care.

The most commonly held view was that 'children are in care because their parents are addicted to alcohol and drugs', with 7 in 10 saying this was 'likely'.³ This compares with around half who believe that it is likely that 'children are in care because there is not enough government support for families' and a smaller proportion, around 4 in 10, saying they think it is likely that children are in care 'because the parents can't cope with their child's behaviour'. Older people are more likely than young people to think that children are in care 'because their parents are addicted to alcohol and drugs' and that children are in care 'because the parents can't cope with their child's behaviour'. People in the lowest income group, those with no formal qualifications, and those living in the most deprived areas are the most likely to believe that 'children are in care because there's not enough government support for families'.

Public attitudes towards those with care experience

The majority of people in Scotland do not hold negative views about either young people in care or adults who have spent their childhood in care. The most common response to the questions on attitudes towards care experienced young people is that being in care 'makes no difference' to whether children behave well or badly (72%), whether they are a good or bad influence on others (88%), whether they are more or less likely to get into trouble with the police (64%), or whether they make a good parent or not (83%). The majority of people also feel happy⁴ for a child of theirs to form a friendship with a care experienced young person and feel happy to work alongside or have a close relative marry someone who has been in care, although slightly more negative views are expressed towards those who have been in residential care compared with foster care.

A substantial minority of around a third (35%) of people in Scotland believe that children in care are more likely to get into trouble with the police and around a quarter (24%) believe that children in care are worse behaved than other children. Holding negative views such as these is also shown to have an impact on how people feel about forming relationships with those who are, or have been, in care. Those who believe that children in care are worse behaved than other children are significantly less likely to have positive feelings about a child of theirs forming relationships with a care experienced young person, as are those who believe children in care are a bad influence on others or that they are more likely to get into trouble with the police.

³ Responses of 'very likely' and 'quite likely' combined.

⁴ Responses of "very happy" and 'quite happy' combined.

While there is relative consistency in people's attitudes towards care experienced young people, a number of differences can be observed between groups in society. Those with higher levels of education are more likely than those with no formal qualifications to believe that children in care are worse behaved than other children, are a bad influence on other children, are more likely to get into trouble with the police and that they will make worse parents than others. In addition, those who have a job working with people in care are also more likely to believe that children in care are worse behaved and are more likely to get into trouble with the police than those who do not know anyone who has been in care. There are also differences by gender, with men being more likely than women to believe that children in care are a bad influence on other children and less likely to be happy for a child of theirs to be friends with a young person in care.

Conclusions

This research is the first in Scotland to explore public attitudes to care experienced young people and it raises questions about the complex interaction between people's knowledge of the challenges that face care experienced young people and discriminatory attitudes and behaviours.

While the findings suggest that a majority of people in Scotland do not hold negative views about either young people in care or adults who have spent their childhood in care, a substantial minority do hold attitudes that might be deemed to be discriminatory or stigmatising.

There is also evidence to suggest that negative attitudes can influence how people behave towards, or make decisions about, care experienced young people and adults. This could clearly be having a significant impact on the current lives of young people in care, with such impacts persisting into adulthood. Such negative attitudes need to be challenged if people with care experience are going to be able to lead fulfilling lives free from stigma and discrimination.

1. Introduction

1.1 Background

1.1.1 Who are 'looked-after' young people

'Looked-after' is the official terminology used by Scotland's national and local government bodies to describe children and young people who are in the care of a local authority (Children (Scotland) Act 1995). The latest figures suggest that there are around 15,000 looked-after young people in Scotland, representing approximately 2% of the young population (Scottish Government, 2018).

Looked-after young people can be cared for in a range of settings. While foster care is the most common accommodation for looked-after young people (36%), many are also looked after at home (25%), by close relatives (28%), or in a residential setting (10%) (Scottish Government, 2018).

1.1.2 Reasons for care

Young people become looked after for a variety of reasons (Hannon et al, 2010). However, the latest figures suggest that 88% of looked-after young people in Scotland entered the care system on care and protection grounds (SCRA, 2017). Care can be seen as a positive option by providing the necessary security and stability that young people who require care and protection need to flourish, and it is argued that care should be viewed as a process by which a young person's recovery from previous adverse experiences and achievement of positive emotional wellbeing is to be realised (Alliance for Children in Care and Care Leavers, 2016). While looked-after young people go on to have very different and distinct care journeys (Hannon et al, 2010), many looked-after young people who stay in care long-term do better in their education than those from similar domestic situations who remain living with their family (Alliance for Children in Care and Care Leavers, 2016).

1.1.3 What challenges do care experienced young people face

Despite the positive function that care can serve, care experienced young people overall do not enjoy the same positive advantages, experiences and outcomes as other children (CELCIS, 2018). Many care experienced young people have experienced a chaotic family background where they may have been exposed to substance misuse, domestic abuse, neglect and other issues from an early age (Hannon et al, 2010), and care experienced young people have consistently been found to be one of the most vulnerable and disadvantaged groups in society (Hannon, 2010).

Care experienced young people tend to have lower levels of emotional and behavioural health than other young people, with 37% of care experienced young

people producing scores on the Strengths and Difficulties Questionnaire (SDQ) that are considered a cause for concern compared with 12% of their non-care experienced counterparts (Alliance for Children in Care and Care Leavers, 2016). The rate of school exclusions among care experienced children is also much higher than in the general school population, with 169 cases per 1,000 pupils in care for the full year compared with 27 per 1,000 in the general school population (Scottish Government, 2018b).

Upon leaving the care system, care experienced young people face a number of structural and systemic barriers which may attach ongoing stigma, or prevent them from accessing services like health, education, housing or employment (CELCIS, 2018). Care experienced young people have lower attainment upon leaving school than other school leavers, with 16% of school leavers who were in care for the full year gaining at least one qualification at level 6 or above compared with 61% of all school leavers (Scottish Government, 2018b). Additionally, care experienced young people are less likely to be in positive destinations nine months after leaving school, with 81% of young people in care for the full year in positive destinations compared with 94% of all school leavers (CELCIS, 2018b). Thirty percent of care experienced young people are classed as unemployed 9 months after leaving school, compared with 5% of non-care experienced young people (Scottish Government, 2018b).⁵

For a variety of complex reasons, care experienced young people also have an increased likelihood of involvement in or exposure to criminal activity (Who Cares Scotland, 2018; Moodie & Nolan, 2016). One third of young offenders in Scotland self-identify as care experienced (SPS, 2016), while recent figures suggest that just under half (46%) of young people in custody in Scotland may have care experience (SPS, 2017).

The Frameworks Institute report (Pineau et al, 2018) presents evidence from professionals working in the care system who highlight that these poorer outcomes may result from the situation that led to them being taken into care, or from their experience in the care system, or both. In addition, their view is that there is a public misperception that care experienced young people are 'difficult, dangerous or antisocial', leading to feelings of shame and social isolation for young people in care.

1.1.4 Why do public attitudes to care experienced young people matter?

As a group facing multiple social barriers, it is argued that government and society have a moral obligation to give young people in care the support they need both while they receive care and as they make the transition out of care (HM Government, 2016). However, the prevalence of negative perceptions of the care system (Hannon et al, 2010) currently has the dual effect of contributing both to a feeling of stigmatisation among care experienced young people (Who Cares Scotland, 2018b) and a lack of confidence in the care system to generate positive outcomes that leads

⁵ This figure includes young people who were in care for at least part of the previous year.

to its poor use (Hannon et al, 2010). Examining attitudes towards young people in care can help to inform the discussion on the capacity of the care system to achieve positive outcomes (Hannon et al, 2010). Understanding public attitudes towards young people who are in care, and how these attitudes differ between different groups in society, can help support work to reduce the level of stigma experienced by both those young people who are currently in care, and adults who have spent their childhood in care.

1.2 Data collection and methodology

The findings included in this report were all collected from a survey conducted using the ScotCen Panel. The ScotCen Panel uses a random probability sample drawn from the high-quality Scottish Social Attitudes survey (SSA), run annually by ScotCen since 1999. By using random-probability sampling and allowing respondents to participate either online or by telephone, the panel is able to include a more representative cross-section of people than might be expected from commercial internet panels. This means that we can be confident that the Panel reflects the attitudes of the Scottish public with a high degree of accuracy. In April 2018, 20 questions on attitudes to care experienced young people were included in the ScotCen Panel. These questions were new, and were developed and cognitively tested by the ScotCen research team in partnership with the Life Changes Trust.

Between 19 April and 20 May 2018 ScotCen interviewed a random sample of adults aged 16 and over living in Scotland about their attitudes to care experienced young people. All of the respondents were people who had initially been interviewed as part of the 2015, 2016 or 2017 Scottish Social Attitudes survey,⁶ a high quality annual survey conducted face to face, and who had agreed to participate in short follow-up interviews either over the internet or via the phone. All in all, 1,031 people completed the survey in April/May 2018. The data are weighted to take into account three types of non-response: non-response at the survey used for recruitment (the SSA survey), refusal to join the panel at the end of that interview and non-response in the survey of panel members itself.⁷ In addition the weights are adjusted to ensure that the weighted data matches the known age and gender profile of the adult population in Scotland.

All percentages cited in this report are based on the weighted data and are rounded to the nearest whole number. All differences described in the text (between different groups of people) are statistically significant at the 95% level or above, unless otherwise specified. This means that the probability of having found a difference of at least this size, if there was no actual difference in the population, is 5% or less. The term 'significant' is used in this report to refer to statistical significance, and is not intended to imply substantive importance.

⁶ See Scottish Social Attitudes Technical Report, 2017, for further details of the survey. Available at: <https://www.gov.scot/Resource/0053/00537353.pdf>

⁷ The weight adjusts the ScotCen Panel for non-response using the following variables: age, gender, region, household composition, household income, educational qualifications, ethnicity, tenure, socio-economic classification, economic activity, interest in politics and political party identification.

1.2.1 Definition of care experience

Understanding among the general public of care experience was explored during the question testing phase of this research. We found that people did not always understand the term 'being in care' in the same way and, therefore, decided to include a definition of care at the start of the survey. The definition of 'care experienced young people' used at the start of the survey was as follows:

The questions below are about children and young people who have experienced being in care.

A person who has experienced being in care is someone who is living (or has previously lived) with foster carers, in a residential children's home, or with their parents or relatives while under the supervision of social workers.

The questions are not asking about children who have been adopted.

1.2.2 Limitations of the research

The scope of this research meant that it was not possible to explore public attitudes to the full range of care settings that young people live in. Instead two different care settings were chosen: foster care and residential care. These were chosen as there are key distinctions between these types of care which were anticipated to impact on public perceptions, namely that those who are brought up in residential care are cared for in a group home setting with professional carers compared with those who are brought up in the family setting that foster care provides.

1.3 Report structure

The remainder of this report is structured as follows:

- Chapter 2 describes whether people know someone who has been in care, how they know them, or whether they themselves have been in care.
- Chapter 3 explores people's views on the reasons why young people might be in care and how these views differ across society.
- Chapter 4 describes people's attitudes towards care experienced young people and how views differ across society.
- Chapter 5 discusses the findings on scenario-based questions about children living in foster care or residential care which aim to explore discriminatory attitudes towards both young people living in care and adults who have spent their childhood in care.
- Chapter 6 summarises the main conclusions from the report.

2. Relationships, knowledge, and experience

Key findings

- Around 6 in 10 (58%) people in Scotland know someone who has been in care, or have experience of being in care themselves.
- Around a quarter (26%) of people in Scotland have a friend who has been in care.
- Older people and men are less likely to know someone who has been in care: just under half (47%) of those aged 65 and over and just over half of men (53%) know someone with care experience compared with nearly two-thirds of those aged 16-29 (64%) and a similar proportion of women (63%).

This chapter looks at people's experience and knowledge of those who have had experience in the care system. This includes those with personal experience of being in care, knowing someone who has been in care or having been a carer for a young person, for example through fostering. This chapter then explores whether this knowledge or experience of care varies between groups. Respondents were given a definition of care experience before starting the survey which is described in full in Chapter 1, Section 1.2.1.

2.1 Knowing someone with care experience

Respondents were asked:

'Have you ever personally known anyone who has been in care as a child, or have you been in care yourself? Please select all that apply.'

- Yes, I have been in care myself
- Yes, a child of mine is/has been in care
- Yes, a member of my family is/has been in care
- Yes, a friend(s) of mine is/has been in care
- Yes, someone at my work has been in care
- Yes, I am/have been a foster carer
- Yes, my job involves/involved working with people in care
- Yes, someone else (please describe)
- No, I don't know anyone who has been in care as a child

The ScotCen Panel (April, 2018) shows that the majority (58%) of people in Scotland either know someone with care experience, or have been in care themselves. The Panel estimates that 5% of people have, themselves, had some experience of being in care. However, this estimate should be treated with caution as, given the relatively small sample sizes involved, the actual proportion is estimated to fall within the range 2.6% to 8.3% of the population who have had some care experience.⁸

Around a quarter have a friend (26%) with experience of being in care while around 1 in 10 have a job that involves working with people in care (12%) or have a colleague (11%) or a family member (10%) who has been in care. Relatively few people reported having any personal care experience themselves (5%), or having a child in care (1%), and only 2% of people in Scotland have experience as a foster carer. One in ten (10%) reported knowing ‘someone else’ who had been in care.

Table 2.1: Whether people know someone who has been in care, or have been in care themselves

| Have you ever personally known anyone who has been in care as a child, or have you been in care yourself? | % |
|---|----|
| Yes, I have been in care myself | 5 |
| Yes, a child of mine is/has been in care | 1 |
| Yes, a member of my family is/has been in care | 10 |
| Yes, a friend(s) of mine is/has been in care | 26 |
| Yes, someone at my work has been in care | 11 |
| Yes, I am/have been a foster carer | 2 |
| Yes, my job involves/involved working with people in care | 12 |
| Yes, someone else (please describe) | 10 |
| No, I don't know anyone who has been in care as a child | 42 |
| <i>Don't know</i> | * |
| <i>Refused</i> | - |

Percentages do not sum to 100 as the question was a multi-code response

Base: all respondents (1031)

⁸ This range represents the 95% confidence interval and reflects that there is some uncertainty around this estimate, due to this being a relatively small sample size to use for calculating population estimates. This means that, were the survey to be repeated, 95 times out of 100, the actual proportion within the population with care experience would lie within the calculated confidence intervals. So we can be fairly confident that the actual figure lies within the range identified by this survey, between 2.6% and 8.3% percent.

2.2 How does knowing someone with experience of care vary between groups?

This section explores whether there are any significant differences between groups in whether, or how, people know someone who has been in care. The analysis included in this chapter, and replicated throughout the report, first explores a range of socio-demographic and area-based factors. More specifically differences are explored by:

- Gender
- Age
- Education
- Income⁹
- Area deprivation (as measured by the Scottish Index of Multiple Deprivation, SIMD)¹⁰

Whether people know someone who has been in care does vary significantly by age. Nearly two-thirds (64%) of those aged 16 to 29 compared with fewer than half (47%) of those aged 65 and over know someone who has been in care. Those aged 16 to 29 are also nearly three times as likely to have a friend who has been in care than those aged 65 and over (39% compared with 14%). There are also significant differences by gender with around 6 in 10 women (63%) compared with around 5 in 10 men (53%) knowing someone with care experience. Men are, however, more likely than women to have a colleague with care experience (14% compared with 9%).

Education also has an association with experience of care; those educated to degree-level are the most likely to have a job which involves working with people in care (20% compared with 4% of those with no qualifications). And those who lived in the most deprived areas of Scotland are more likely than those who lived in any other area to have a family member who had been in care (16% compared with 9%¹¹). There are no significant differences based on household income.¹²

⁹ Respondents of SSA are asked about the level of household income, and this is then divided into four categories: Up to £14,300 per annum, over £14,300 and up to £26,000 per annum, over £26,000 and up to £44,200 per annum and over £44,200 per annum.

¹⁰ Measured by the Scottish Index of Multiple Deprivation (SIMD). SIMD 2016 measures the level of deprivation across Scotland from the least deprived to the most deprived areas. The SIMD variable used in this report is divided into 5 categories. See also Scottish Social Attitudes 2016: Technical Report for full details. Available at: <http://scotcen.org.uk/media/1493001/ssa-2016-technical-report-final-for-publication.pdf>

¹¹ This difference was marginally significant (p=0.86)

¹² Due to the small proportion of respondents who have had care experience or who have a child in care, we are not able to detect differences by socio-demographic factors due to the small sample sizes.

3. Attitudes towards reasons why young people might be in care

Key findings

- The most commonly chosen reason for children being in care is 'because their parents are addicted to alcohol or drugs', with over 7 in 10 (73%) believing that this is a likely reason why children are in care.
- Over half (54%) think it is likely that children are in care 'because there is not enough government support for families' and this falls to around 4 in 10 (42%) who think it is likely children are in care 'because the parents can't cope with their child's behaviour'.
- Older people (those aged 65 and over) are more likely than those under 65 to think it is likely that 'children are in care because their parents are addicted to alcohol and drugs' and more likely to think it is likely that 'children are in care because the parents can't cope with their child's behaviour'.
- People who know a family member or friend who has been in care, have been in care themselves or have had a child in care are less likely to believe that 'children are in care because their parents are addicted to alcohol and drugs' compared with those who do not know anyone who has been in care or whose job involves working with people in care.
- Those with more socially conservative views are more likely than those with more socially liberal views to think it is likely that 'children are in care because the parents can't cope with their child's behaviour'.
- People in the lowest income group, those with no formal qualifications, those living in the most deprived areas and those on the left of the political spectrum are the most likely to believe that 'children are in care because there's not enough government support for families'.

This chapter explores people's attitudes towards the reasons why young people might be in care. Respondents were presented with three questions which aimed to capture their views on why they think young people might be in care. The questions were designed to explore whether people think that the reason why young people are in care is because of (i) their parents' behaviour (ii) the parents' ability to cope with the child's behaviour (iii) lack of support from the government.

3.1 Views on the reasons why young people are in care

Respondents were asked:

- In your view, how likely or unlikely is it that children are in care because their parents are addicted to alcohol and drugs?
- In your view, how likely or unlikely is it that children are in care because the parents can't cope with their child's behaviour?
- In your view, how likely or unlikely is it that children are in care because there's not enough government support for families?

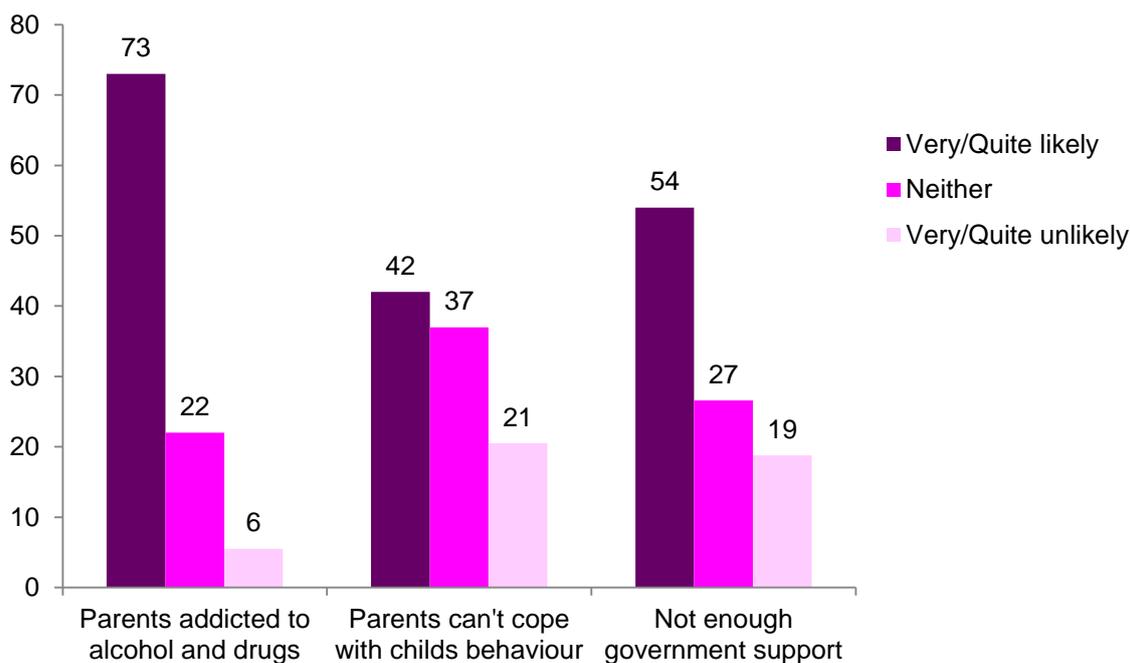
Answer options were 'very likely'; 'quite likely'; 'neither likely nor unlikely'; 'quite unlikely' and 'very unlikely'.

As shown in Figure 3.1 below, over 7 in 10 (73%) think that it is 'very likely' or 'quite likely' that 'children are in care because their parents are addicted to alcohol and drugs', while 1 in 5 (22%) think it is 'neither likely nor unlikely'. Only 6% of people think it is 'very unlikely' or 'quite unlikely' that children are in care due to parental addiction. This is the highest recorded level of agreement of all three possible reasons for being in care which were explored.

A much lower proportion, around half (54%) think that it is likely (either 'very likely' or 'quite likely') that children are in care because there is not enough government support for families, with 1 in 4 (27%) thinking it is neither likely nor unlikely. Around 1 in 5 (19%) think it is unlikely (either 'very unlikely' or 'quite unlikely') that this is the reason why children are in care.

When asked if people think that children are in care 'because the parents can't cope with their child's behaviour', only 4 in 10 (42%) think this is likely and a similar proportion (37%) feel that this is 'neither likely nor unlikely'. Around 2 in 10 (21%) think it is unlikely that children are in care because the parents can't cope with their child's behaviour.

Figure 3.1: (%) Attitudes towards reasons why young people might be in care



Base: all respondents (1031)

3.2 How do views vary between groups?

This section explores whether there is any variation in views between different groups in society, specifically gender, age, education, income and area deprivation (as measured by the Scottish Index of Multiple Deprivation).

In addition, analysis has been included using two scales that aim to measure respondents' views in relation to certain underlying value dimensions: the libertarian-authoritarian scale and the left-right political scale which have been included on the Scottish Social Attitudes survey since 1999 (and since 1986 on the British Social Attitudes survey).

The libertarian-authoritarian scale aims to measure whether respondents are, on the one hand, libertarians, or social liberals, or on the other, authoritarians, or social conservatives. The scale is produced by combining respondents' answers to 6 different questions. The questions included in the scale ask to what extent people agree or disagree¹³ with the following statements:

- 'Young people today don't have enough respect for traditional British values'
- 'People who break the law should be given stiffer sentences'
- 'For some crimes, the death penalty is the most appropriate sentence'
- 'Schools should teach children to obey authority'
- 'The law should always be obeyed, even if a particular law is wrong'

¹³ Answer categories are: agree strongly, agree, neither agree nor disagree, disagree and disagree strongly.

- 'Censorship of films and magazines is necessary to uphold moral standards'

This chapter includes analysis using the scale, which is divided into three categories: socially liberal, neither socially liberal nor socially conservative and socially conservative. In addition, two of the individual questions which form part of the scale are used. These are levels of agreement that 'young people today don't have enough respect for traditional British values' and that 'schools should teach children to obey authority'.

How attitudes differ towards people with care experience is also explored by where they lie on the political spectrum. This attitude scale aims to measure respondents' underlying political views and whether these are situated to the left or right of the political spectrum. The questions included in the scale ask to what extent people agree or disagree¹⁴ with the following statements:

- 'Government should redistribute income from the better off to those who are less well off'
- 'Big business benefits owners at the expense of workers'
- 'Ordinary working people do not get their fair share of the nation's wealth'
- 'There is one law for the rich and one for the poor'
- 'Management will always try to get the better of employees if it gets the chance'

This chapter includes analysis using the scale, which is divided into three categories: left of the political spectrum, neither left nor right, right of the political spectrum.

3.2.1 '...children are in care because their parents are addicted to alcohol and drugs'

Attitudes towards whether children are likely to be in care because their parents are addicted to alcohol and drugs vary by gender and age. Women (77%) are more likely than men (69%) to believe that parental addiction is a likely reason for children being in care, as are those aged 65 and over compared with all other age groups, for example, 83% of those aged 65 and over compared with 70% of those aged 16 to 29.

Those who know someone close to them who has been in care (or who have been in care themselves) are less likely than all other groups to think that children are in care 'because their parents are addicted to alcohol and drugs'. Two-thirds (66%) of those with someone close to them who has been in care (or who have been in care themselves)¹⁵ believe this compared with 80% of people whose job involves working

¹⁴ Answer categories are: agree strongly, agree, neither agree nor disagree, disagree and disagree strongly.

¹⁵ Having a child of theirs who has been in care, knowing a friend or family member who has been in care, or having been in care themselves.

with people in care, 77% of those who do not know anyone who has been in care and 75% of those who know someone less close to them who has been in care.¹⁶

3.2.2 ‘...children are in care because the parents can’t cope with their child’s behaviour’

As with attitudes towards whether children are likely to be in care because their parents are addicted to alcohol and drugs, views on whether children are likely to be in care ‘because the parents can’t cope with their child’s behaviour’ vary by age. Those aged 65 and over are more likely than those in any other age group to feel that this is a likely reason for children being in care (57% of those aged 65 and over compared with 36% of those aged 16 to 29).

Attitudes towards whether children are likely to be in care ‘because the parents can’t cope with their child’s behaviour’ are also associated with whether people hold more socially liberal or socially conservative views,¹⁷ with those who are more socially conservative (48%) more likely than those who are more socially liberal (30%) to believe that children are likely to be in care ‘because the parents can’t cope with their child’s behaviour’.

Those who agree that ‘young people today don’t have enough respect for traditional British values’ (50%) and those who agree that ‘schools should teach children to obey authority’ (47%) are also more likely than those who disagree with these statements (31% and 27% respectively) to feel that children are likely to be in care ‘because the parents can’t cope with their child’s behaviour’.

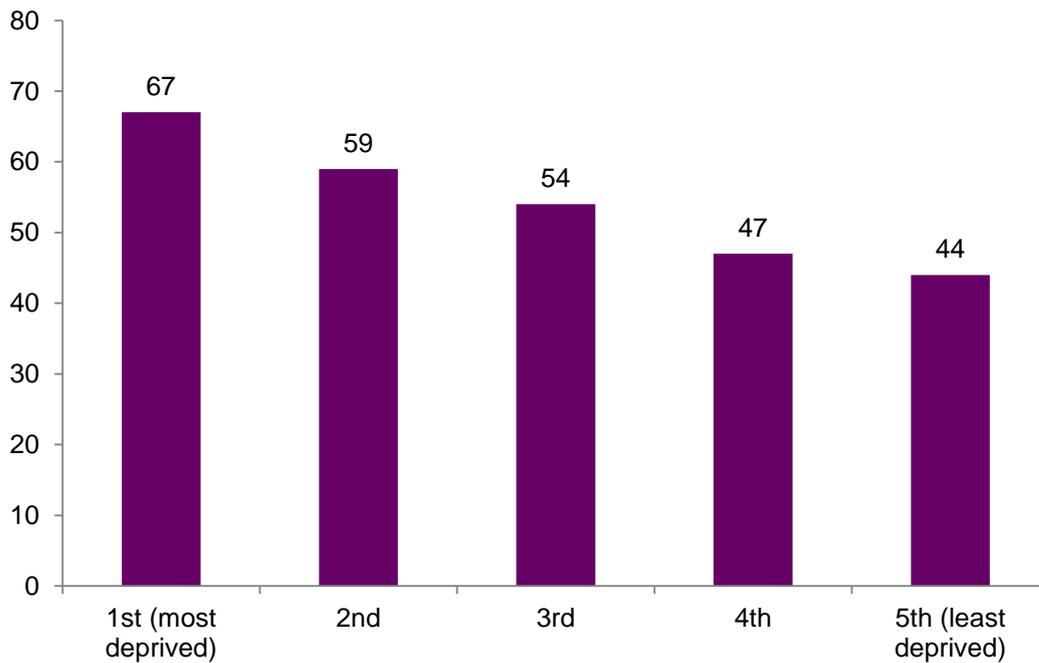
3.2.3 ‘...children are in care because there’s not enough government support for families’

Attitudes towards whether children are in care ‘because there’s not enough government support for families’ are associated with income, education and area deprivation. Those in the lowest income group (63%) are more likely than those in the highest income group (44%) to feel that children are likely to be in care due to a lack of government support for families. A similar pattern is seen in relation to education and area deprivation. For example, those with no formal qualifications (69%) are more likely than those educated to degree-level (51%) to feel that children are in care ‘because there’s not enough government support for families’.

¹⁶ Knowing a colleague who has been in care, or ‘someone else’ who has been in care i.e. not a friend or family member.

¹⁷ See Section 3.2 above for full details of the questions used to create the libertarian/authoritarian scale.

Figure 3.2: (%) Believing that children are in care because there is not enough government support for families by area deprivation (as measured by SIMD)



Base: all respondents (1031)

Attitudes towards whether children are in care because there's not enough government support for families are also related to people's position on the political spectrum, with those on the left of the political spectrum (65%) significantly more likely than those on the right (34%) to believe that children are likely to be in care 'because there's not enough government support for families'.

4. Attitudes towards care experienced young people

Key findings

- The majority of people in Scotland feel that being in care 'makes no difference' to whether children behave well or badly (72%), whether they are a good or bad influence on others (88%), whether they are more or less likely to get into trouble with the police (64%), or whether they make a good parent or not (83%).
- Over a third (35%) of people in Scotland believe that children in care are more likely to get into trouble with the police and around a quarter (24%) believe that children in care are worse behaved than other children.
- People educated to degree-level are more likely than those with no formal qualifications to believe that children in care are worse behaved than other children, are a bad influence on other children, are more likely to get into trouble with the police and that they will make worse parents than others. For example, those educated to degree-level (37%) are over 5 times as likely as those with no formal qualifications (7%) to believe that children in care are worse behaved than other children.
- Those whose job involves working with people in care are more likely to believe that children in care are worse behaved than other children and are more likely to get into trouble with the police compared with those who do not know anyone who has been in care.
- Men are more likely than women to believe that children in care are a bad influence on other children and those living in the least deprived areas in Scotland are more likely than those in the most deprived areas to believe that those who have been in care make worse parents than others.

This chapter focuses on perceptions of children in care and people who have been in care as children compared with others who are not, or who have not been, in care. In order to assess public opinion on this issue, respondents were presented with four questions examining whether they feel that children in care are better or worse behaved than other children, whether their influence on others is positive or negative, whether they are more or less likely to get into trouble with the police, and whether those who have been in care make better or worse parents than others.

As described in the introduction to this report (see Chapter 1), care experienced young people are more likely to have poorer outcomes than other children on a number of measures. The drivers for this may exist before a young person enters the care system and may indeed be mitigated by being placed in care. It is, therefore, possible that those who believe that children in care are worse behaved or are more likely to get into trouble with the police are simply reflecting their perceived knowledge

about the outcomes for children in care. Caution should, therefore, be exercised in interpreting these findings as a reflection of discriminatory attitudes, rather than a measure of knowledge.

The purpose here is to explore the extent to which these perceptions are held among people in Scotland, as these attitudes, whether they are based on knowledge or prejudice, can still be stigmatising and have the potential to impact negatively on the experiences of young people in care. Chapter 5 goes on to explore whether these negative perceptions are associated with potential behaviours towards young people in care which could be defined as discriminatory behaviours. Discriminatory behaviour can be defined as behaviour by individuals and institutions 'that either deliberately or inadvertently excludes particular groups from enjoying the rights, dignity, services and resources available to others' (Ormston et al, 2011).

4.1 Measuring perceptions of care experienced young people

Respondents were asked:

- In your opinion, do you think that generally...
 - Children in care are better behaved than other children
 - Children in care are worse behaved than other children
 - Being in care makes no difference to whether children behave well or badly?
- In your opinion, do you think that generally...
 - Children in care are a good influence on other children
 - Children in care are a bad influence on other children
 - Children in care are neither a good nor bad influence on other children?
- In your opinion, do you think that generally...
 - Children in care are more likely to get into trouble with the police
 - Children in care are less likely to get into trouble with the police
 - Children in care are neither more nor less likely to get into trouble with the police?
- In your opinion, do you think that generally...
 - People who have been in care as children make better parents than others
 - People who have been in care as children make worse parents than others
 - Being in care as a child makes no difference to whether someone makes a good parent or not?

The majority of people in Scotland feel that being in care 'makes no difference' to whether children behave well or badly, whether they are a good or bad influence on others, whether they are more or less likely to get into trouble with the police, or whether someone makes a better or worse parent (see Figure 4.1 below). The size of this majority does however vary according to the type of outcome described and there is still a substantial minority who believe that children in care are worse behaved than other children and are more likely to get into trouble with the police. There are, also, a number of significant differences in the perceptions of care experienced young people between subgroups.

4.1.1 Behaviour

Figure 4.1 below shows that 7 in 10 people in Scotland (72%) feel that being in care 'makes no difference to whether children behave well or badly'. However, around a quarter (24%) believe that children in care are worse behaved than other children, while 5% feel that children in care are better behaved than others.

4.1.2 Influence on others

Almost 9 in 10 people in Scotland (88%) believe that children in care are neither a good nor a bad influence on other children. Of the four questions examining views about children in care, this represents the largest proportion stating that being in care makes no difference. Around 1 in 12 (8%) feel that children in care are a bad influence on other children, while 4% believe that children in care are a good influence on others.

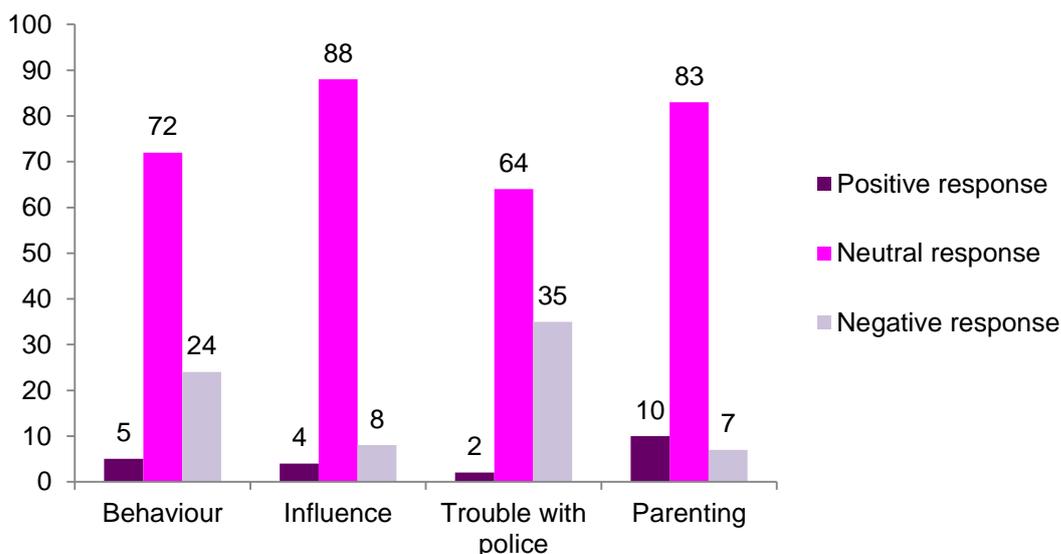
4.1.3 Getting into trouble with the police

Almost two thirds of people in Scotland (64%) believe that children in care are neither more nor less likely to get into trouble with the police than other children. While this is a sizeable majority, a higher proportion chose the negative option for this question than for any of the other three questions about care experienced young people. Over a third (35%) believe that children in care are more likely to get into trouble with the police and only 2% of people in Scotland believe that children in care are less likely to get into trouble with the police.

4.1.4 Parenting

Over 8 in 10 people in Scotland (83%) believe that being in care as a child makes no difference to whether someone makes a good parent or not. One in ten (10%) feel that people who have been in care as children make better parents than others, while 7% feel that people who have been in care as children make worse parents than others. The pattern of responses to this question differs from the three other questions above, as the proportion who think that those in care make better parents, is higher than the proportion who think that those in care make worse parents compared with people who have not been in care.

Figure 4.1: Views on whether those in care are better or worse behaved, are a good or bad influence on others, are more or less likely to get into trouble with the police and make better or worse parents (%)



Base: all respondents (1031)

4.2 How do views vary between groups?

A number of differences in attitudes towards those who are in care, or have been in care, were present between subgroups. Regression analysis¹⁸ was used to determine which factors are significantly and independently associated with holding specific attitudes towards care experienced young people, specifically:

- believing that children in care are worse behaved than other children
- believing that children in care are a bad influence on other children
- believing that children in care are more likely to get into trouble with the police, and
- believing that those who have been in care as children make worse parents

The following factors were explored in relation to these four questions:

- Age
- Gender
- Education
- Income
- Area deprivation
- Whether people are socially liberal or socially conservative¹⁹
- Whether people know someone with care experience

¹⁸ Regression analysis is a statistical method that allows the examination of the relationship between an outcome variable (e.g. believing that children in care are worse behaved than other children) and multiple possible explanatory factors (e.g. age, education, income etc.). The analysis allows us to see which factors are most closely associated with holding a particular view when all factors of interest are taken into account.

¹⁹ As measured by the libertarian-authoritarian scale described in detail in Section 3.2 above.

- Views on the reasons why children are in care:
 - Whether children are in care because their parents are addicted to alcohol or drugs
 - Whether children are in care because the parents can't cope with their child's behaviour
 - Whether children are in care because there's not enough government support for families

The one consistent variation present across all four different attitudes towards children in care is by education, with those educated to degree-level holding more negative attitudes towards children in care compared with those with no formal qualifications.

4.2.1 Behaviour

The analysis shows that age, education, working with people in care and views on the reasons why children are in care are all associated with believing that children in care are worse behaved than other children.

Nearly 2 in 5 people (39%) aged 16 to 29 believe that children in care are worse behaved than other children compared with only 16% of those aged 65 and over. Those educated to degree-level are over 5 times as likely as those with no formal qualifications to believe that children in care are worse behaved than other children (37% of those educated to degree-level compared with 7% of those with no formal qualifications). People whose job involves working with people in care are twice as likely as those who do not know anyone who has been in care to believe that children in care are worse behaved than other children (42% compared with 20% respectively).

People's views on the reasons why children are in care are also associated with believing that children in care are worse behaved. Among those who think that children are 'very likely' or 'quite likely' to be in care 'because their parents are addicted to alcohol or drugs', 28% believe that children in care are worse behaved than other children. In contrast, among those who believe it is 'neither likely nor unlikely' that children are in care because of parental addiction, just 10% say that children in care are worse behaved.

And similarly those who think it is 'very likely' or 'quite likely' (28%) that children are in care 'because the parents can't cope with their child's behaviour' are more likely than those who think it is 'neither likely nor unlikely' (12%) to believe that children in care are worse behaved.

4.2.2 Influence on others

Gender is associated with views on whether children in care are a good or a bad influence on other children with men (12%) being more likely than women (5%) to feel that children in care are a bad influence on other children. Those educated to degree-

level (12%) were also more likely than those with no formal qualifications (4%) to think that children in care are a bad influence on other children.

In addition, those who believe that children are 'very likely' or 'quite likely' to be in care because 'the parents can't cope with their child's behaviour' (12%) are more likely than those who say this is 'very unlikely' or 'quite unlikely' (7%) and those who say this is 'neither likely nor unlikely' (5%) to believe that children in care are a bad influence on other children.²⁰

4.2.3 Getting into trouble with the police

Whether people believe that children in care are more or less likely to get into trouble with the police varied by education, with those educated to degree-level (49%) more likely than those with no formal qualifications (13%) to believe that children in care are more likely to get into trouble with the police.

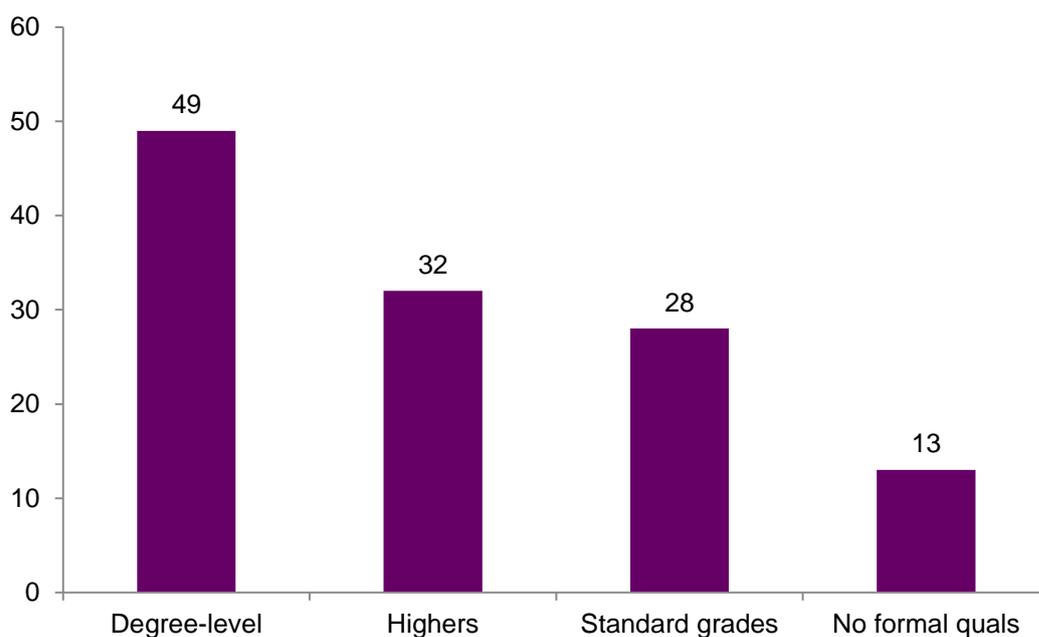
Knowing someone who is (or has been) in care is also related to views on whether children in care are more or less likely to get into trouble with the police. Nearly 3 in 5 (58%) of those whose job involves working with people in care believe that children in care are more likely to get into trouble with the police compared with 33% of those who know someone close to them who has been in care and a similar proportion of those who do not know anyone who has been in care (34%).

While 41% of those who feel it is likely²¹ that children are in care because 'the parents can't cope with the child's behaviour' believe that children in care are more likely to get into trouble with the police, this compares with only 22% of those who think it is 'neither likely nor unlikely' that children are in care because 'the parents can't cope with the child's behaviour'.

²⁰ The differences by thinking it is likely that 'the parents can't cope with their child's behaviour' are marginally significant.

²¹ Responses 'very likely' or 'quite likely' combined.

Figure 4.2: (%) Views on whether children in care are more likely to get into trouble with the police by education

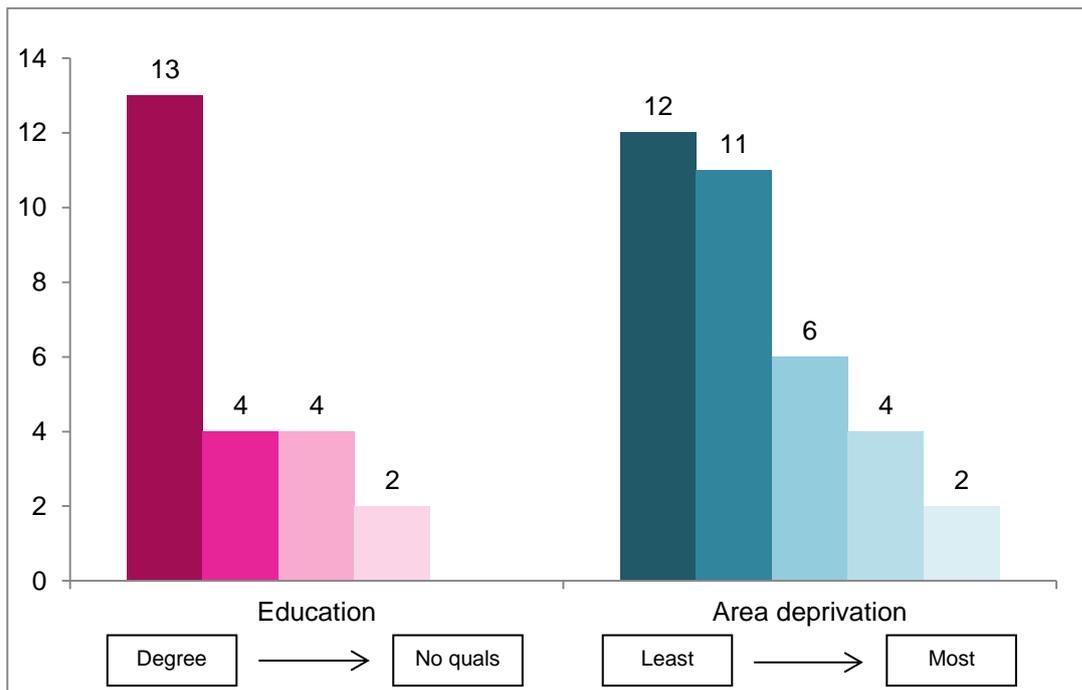


Base: all respondents (1031)

4.2.4 Parenting

Views varied on whether people who have been in care make better or worse parents by both education and area deprivation. Those educated to degree-level (13%) are more likely than those with no formal qualifications (2%) to believe that people with care experience make worse parents than those who have not been in care. Those living in the least deprived areas in Scotland (12%) are significantly more likely than those in the most deprived areas (2%) to believe that people who have been in care as children make worse parents than others. Among those who think it is 'very likely' or 'quite likely' that children are in care because 'the parents can't cope with their child's behaviour' around 1 in 10 (9%) believe that children in care are worse behaved. In contrast, among those who think it is 'neither likely nor unlikely' that children are in care because the parents are not able to cope, just 2% say that children in care are worse behaved.

Figure 4.3: (%) Believing that people who have been in care make worse parents by education and area deprivation (as measured by SIMD)



Base: all respondents (1031)

5. Views on forming relationships with care experienced young people

Key findings

- The majority of people feel happy for their children to form a friendship with care experienced young people and feel happy, themselves, to work alongside or have a close relative marry someone who has been in care.
- There are some differences in views depending on whether the young person is in foster care or in residential care. For example, 7 in 10 (70%) people say they would be happy for a child of theirs to visit a young person in their foster home compared with fewer than six in ten (58%) saying they would be happy for a child of theirs to visit a young person in the residential home they live in.
- On the whole attitudes did not vary according to the gender of the care experienced person, with one exception. A higher proportion of people say they would be happy for a close relative to marry a female care experienced person (74%) compared with a male care experienced person (67%).
- Women are consistently more likely than men to be happy for a child of theirs to be friends with or to visit a young person who is in care, 72% of women would be happy for a child of theirs to be friends with someone living in foster care compared with 63% of men.
- Believing that children in care are worse behaved than other children, that they are a bad influence on others and that they are more likely to get into trouble with the police are all associated with being less happy for a child of theirs to interact with a young person in either foster care or residential care. For example, only around a third of those who think children in care are worse behaved than other children are happy for their child to visit a young person in residential care compared with around two-thirds of those who think being in care makes no difference to a child's behaviour.
- Holding the view that people who have been in care make worse parents than others is also associated with being less happy working with, or having a close relative marry someone who has been in care compared with those who think that being in care makes no difference to people's ability to parent.

This chapter explores levels of prejudice and discrimination towards care experienced young people in Scotland. Respondents were presented with scenarios describing young people in different care settings and were asked a series of follow-up questions.

Scenarios are used to encourage respondents to think about a person in a particular set of circumstances, rather than an abstract concept. An important aspect of scenarios is using names for people, which helps to ground the follow-up questions in 'real life' and make examples of situations seem more concrete. Respondents are not expected to have personally encountered the circumstances presented, but it is important that they can identify with the scenario to the extent that they are able to respond to the subsequent questions. The scenarios described in this chapter were all tested during the question development phase with members of the general public to ensure that they were comprehensible and realistic and that people felt able to respond to these hypothetical situations.

Importantly, the use of this method allows more detail to be given about the hypothetical young person in question to ensure that all respondents are thinking about a similar young person. For example, the scenarios about someone who is in foster care included information that the hypothetical young person has lived with a number of different foster carers, while the scenarios about someone in residential care state that the hypothetical young person lives with six other children. In addition, the use of scenarios means that we are able to change certain aspects of the hypothetical young person's circumstances while keeping all other aspects the same, thus enabling direct comparisons – in this case the gender and type of care setting were altered.

Due to the scope of this research, it was only possible to include questions about two different care settings (see Section 1.2.2 for full details). The scenarios included in the ScotCen Panel describe living with foster carers and living in a residential home. They also describe two different age groups: a young person aged 11 and a young adult aged 24. In addition, the gender of the hypothetical care experienced young person in each scenario was randomised to enable examination of any gender effect, so that half of the sample were asked about a female care experienced young person and half were asked about a male care experienced young person.

5.1 Attitudes towards a primary school aged child in foster care or in residential care

This section explores views relating to a scenario that describes a male, or female, aged 11 who lives with foster carers or in a residential home for children. The scenarios and follow-up questions are outlined in detail below. In the key findings section above, the answer options 'very happy' and 'quite happy' were combined and described as 'happy'.

Scenario 1: 11 years old living in foster care

Anna/Stuart is eleven years old and lives with foster carers. She/he has been living with different foster carers for the past few years.

Scenario 2: 11 years old living in a residential home for children

Kirsty/Andy is eleven years old and lives in a residential home for children which is run by support workers. She/he has been living in the residential home for over a year along with six other children.

Scenario 1 & 2 questions

Respondents were asked:

- How happy or unhappy would you be for a child of yours to be friends with Anna/Stuart (or Kirsty/Andy)?
- How happy or unhappy would you be for a child of yours to bring Anna/Stuart (or Kirsty/Andy) round to your home?
- How happy or unhappy would you be for a child of yours to go and visit Anna/Stuart in her/his foster home (or Kirsty/Andy in the residential home she/he lives in)?

Answer options were 'very happy'; 'quite happy'; 'neither likely nor unlikely'; 'quite unhappy' and 'very unhappy'.

The majority of people feel either 'very happy' or 'quite happy' for a child of theirs to form a variety of relationships with young people who are in foster care or residential care. The size of this majority varies according to the nature of this relationship, and in some cases also varies according to the type of care that the young person receives. However, whether the scenario described a male or a female with care experience did not generally impact on people's views, with one exception. Therefore, the following results represent the views of all respondents combined, regardless of whether they were asked about a male or female young person.

Table 5.1 Attitudes towards care experienced young people being friends with a child of yours, visiting your home or your child visiting their home

| | Happy for your child to be friends with someone living in... | | Happy for your child to bring care experienced person to your home | | Happy for your child to visit care experienced person in... | |
|---------------------------|--|------------------|--|------------------|---|------------------|
| | Foster care | Residential care | Foster care | Residential care | Foster care | Residential care |
| | % | % | % | % | % | % |
| Very happy | 34 | 31 | 39 | 34 | 28 | 20 |
| Quite happy | 34 | 38 | 38 | 41 | 42 | 38 |
| Neither happy nor unhappy | 23 | 24 | 18 | 19 | 22 | 28 |
| Quite unhappy | 6 | 6 | 4 | 4 | 6 | 12 |
| Very unhappy | 3 | 2 | 2 | 2 | 2 | 2 |
| <i>Unweighted base</i> | <i>1029</i> | <i>1028</i> | <i>1030</i> | <i>1028</i> | <i>1027</i> | <i>1024</i> |
| <i>Weighted base</i> | <i>1030</i> | <i>1030</i> | <i>1030</i> | <i>1028</i> | <i>1026</i> | <i>1026</i> |

5.1.1 Friendship

The first question asked following scenario 1 and 2 explores views on how happy someone would be for a child of theirs to be friends with someone who is in care. Over two thirds (68%) say that they would be either ‘very happy’ or ‘quite happy’ for a child of theirs to be friends with a young person who is in foster care, with a third being ‘very happy’ and a third being ‘quite happy’ (34%). A further 23% say they would be ‘neither happy nor unhappy’ and 9% saying they would be either ‘quite unhappy’ or ‘very unhappy’.

Nearly identical views are expressed in relation to a child of theirs being friends with a young person in residential care, with again 68% saying they would be either ‘very happy’ or ‘quite happy’ but with a slightly smaller proportion saying they would be ‘very happy’ (31%) and a slightly higher proportion saying they would be ‘quite happy’ (38%) compared with views on a young person in foster care. Around a quarter (24%) say they would be ‘neither happy nor unhappy’ and 8% that they would be either ‘quite unhappy’ or ‘very unhappy’.

5.1.2 Bringing to the family home

Respondents were then asked how they would feel about a child of theirs bringing the care experienced young person to their home. Around three-quarters say that they would be either ‘very happy’ or ‘quite happy’ for a child of theirs to bring a young person in foster care or a young person living in a residential home round to their home (76% and 75% respectively). Again, there is a slightly higher proportion of

people saying they would be 'very happy' about a young person in foster care visiting their home (39%) compared with a young person in residential care visiting (34%).

5.1.3 Visiting a care setting

The previous sections have shown that there is very little variation in views on a child of theirs becoming friends with, or bringing round to their home, a young person in foster care compared with a young person living in a residential home. However, when asked whether people would be happy for a child of theirs to visit the young person where they live, there were different views about their child visiting someone in a foster home compared with visiting someone in a residential home.

Seven in ten (70%) feel that they would be happy for a child of theirs to visit a young person in their foster home, with 28% saying they would be 'very happy' and 42% that they would be 'quite happy'. In contrast, fewer than six in ten (58%) say they would be happy for a child of theirs to visit a young person in the residential home they live in, with 2 in 10 (20%) saying they would be 'very happy' and fewer than 4 in 10 (38%) saying they would be 'quite happy'. People are also more likely to say that they would be unhappy about their child visiting someone in a residential home than for all other scenarios relating to their child being friends with a young person who is in care. 14% say they would be unhappy (either 'very unhappy' or 'quite unhappy') for their child to visit someone in a residential home compared with 8% who would be unhappy for their child to visit a young person in their foster home.

For both questions about a child of theirs visiting a young person in foster care or in residential care, the proportion who say they would be 'very happy' is considerably lower than that recorded in relation to views on their child being friends with or having a care experienced young person visit their own home. For example, whereas 39% say they would be 'very happy' for their child to have a young person who lives in foster care visit their home, only 28% say the same about their child visiting the child in their foster home.

5.2 Attitudes towards a young adult who has spent much of their childhood in foster care or residential care

This section explores views relating to scenarios that describe a young male, or a young female, aged 24 who has spent most of their childhood either living in foster care or in a residential home for children. The scenarios and follow-up questions are outlined in detail below.

Scenario 3: 24 years old and spent most of childhood in foster care

Hannah/Ian is 24 years old and spent most of her/his childhood living with different foster carers.

Scenario 4: 24 years old and spent most of childhood in a residential home

Lisa/Dave is 24 years old and spent most of her/his childhood living in a residential home for children which was run by support workers.

Respondents were asked:

- How happy or unhappy would you be to work with Hannah/Ian (or Lisa/Dave)?
- How happy or unhappy would you feel if a close relative of yours married or formed a long-term relationship with Hannah/Ian (or Lisa/Dave)?

5.2.1 Working with someone with care experience

Table 5.2 below shows that the vast majority of people in Scotland say they would be happy to work with someone who had been in care as a child. Over 8 in 10 (83%) say they would be either 'very happy' or 'quite happy' to work with someone who had been in foster care as a child, while 82% say the same of someone who had been in residential care as a child. Nearly half say they would be 'very happy' (48%) to work with someone who has been in foster care with a slightly lower proportion saying this of someone who has been in residential care (44%).

Table 5.2 Attitudes towards working with or a close relative marrying someone who has spent their childhood in foster care or residential care

| | Happy to work with someone who spent their childhood in... | | Happy for a close relative to marry someone who spent their childhood in... | |
|---------------------------|--|------------------|---|------------------|
| | Foster care | Residential care | Foster care | Residential care |
| | % | % | % | % |
| Very happy | 48 | 44 | 42 | 37 |
| Quite happy | 35 | 38 | 37 | 34 |
| Neither happy nor unhappy | 13 | 15 | 17 | 24 |
| Quite unhappy | 3 | 2 | 3 | 4 |
| Very unhappy | 1 | 2 | 2 | 2 |
| <i>Unweighted base</i> | <i>1030</i> | <i>1030</i> | <i>1028</i> | <i>1030</i> |
| <i>Weighted base</i> | <i>1030</i> | <i>1030</i> | <i>1030</i> | <i>1031</i> |

5.2.2 Marrying or forming a long-term relationship with someone with care experience

Similarly, almost 8 in 10 (79%) say that they would be either 'very happy' or 'quite happy' if a close relative 'married or formed a long-term relationship' with someone who had spent most of their childhood in foster care. However, a smaller proportion (71%) say that they would be happy for a close relative of theirs to marry or form a long-term relationship with someone who has spent most of their childhood in a residential home. There is no difference in the proportion who would be unhappy if a close relative married either someone who had been in foster care or in residential care (5% and 6% respectively), rather the difference is in the proportion who say they would be 'neither happy nor unhappy' (17% for someone who has been in foster care and 24% for someone who has been in residential care).

As discussed at the start of the chapter, on the whole there are no differences in views on a male compared with a female in care or who had spent their childhood in care. The one exception to this was in relation to attitudes towards a young person who experienced residential care as a child. There is a significantly²² higher proportion who say that they would be happy for a close relative to marry or form a long-term relationship with a female who has experienced residential care as a child (74%) compared with the proportion who say the same of a male who has experienced residential care as a child (67%).

5.3 How do views vary between groups?

Although levels of prejudice towards care experienced young people are found to be relatively consistent across society, a number of differences in attitudes are observed between subgroups. The answer options 'very happy' and 'quite happy' have been combined in this section and are described as 'happy'.

The only differences observed by socio-demographic factors are by gender. Women are more likely than men to be happy for a child of theirs to be friends with a young person in foster care (72% compared with 63%) or in residential care (73% compared with 64%), for a child of theirs to bring a young person living in residential care to their family home (79% compared with 70%), and to work with a person who spent their childhood in residential care (86% compared with 77%).

In addition to differences by gender, there are a number of relationships between attitudes towards care experienced young people and views on a child of theirs, or a close relative, being friends with, or forming a relationship with someone with care experience.

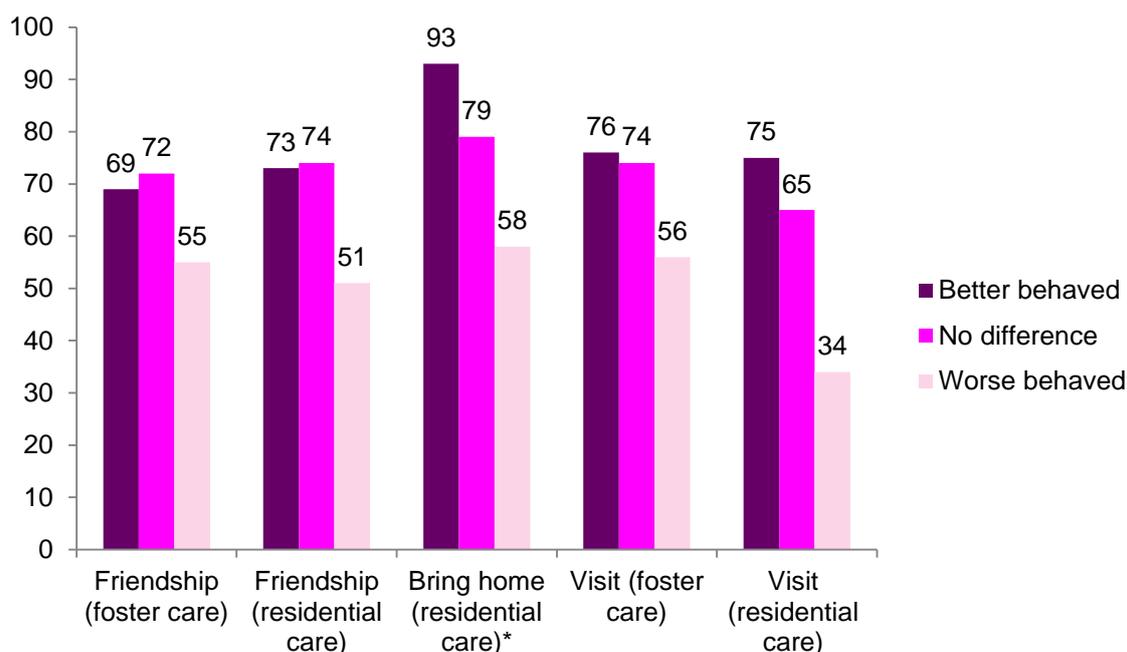
Those who believe that children in care are worse behaved than other children are less likely to feel happy about a child of theirs, or a close relative, forming a relationship with someone who is, or has been, in care compared with those who

²² The difference is marginally significant: $p=0.066$

believe that being in care makes no difference to whether children behave well or badly. Specifically, they are less likely to be happy for a child of theirs to be friends with a care experienced young person who lives in either foster care or residential care, for their child to bring home a young person who lives in residential care, or for their child to visit a young person in either foster care or residential care.

Figure 5.1 below shows that while only half (51%) of those who believe that children in care are worse behaved than other children would be happy for their child to be friends with a young person living in residential care, this rises to 74% among those who believe that being in care makes no difference to a young person's behaviour. In addition, only around a third (34%) of those who think that children in care are worse behaved than other children say that they would be happy for a child of theirs to visit a young person in a residential home. In contrast, around two-thirds (65%) of those who believe that being in care makes no difference to a child's behaviour would be happy for their child to visit a young person in a residential home.

Figure 5.1 (%) Being 'very happy' or 'quite happy' for a child of theirs to be friends with, bring home or visit someone who is living in either foster care or residential care by views on behaviour of care experienced children



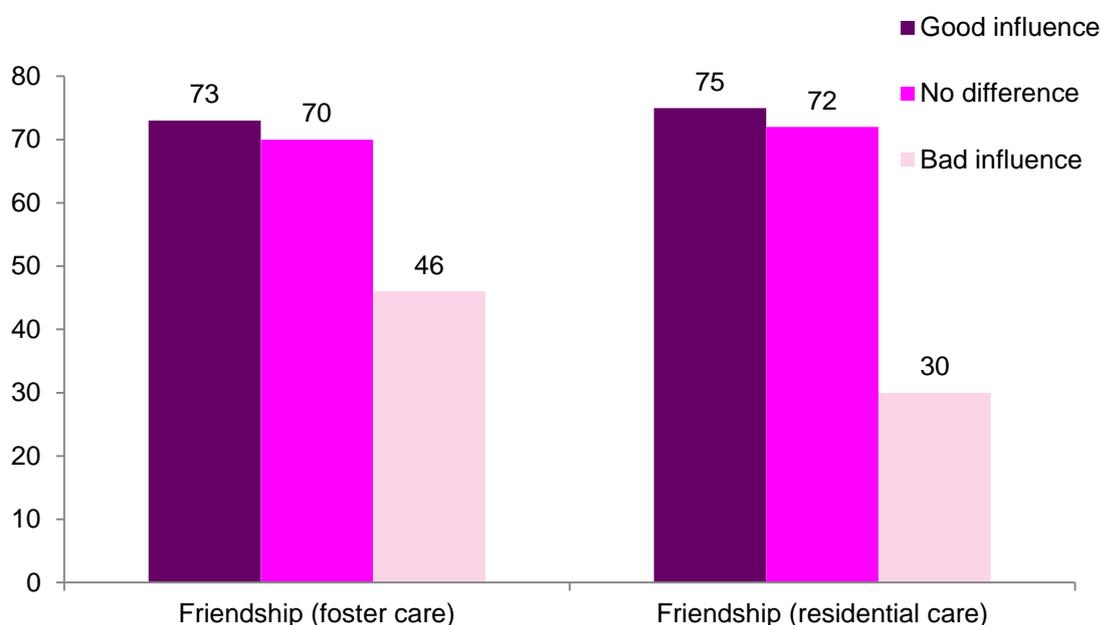
Base: all respondents (1031)

*Note: There are no significant differences in whether people are happy or unhappy for their child to bring a young person home who is in foster care by their views on the behaviour of care experienced children

Similarly, those who believe that children in care are a bad influence on other children are also less likely than those who believe that children in care are 'neither a good nor a bad influence' on others to be happy for a child of theirs to be friends with a young person in either foster care or residential care, to bring home a young person in either foster care or residential care, or to visit a young person in residential care.

Figure 5.2 below shows that less than half (46%) of those who think that children in care are a bad influence on others are happy for a child of theirs to be friends with someone living in foster care compared with 7 in 10 (70%) who feel that children in care are neither a good nor a bad influence on others. The difference is even more stark in relation to views on a child of theirs being friends with a young person who lives in a residential home. Although a similar proportion (72%) who believe that children in care are neither a good nor a bad influence on others are happy for a child of theirs to be friends with someone who lives in a residential home, this declines to only 3 in 10 (30%) of those who believe children in care are a bad influence on others.

Figure 5.2 (%) Being ‘very happy’ or ‘quite happy’ for a child of theirs to be friends with a child living in foster care and to be friends with a child living in residential care by views on whether children in care are a good or a bad influence on others



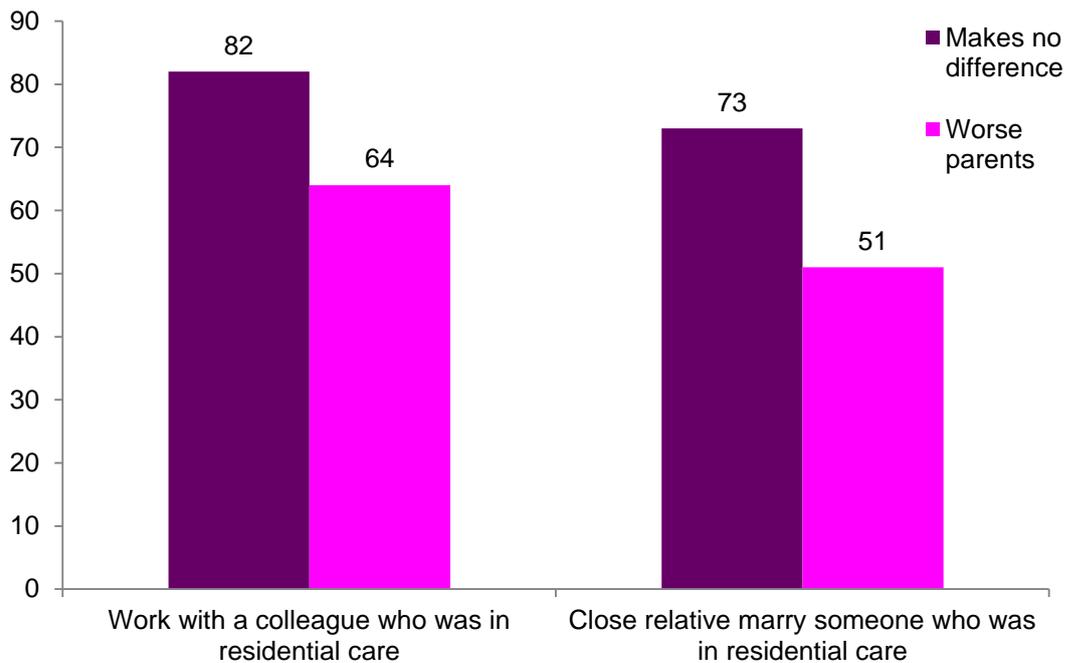
Base: all respondents (1031)

Those who feel that children in care are more likely to get into trouble with the police are less likely to be happy for their child to visit a young person in residential care compared with those who believe that being in care makes no difference to the likelihood of getting into trouble with the police (48% compared with 62% respectively).

Further, those who feel that people who have been in care as children make worse parents than others are more likely than those who feel that being in care as a child makes no difference to their ability to parent to hold a variety of negative views towards adults who spent their childhood in care. Figure 5.3 below shows that those who feel that people who have been in care make worse parents than others are less likely to be happy to work with a colleague who was in residential care as a child compared with those who feel being in care makes no difference to whether someone makes a good parent or not (64% compared with 82%). Similarly, those who believe that those who have been in residential care make worse parents than others are less

likely to be happy for a close relative of theirs to marry someone who has been in foster care (61% compared with 80% of those who believe that being in care makes no difference to parenting ability) or residential care (51% compared with 73% respectively).

Figure 5.3 (%) Being happy to work with a colleague or have a close relative marry someone who was in residential care as a child by views on whether people who have been in care as a child make worse parents or whether it makes no difference



Base: all respondents (1031)

6. Conclusions

Based on the analysis of the ScotCen Panel (April/May 2018) provided in this report, this chapter sets out our main conclusions on the Scottish public's attitudes towards care experienced young people, exploring reasons why people think young people might be in care, the extent to which people hold negative attitudes towards both children and adults with care experience, and feelings about forming relationships with those who have care experience. People's attitudes towards those with care experience matter because they can contribute to the stigmatisation of people in care, which can have a direct effect on their wellbeing, limit their opportunities and impact on their life chances. This research is the first in Scotland to explore public attitudes to care experienced young people and it raises questions about the complex interaction between people's knowledge of the challenges that face care experienced young people and discriminatory attitudes and behaviours.

The majority of people in Scotland (around 6 in 10) either know someone who is, or has been, in care, or have been in care themselves. An estimated 5% of the population have had some experience of care during their childhood, although this finding should be treated with caution because of the level of uncertainty due to the relatively small sample size.²³ Around a quarter have a friend who is, or has been, in care and around 1 in 10 have a family member who has been in care, know someone at their work who has been in care or have a job working with people in care.

The ScotCen Panel explored people's views on three possible reasons why children might be in care: one relating to parental behaviour, one relating to the child's behaviour and the parents' inability to cope with it and one relating to the lack of government support for families leading to young people going into care. The most commonly-held view was that 'children are in care because their parents are addicted to alcohol and drugs', with 7 in 10 saying this was 'very likely' or 'quite likely'. This compares with around half who believe that it is likely that 'children are in care because there is not enough government support for families' and a smaller proportion, around 4 in 10, saying they think it is likely that children are in care 'because the parents can't cope with their child's behaviour'.

This suggests that people are more likely to believe that children are in care due to the actions, or lack of actions, of others rather than as a result of the behaviour of the young people themselves. In particular, people clearly view parental addiction as a key reason why children are in care. However, within the limitations of this research it was only possible to ask about one example of parental behaviour that might lead to a child being taken into care. Further research could explore whether views differ depending on the type of parental behaviour and whether people view issues such as parental addiction as the main reason for a child being taken into care or part of a more complicated set of circumstances that have led to a child being taken into care.

²³ The actual proportion is estimated to fall within the range 2.6% to 8.3% of people in Scotland who have had some care experience.

Those who are most likely to believe that parental addiction is a reason for children being in care are women, those aged 65 and over, those who do not know anyone with care experience, and those whose job involves working with people in care. In contrast, believing that it is likely that 'children are in care because there's not enough government support for families' is associated with being in the lowest income group, having no formal qualifications, living in the most deprived areas in Scotland and being on the left of the political spectrum. Those who hold socially conservative views are more likely to believe that children are likely to be in care because 'the parents can't cope with their child's behaviour'.

Views on care experienced young people show that the majority of people in Scotland think that being in care makes no difference to a child's behaviour, whether they are a good or a bad influence on others, or whether they are likely to get into trouble with the police. However a substantial minority do still believe that children in care are worse behaved than other children (24%) and that they are more likely to get into trouble with the police (35%). Those who are most likely to hold these negative views are those with higher levels of educational qualifications, those whose job involves working with people in care, men and those living in the least deprived areas.

As care experienced young people, who face multiple social barriers, are more likely to have poorer outcomes than other young people, it is possible that these findings reflect levels of knowledge of the outcomes for care experienced young people rather than levels of discriminatory attitudes. For example, the introduction noted that prisoners disproportionately have care experience. Those who think that children in care are more likely to get into trouble with the police may be drawing on such knowledge to inform that perception. In addition, as those who have higher levels of education and those who work with people in care are more likely to hold these views, this also suggests that this may be related to perceived knowledge.

These views may be informed by the type of outcome evidence that is collected and publicly available but also by media coverage. According to the Frameworks Institute, media coverage on care experienced young people tends to reinforce negative stereotypes and focuses on negative outcomes. It recommends that, to counter these negative perceptions, there is a need for the public to be made aware that the outcomes for care experienced people can vary widely and for media coverage to draw attention to positive stories about care experienced young people (Busso et al, 2018).

The concern is that such knowledge of outcomes which apply to some, but not all, children with care experience, is nevertheless being used to inform a perception about all care experienced children. This misperception may influence the behaviour of people towards care experienced young people and the decisions they make which affect them. An area for further research would be to explore whether those who believe children in care are worse behaved, or are more likely to get into trouble with the police, are reflecting knowledge or discriminatory attitudes and whether having some level of knowledge about the difficulties some children in care face then influences their view of all children in care.

What the ScotCen Panel findings did reveal was that holding these negative views

has an impact on how people feel about forming relationships with those who are, or have been, in care. Those who believe that those in care are worse behaved than other children are significantly less likely to have positive feelings about a child of theirs forming relationships with a care experienced young person. The same is true for those who believe children in care are a bad influence on others or that they are more likely to get into trouble with the police.

This shows that views, such as believing that care experienced young people are worse behaved or a bad influence on others, might influence people's behaviour in a way which can impact on the socialisation and peer relationships of young people in care. This behaviour towards care experienced young people could have a significant impact on their self-esteem and future outcomes.

Exploring whether stigmatising attitudes persist into adulthood for those who have spent their childhood in care, we found that over 8 in 10 believe that being in care as a child makes no difference to whether someone makes a good parent or not. However, there is still an association between believing that people in care make worse parents and being less happy about both working with or having a close relative marry someone who has been in care. This reinforces our findings that having negative perceptions of those who are in care might lead to care experienced people being treated differently and suggests that these perceptions may continue to have an effect throughout their life time.

The majority of people in Scotland do not hold negative views about either young people in care or adults who have spent their childhood in care. However, a substantial minority do hold attitudes that might be deemed to be discriminatory or stigmatising. In addition, there is evidence to suggest that such attitudes can influence how people behave towards, or make decisions about, care experienced young people and adults. This could clearly be having a significant impact on the current lives of young people in care. Furthermore, the evidence suggests that this impact may persist into adulthood.

There is also evidence to suggest that these views may be driven by knowledge of poorer outcomes of people in care. But there is clearly a need to highlight that not all young people in care have poorer outcomes and to counter the current negative media coverage with stories of resilience and positive outcomes for those with care experience. What this research did not explore was people's perception of the care system itself, and whether people think the system represents a positive, healing experience for traumatised young people or not. Instead the focus was on attitudes towards those people with care experience and as such we discovered negative attitudes which need to be challenged, if care experienced people are going to be able to lead fulfilling lives free from stigma and discrimination.

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