**NHS Education for Scotland**

**Transcript of ‘Bereavement Matters in Kinship Care’**

**NES Bereavement Conference 2021 session recording**

**Speaker**: Anne Wilson, Head of Development, Children’s Health Scotland

**Chair**: Helen McFarlane, Head of Programme, NMAHP, NHS Education for Scotland

Helen McFarlane (HMcF): To anybody that's here already, we were just thinking, it'd be good to, you know, obviously we don't get to see you. We get a wee number that pops up that tells us how many people are listening, but that's all we get to see. So, in the chat function, do people just want to say hi and who they are? So, so, introduce yourself. Tell us, do you work with children? Do you work with adults? Do you work for the NHS? Do you work for a voluntary organisation? Do you work in social care? Housing? Something else? And yeah, just give us a hello, that would be good. I'll just give you a bit of a flavour of what's coming…

Anne Wilson (AW): Yeah.

HMcF: …in the chat. So, somebody who works for a bereavement support for a child bereavement service and supporting NHS Grampian, somebody else who works with both children and young adults, someone who's a volunteer chaplain at a hospice, someone from Fife council who supports adults with learning disabilities, a staff nurse in an emergency unit, somebody who's part of the network for children with exceptional healthcare needs linked with Children's Health Scotland, somebody who works for a community mental health team in north Angus, and people from specialist palliative care. So a right, lovely mixture.

AW: Yeah, it is. It's very broad.

HMcF: So that’s grand. Everybody just keep introducing yourselves, that would be grand as we, as we get going with this session, and that's us just after quarter past so I guess we can make a start. So I'm Helen McFarlane. I'm chairing this afternoon's session with Anne. My role is, I'm an Allied Health Professional by background and I'm the Head of Programme at NHS Education for Scotland. I'm the Head of Programme for person-centred care, health and social care integration and spiritual care. So I have a particular remit within all of that big, long job title, which is about supporting carers. And we run an education programme which is aimed at staff in health and social care settings to think about unpaid family carers as equal partners in care and that's the name of the, of the education that we deliver, EPiC, E P I C, Equal Partners in Care. So with that particular piece of my work, I'm really delighted to be invited to chair this particular session with Anne. So what I'm going to do is I'm going to introduce Anne to you. Anne is here to talk to us about kinship care in the context of bereavement and particularly complex grief situations affecting people who are relying on kinship care.

So again, I have a wee question for you to go into the chat. Before we start the session, and I'll maybe ask the same question at the end, just put, put into the chat from one to five, one being, I don't think I know anything much about kinship care at all, particularly in the context of bereavement, up to five, saying, yeah, I'm, I’m here to support Anne and I'm well up there and I'm feeling totally like I know and understand about kinship care and I'm here in a support role and deliver similar sessions maybe in other settings. So somewhere between one and five, hopefully. So one, I know nothing, up to five in terms of kinship care. Please add your comments into the chat as well, that would be really helpful.

So Anne Wilson, who's our speaker for the day, for this afternoon, Anne is the Head of Development at Children's Health Scotland. Anne has got a wealth of experience, so she has been working around about half and half her career to date. So around about 20 years working in education roles and around a similar amount of time working in voluntary sector organisations including Contact Family and a whole range of different organisations that Anne has worked for over... And she's currently a panel member with children's panels. So that's another piece of experience that Anne will be drawing on when she talks to us this afternoon. But in addition to all of that work experience, Anne also has particular insight from lived experience. Anne's daughter Anna was, had a life-limiting condition and Anne recognises that a huge drive for the work that she's been doing probably is drawn on that, that personal experience of… from, from the death of her daughter and, and the life of her daughter. So, Anne, we are having a right mixture. We've got ones, we've got threes, we've got fours, we've got all sorts going on. So, Anne, I'm going to hand over to yourself.

AW: So welcome everybody and thank you so much for attending this session and for answering our wee mini questions. First of all, I would just like to record a very big thanks to NES for inviting me to present the results of this - I hardly like to call it research. It was informal research done through interviews with kinship carers and practitioners, both statutory and third sector. So this is what

we're going to be looking at in the course of the presentation, so the background, hence our question to you, how many of you are familiar with kinship care? The different types, because that is relevant as I'll explain to you. What the issues were, which came out of the, the interviews around bereavement, and I'm thinking about bereavement in its widest sense, although probably focusing mostly on death. And that would almost always in the case of the kinship carers be the death of their adult child, who then is the parent of the grandchildren in their care, if you're still following that loop. And of course we'll be looking at what, what helps from their perspective. And I have mentioned the Bereavement Charter that Donald Macaskill alluded to and mentioned in his opening speech this morning, it seems like a very long time ago.

Now, the inspiration for this came from the kinship carers themselves. If you can see that, apologies for the rather small print, it is down the left-hand side, under ‘Training Topics’, you'll see right at the bottom there, second last, ‘Impact of Loss and Change’. Now, this was driven by the kinship carers who were very much, you know, they, we take feedback from them all the time and they in fact inspired our ‘Adolescence Matters’ and then subsequently ‘Loss and Change’. They are now asking for more, so watch this space. So this is why we're here and I think I said in my, in the introduction in the biographies, when you're standing in front of a room full of kinship carers, this workshop number 10, grannies, and all of them have experienced the death of one of their adult children, there are just no words and there was not a dry eye in the house on that occasion. And I think that that really focused me to, to do a bit more digging into the, the whole subject, and so, hence this presentation today.

Now the next slide will, I'm not trying to bamboozle you with numbers or statistics. And if you're anything like me at this end, you'll barely be able to read that. And I apologise, but remember that the slides are available on the conference website afterwards. And it's telling us that in 2019, 29% of children were looked after by kinship carers. Now, the reason for showing you this is what you need to know is that only the children who are "looked after" are recorded in these statistics, these government statistics. Now, if you're au fait with the care sector, if I can call it that, you will know that a looked-after child is the name we give when there is a compulsory supervision order, so when there is a legal order, a statutory legal order around the child, when there are concerns of care and protection. So that means that, and, and we know that a huge number of kinship carers are not in that number. So rather than, I'll go to the next slide as well, you'll see it presented in just a little bit of a different way and there again you can see that the orange dotty bar fairly near the bottom shows you kinship, but I have to tell you that kinship is growing, even the ones that are recorded here are on legal orders in respect, in comparison with foster care. And of course, hence some of you will have heard of The Promise, which is the name on the tin is what it's going to do, it's going to try and improve outcomes for children, care experienced children, flowing from the independent care review of a couple of years back. Now, the next slide tries to shed light on what we're talking about when we say that it's only that very small number, the 33%, I think it is now, that are "looked after" are recorded. But I am reminded of two things here. If you look at the first paragraph and you see that usually a child in kinship care is looked after, is being cared for by extended family, often almost always a granny or a grandpa, I wish there were more, or an extended family or close friend. Now, in one of the face-to-face workshops that I did recently, celebrating the fact that I did a face-to-face workshop so they're, they’re coming back, all the ladies around the table were not grannies. They were friends, they were sisters, they were aunts. And one of them in fact had made her best friend, who was at end-of-life stage, she'd made her best friend a promise that she would look after the best friend's little boy. And I was very moved by that and yeah, to take that on for a friend. And then the second thing I want to, to draw your attention to is this funny figure here, that it suggests that between 11,000 and 17,000 of children are living in kinship care. How can that be, you ask, when the total global number of children in foster, residential and kinship is not more than about 14,000 at the moment, so how come it's 17,000? And it's, so it's the tip of an iceberg, remember they will not be recorded if they are in various forms of what we call informal kinship care. Now, the reason for telling you this is not to blind you with statistics but really because we don't know what we don't know. And if children are flying under the radar because they're not recorded and they're not known about, then we kind of need to have forensic… we need to drill down into their, the nature of their care, to be aware of their needs.

So, as I said, it's often a grandmother. It can be relative or a friend, it can be a private arrangement, or they can apply to the court for a Section 11 order. And that was made possible through "The Children And Young People Scotland Act," but much of what that act appeared to promise has not in all cases come to pass. There's a slide that will show you a bit more on that in a moment. So it varies enormously. And kinship carers can also offer to look after a child or they may well be asked to do so. And you have to imagine, we're told stories all the time of carers who open their door late at night to find children in front of them in various states of distress and six black bags, and I am not joking, because it's an emergency placement or there's just no time to prepare at all.

Now here come the legal anomalies. And again, only with a view to kind of setting the background and setting the scene, and we need to say, "Well, so what, what are we going to take from this?". So there is a considerable amount of policy, attention, not least the, the big sections in "The Children And Young People, Scotland 2014 Act." But as I said, there's a gap between that promise and practice. And then along came The Promise. And there's a huge amount of work happening now at all levels, government, local authority and, and wider to implement or to move to implementing the principles of The Promise with a view to improving outcomes. The anomalies are the interaction of the benefits system with local authority allowances, because, I won't go into the whys and the wherefores now, they're beyond me, but we just need to know where to signpost carers. But you can imagine there's a reduction if you're in receipt of, from, from… between the allowance and the benefits. There is variation in practice between local authorities and identifying. We need to watch that every local authority would have the same interpretation of a child who's at risk of becoming looked after, but I'm in danger of going into too much detail. I just find it so fascinating. There is a kinship care collaborative at government at the moment in which there are six priorities. And one of them is to review the legislation and guidance and to try to work to rationalise those, those gaps or anomalies.

So now we're beginning to think about bereavement in kinship care, having set the scene. And when I say this is the root into, into kinship care, I really mean that these are some of the issues that pertain when children are going to be looked after by kinship carers. So it could be parental mental ill health. We find substance and alcohol use at the centre of that, violence in the home. Now, it's interesting because very often, a kinship carer will have been looking after the adult birth parent for a while before they actually die. And then that of course then carries with it the loss of who that person was as they become more enmeshed in either their illness or the substance use. So you see there on the second one, it's the result of parental death or prior to that parental death. And you will see later on, you will see quotations from kinship carers where they are extremely honest in what that means for them.

HMcF: And Anne, there's half an hour, you're, half an hour to go, grand.

AW: Thank you. Yeah, the complexity of emotions. What, what we need to keep clear front and centre is the fact that these adults who have died or are dying are in fact the children of the kinship carers, but they're going... it's going to be extremely complex for them very often as they, if they are thinking at all about the fact that, well, what does that say about their parenting? And that's even been said in criticism of them. And, and I could go on another presentation about that, but I won't now, but you can imagine. And they're trying to find therapeutic services to support the child's experience of loss. And we have a wonderful story of a kinship carer, she's quoted later, so that's coming. We need to remember that the kinship carer themselves has been affected by a complete change in their life. They might have been looking forward to retirement or some time for themselves, or going on holiday or travel, whatever. And all of a sudden, their life just changes course 360 degrees just about on financial pressures. And you’ll see quotes to that effect later. And there is the reference, in fact, the second last one, to the lack of parental capacity to care for the child or the children. It's a bit of a double meaning here because it's the parental capacity in the birth parent, but there's also this question of, well, what did the kinship carer do that was wrong that the birth parent got into that position in the first place? And to me, that's just not a, it's a very, very complex situation and not one that really merits asking. And in many cases that it will be classic bereavement to death, but it will also be loss and change both for the carer and for the children and young people.

So the main focus is going to be on the kinship carers and what they're saying, but they have told us very poignant stories from their children and young people. And so the children and young people's voice is represented all the way through by extension and in fact in the next slide. So I've called this the triple whammy because the children, probably by virtue of the fact that they're in care, are going to be, have been affected by trauma and adversity in their early lives. Now, when the parent becomes ill, the birth parent, and dies, the child is re-traumatized. And we saw during COVID, especially during lockdown one, we had, we had children who were acting out in the most strange ways, disproportionate to how they normally were. They were running away, they were locking themselves into their room, they were being violent and threatening violence. And we, we soon realised that this was because they were being re-traumatized by all of the elements of COVID and the pandemic that mimicked the very difficult things that they had had to deal with in their childhood. People disappearing, uncertainty, no food, sickness, everything; a complete catalogue of disaster. And it all reared its head again last April, April 2020 and onwards. And one little girl, and I'll tell you this story, but the more stories, the more time I take, but this little girl had lost her... no, I'm not going say "had lost". Her mum had died in October, 2019. And so she was under three when we were working, her mum was in a group that we were working with. And this little girl, who was preverbal, was throwing furniture around the kitchen in her rage. Now that was completely disproportionate, but she was terrified because she couldn't see anybody. If she was lucky, she saw somebody on a WhatsApp call, on a WhatsApp video call, but she couldn't make sense. She knew her mum had died but she couldn't make sense of where all these other people had gone. So that's really just to show you the, the kind of impact of the resurfacing trauma. And to that end, another group, the kinship carer forum that we are in, we developed this resource called Understanding Trauma because there really was such a need for it. And there are very traumatic stories that we were told where the grandmother popped into the, the family home one day to find that the mother had died and there were three young children in with the mother who was no longer living. And you just, I mean, the mind boggles when you think about, when, when you contemplate that.

So, I want to move to the next bit. So we've talked about the children and the impact on them and on their behaviours. And now what of the carer? Well, of course, it's a double whammy, it's their own grief for the loss of their adult child, it's the guilt, if it's there. And then it's the shared grief and complexity seen through the grandchild, the grandchildren. As we've said before, it's the loss of their existing lifestyle, their hopes and, and another loss where they don't get to enact their, to enjoy, I should say, their role as a grandparent because they're back to parenting again, which is very different.

And the financial implications. Now I'd like to just share with you, if I may, a quote from a lady, she said, "We are too old. We shouldn't be doing this, but we are, and we wouldn't have it any other way". So it's both a choice and no choice. One of the government – head of kinship care at government did say, they do have a choice, but it's not very often one that they would choose to make. And another lady said, "Anne, I got it wrong the first time, but I'm going to make good this time. And this is my chance to do that." So I was incredibly humbled by that. So now, the next three slides look at the issues and they're divided up into emotions, societal pressures and legal and financial. So these are the issues before we then come after that to the supports.

HMcF: And Anne, you've got about 15 minutes or so.

AW: Right, I better speed up, Helen. I'm not looking at the chat, I'm relying on you to do that. So complex emotions, as you could imagine, the one top right, the lady had lost her 19... no, her 19-year-old son had died, he took his own life, and that was 32 years ago. And she is still grieving and not, not able either to really voice it now. So, you know, we were on the phone for quite a long time and she said, "You don't think you are due any help and I never got to speak about it." And then the other person top left, who felt guilty when she felt relieved that the adult, her adult child had died and this business of having to keep going because you're looking after everybody else. There's a wonderful quotation later. We've looked at that. So I'm going to move on to the societal pressures. And this came out very strongly in the different types of death. People spoke about social attitudes around substance use. And then as we've said, deficit in the carers' parenting in the first instance. So I suppose, by societal attitudes around the type of death, substances and suicide were almost a taboo, people were, and we've heard that already this morning. And whereas, it's much easier to say, "Oh, my son died in a road traffic accident" than to say that he went missing and then completed suicide. But this one bottom right is very impacting. So the mum had died, unfortunately, when the kinship carer, the granny and the children went away on holiday. That's the point at which the mum died. When they came back, the boy who was only 12 insisted on, he said, "I want to make a speech at the funeral." And everybody was saying, no, no, no, no, you're far too young, you can't do that. Blah, blah, blah. And he wanted to say to those people, hundreds of people, "My mum was not a bad person. My mum was a good person". And he succeeded and again, there wasn't a dry eye in the house. And I'm, I’m sure that that was really cathartic and really helpful for him.

The legal and financial, this is the last slide on the issues. And if I've said it before, I won't say it again, but here's the rub, if the child is not looked after, remember, most of them are not, or they're not previously looked after or not considered to be at risk, then there will be no allowance paid. And this poor lady who took over the children after her adult child had died and she had all the costs of the funeral and she said, "Could you not just give them a wee grant, you have the funeral, the wake, the children," and the benefits stop. And then this one, and we got, all of these, I have to tell you are either coming from carers through workshops or through the telephone research that I conducted for this. And we were phoned by the police and told to come and get the children outside school. And then… it's that abrupt when the parent died. And then social work say, "Oh, great, the family have stepped in. So we don't need to take them into care."

So what helps? So I started with maybe the other way around. There are three sort of slides that talk to what helps. And one is the local kinship groups, one is the community and one is the local authority. And the, I've started with this one because I think this is the place where the kinship carers derive the most support. And you can see from this, the two ladies, who'd, like 30 odd years ago, their sons died. This lady said, "We've been to hell and back so we can support each other because we know what each other is going through." And similar on the right-hand side, "Nobody gets it unless you've gone through it yourself. You're walking in someone else's shoes." And she went on to say, "We're sisters, we're like sisters in the group. We support each other." And then the lady who came on her first day and she could only listen, and just this whole release of emotion. And for the first time in nine years, she could tell her story. And quite often they will say, "This is the first time I've been able to tell my story and be believed." And I, I think that's, that’s the, the really the power, the powerfulness of their groups, there are about 44 local kinship support groups around Scotland.

In supporting the community, I'll just pick one out here, because I see you can go back, this is the one where the, the boy, the 12-year-old boy at his mother's funeral wanted to tell everybody that she was a good person. The same boy, about two years later, came to his grandmother and said, "Now that my dad's died", so he's lost his mum and his dad, "I need help." Now, he recognised himself that he needed help. She didn't know where to turn. Luckily, she jumped on Google and she found Child Bereavement UK, Scotland and she got an immense amount of support from them. And they pointed out that it was okay for her to release her emotions and to cry in front of the children, because she showed that she was feeling what the children were feeling, but by not doing that and by trying to do that bit in the previous slide where you have to carry on, you have to not let go, you do have to let go. It's that giving of permission to the child that it's okay and we're feeling the same sort of thing.

So I'm going to go to the local authority one. And they do help but I wouldn't like you to think that because these are positives, good practice recorded that it's always like this. I think we're, there's a lot of work still to do. Now, the Minister for Children and Young People was heard to say, bereavement support is determined at each local authority level when what we need is uniformity and parity, but you will be aware of the Bereavement Leads in every health board. I've just eyeballed the chat, Helen, and I've got this. "Are there local kinship groups in all areas?" Well, I can answer that question later, perhaps, but in a quick answer, there are at least 44, right across Scotland. So yeah, we can, we can come to some of those. Now, this, this right-hand one down here was a lady who cared for her sister who was, who was in end-of-life care. And she made the sister a promise that she would look after the children. So there, she had her own child plus the three of the sisters equalling four. And eventually, she got to the stage where she couldn't cope. And she turned up at her local church and just broke down. Obviously not coping. Somebody said, referred her to Nurture Scotland and Nurture Scotland encouraged her to write down the story. And she went to the local authority and they granted her an order, a legal order to put the care on a, a legal footing with statutory protection. And that of course opened up doors to support and support groups. So everybody in there, other carers, community and local authority. And very often, local authorities as in the left-hand example will, even if the child is not classed as looked after, will support and point to supports because they are a child in need. Now where it says CAS, Citizens Advice Scotland, I have to say that it's the, the service, the national service has now moved to Kinship Care Advice Service, Scotland. But it, it was previously under Citizens Advice Scotland.

HMcF: Anne, you've got about seven, eight minutes.

AW: Right. Okay. I'll just finish if I may then. And that leaves us still time for questions. Does it?

HMcF: Yes. I've left five minutes for questions at the end.

AW: Yeah, yeah. Okay. So last words, the lady, yeah. Who, yeah, we spoke to in relation to her, the boy who spoke at the funeral, she said, "I've dealt with all that and now this." She'd had enough. She, she talked about the drugs, the abuse, the begging, the strain and losing her adult child / parent even before they died. So we, we have to know what the nature of the loss was. We need to be able to advise on the children and young people's grief and loss, as well as the adult. Keeping the memories alive, that's been spoken about today. The, the lady, one of the ladies whose son's committed suicide, her granddaughter now takes a yearly photograph to celebrate and keep him, his memory alive and relationships, trust.

And I just want to finish with something that Donald said right at the beginning of the day, that "The right to recovery, it is a right to recovery and it's enshrined in the UNCRC." And he mentioned the human rights as well. And I'll finish with that one. The other ones you can look at, there it is, the right to recovery. Something about supports in schools. And I would like to publicly acknowledge all the different groups that took part, and you can see where they are there. The kinship groups, National Kinship Care Advice Service, Scottish Government, Kinship Care Forum with, with grateful thanks to them because the content is all down to them. So thank you very, very much indeed. And I'll pass back to Helen now.

HMcF: Wonderful, Anne. Thank you so much. And what a, you know, a kind of a, a race through, an emotional race through, that roller coaster of the complexity of grief and loss on top of grief and loss, and from a child perspective, you know, and the ability to feel just as strongly and the same emotions as anybody else's, but less ability to process maybe, and have some of the kind of, you know, the, the words and the language and the ways to, to understand the immense experience that's happened to, to people. So thank you so much for, for your presentation, but actually for the work that you're doing, is deeply needed.

So yeah, there are, there was a number of comments that came up in the chat. One, one which, which came up when you were talking about the child who was throwing furniture about, and you know, and a number of situations of you, you were describing children being, acting maybe even more out of character than normal. And it was a huge penny drop moment for somebody listening, Anne. So just, I think that's just not necessarily a question in, in there for you, just that experience when you're, you know, when we're speaking and it, it reminds us all not to talk about us and them, doesn't, it reminds us all that we are, we are all part of the fabric of, of community that are involved in, looked after children as well. A lot, a lot of people asking whether you can put links and things in the chat in terms of if folk want to be able to contact you direct, if that's possible, or...

AW: Yeah, definitely.

HMcF: …to follow up, that would be helpful.

AW: Shall I just put, is it okay to put my email, Helen?

HMcF: Yes, that'd be perfect. If you put that in the, in the chat, then anybody who wants to get in touch with you directly could do, couldn't they? So here's a question, should we seek a template for kinship carers to know what facts are likely to be needed to ensure that local authority staff are helped to make the appropriate action in signposting for support? So how can we help staff do, be the best they can be? Should we have some kind of template specifically focused on kinship care within local authorities?

AW: Yes. I think, I think there are very robust teams at the moment because the teams in what we like to call family-based care were, were grown rapidly, both at the time of the Children and Young People Scotland Act, but even more so at the time of The Promise coming out on stream and they, some of these teams have grown exponentially. I mean, I could quote, you know, Fife has 400 kinship carers and a team of 10, or it, it did have a team of 10. And so I think that there is a lot of awareness now and practice. I, I have the privilege of sitting on the Kinship Care Practitioners Forum, and I find that immensely helpful. It's a two-way street. I mean, we can feed back from the grassroots, but what I learn is invaluable because I learn what's going on across all 32 local authorities and some, because it's not just the local authorities that are there. So I think they probably are well aware. I think it's difficult at the moment because there are these gaps and because without the statutory compulsory supervision order that we mentioned, you know, the statutory legal order, then the money doesn't follow. And I'm not saying it's all down to money. And I think there's some very innovative practice that isn't money related. It's about practitioners knowing where to signpost, you know, the example of the local authority that signposted even though the child wasn't looked after, it was a child in need. But by a template, would the person be meaning a checklist?

HMcF: Yes. There's some way to help. If local authority staff are maybe missing, I think, picking up from your presentation Anne, then you know, that experience of whether it was police or it, you know, or, where that relationship suddenly begins, are there, and can there be templates that would help prompt people the kind of questions they could be asking?

AW: Yes. Yes. Because it's quite sensitive. It's obviously an extremely sensitive area, but I think we have to take comfort from the fact that they do want to talk about it.

HMcF: Yes. There are lots of, a couple of questions which are really all about accessing sources of support, whether that's staff members hoping to put people who are offering kinship care in contact with others. So, maybe you mentioned previously about examples of some of those local support groups. So just how widespread are they? How easy could they be to access? But also for staff who are supporting kinship carers, are there sources of support for staff?

AW: Very much so. Yeah. Yeah, yeah. Very much so. The new Kinship Care Advisory Service Scotland, KCASS, well I say new, it's been running for over a year now, but it really is getting up to full strength now. It has a number of ways, it has practitioners training on all matters: it has a legal advice service, it has the Kinship Care Practitioner's Forum, which happens every month, and has always got a speaker. And it could be a speaker on foetal alcohol spectrum disorder. Then it'll do a legal review and kinship care review, you know, all, everything that a kinship care practitioner in, in the teams on the ground would want to know or need to know. And beyond that they're hosted by Adoption and Fostering Alliance. So, you know, there's all of their training as well. So I see it as a highly professionalised service. Now, I mean that in its most positive, holistic sense. Yeah.

HMcF: There's a, there’s a question about any advice on how grandparents get the balance right on parenting and still being able to be the fun grandparent.

AW: That's a difficult one short of putting on a mask or getting dressed up or... I'm always impressed and I have, I have tried it and I was in a session earlier on where, in fact it was me that asked the question, how do you unblock? It was children and young people who had, whose parent was, had died and they, they wouldn't talk about it. They wouldn't, no, they wouldn’t talk about it to the remaining parent. And how do you unblock that? And the answers were very congruent. It’s you sit down with them and you say, very sensitively, very non-threateningly; I detect that you're, you know, you’re not, you’re not saying anything about this. Why is that? What are you feeling? You're just exploring it with them. So I kind of wonder if we could apply the same maxim here where depending, of course, on their age and how receptive they were. But if you could have a discussion, a talk when they're, when they’re listening, and it's always got to be when they're ready, when you are cooking the tea, you know, about this very subject and just be very, very honest and, and say "I would love to get back to the times when we did X, Y, and Z" and maybe a memory box and maybe a special time that is set aside because the 24/7 care is more akin to parenting, but set aside a time within that. And for smaller children, there's loads of really good books and lots of activities around feelings as well, like the Family Kitbag in Fife. And I was learning about a whole lot of other ones yesterday as well on a workshop that I was doing so...

HMcF: Wonderful.

AW: So I think there are ways.

HMcF: Wonderful. Thank you, Anne. Anne, one last shout out for the name of the, the name of the organisation, which you described as new, but not that new.

AW: KCASS, so I'll, I’ll not do the acronym. So, Kinship Care Advice Service Scotland.

HMcF: And people can Google that I'm guessing and they'll find their way to resources.

AW: Yeah, yeah. And it's hosted by AFA, Adoption and Fostering Alliance, but we don't say that because the kinship carers don't like the words adoption or fostering. So we say KCASS.

HMcF: Fantastic, fantastic.

AW: Yeah, yeah.

HMcF: Thanks everyone for all your comments in the, in the chat there, somebody else has also made a comment which is obviously connected to, as I said, my passion in terms of the work I do around carers in, in NES, that obviously a large number of looked after children were also carers, maybe not recognised as that, but were also carers for, for their parent before they died very likely and, and absolutely the stigma of being a carer when your role in caring is because of drug or alcohol dependency is, you know, most people, they think the word carer and they think of an old person supporting someone with dementia, don't they, but that kind of spread of the role of a carer and young carers being included in that. So thanks for those comments in the chat there as well.

Anne, thank you so much for your contributions and thank you for providing those links and just your comment at the end there, I’m, I’m minded, the breakout session I was at this morning with Linda Dunbar, who works in Spiritual Care within NES, and she was talking about the technique of three seeing. And she was speaking about I notice and I wonder, so just picking up on what you were just saying just there, it's a really soft and easy way in to say, "I noticed you were quite quiet after you watched that TV show. I'm wondering if you're thinking of your mum".

AW: Yes, yeah.

HMcF: Or you know, and it's very soft and if not, then they can say "No, no, no, it was, I'm fine". Or if your, if your wondering is correct, then there's a way in to have those conversations.

AW: And sometimes it can be a mixture of, they're hesitant to express it because they don't want to risk hurting you. That was lying at the back of my, my question this morning. But more often than not, it's because they do not have the language. We need to focus on emotional literacy as well to enable them, we need to give them permission. We need to give them an in, and just hold up a mirror and say, "I wonder if it could be because of this." And then they can say yes or no. Yeah. Then just as you say.

HMcF: Up to us to be the grownups when it comes to...

AW: Yes.

HMcF: There's a, there’s a note to end on. Thank you Anne.

The film was produced in November 2021 and can be found at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or <https://vimeo.com/677703636>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or contact [SupportAroundDeath@nes.scot.nhs.uk](mailto:SupportAroundDeath@nes.scot.nhs.uk)

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